Preferred Drug List (PDL)

New Mexico

Effective Date: 4/1/2025

United Healthcare Community Plan

Discrimination is against the law. The company complies with applicable federal civil rights laws and does not discriminate, exclude people, or treat them differently based on race, color, national origin, age, disability, religion, or sex (including gender identity and sexual orientation).

You have the right to file a discrimination grievance if you believe you were treated in a discriminatory way by us. You can file a grievance and ask for help filing a grievance in person or by mail, phone, fax, or email at:

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

Email: **UHC_Civil_Rights@uhc.com**

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

Online: **hhs.gov/civil-rights/filing-a-complaint/index.html**

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

By phone: **1-800-368-1019** (TDD **1-800-537-7697**)

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- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-877-236-0826**, TTY **711**, 8 a.m.–5 p.m. MT, Monday–Friday.

This notice is available at
https://www.uhc.com/legal/nondiscrimination-and-language-assistance-notices.

La discriminación es ilegal. La compañía cumple con las leyes federales de derechos civiles aplicables y no discrimina, excluye ni trata de manera diferente a las personas debido a su raza, color, nacionalidad, edad, discapacidad , religión o sexo (incluidas la identidad de género y la orientación sexual).

Tiene derecho a presentar una queja por discriminación si cree que le hemos tratado de manera discriminatoria. Puede presentar una queja y solicitar ayuda para presentar una queja en persona, o por correo postal, teléfono, fax o correo electrónico a la siguiente dirección:

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- Intérpretes de lenguaje de señas estadounidense calificados
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Spanish: ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número que se indica arriba.

Navajo: BAA'ÁKOHWIINIDZIN: Hazaad bee naaltsoos ha'dil'įh dóó nááná ła' saad bee áka'e'eyeed doo bą́ą́h il'íníǵóó ná hóló̜go át'é. Shíka'a'doowoł nínízingo, t'áá sho̜dí hódahgo béésh bee hane'í biká'ígíí bee hodíilnih.

Vietnamese: CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên.

German: HINWEIS: Übersetzungs- und andere Sprachdienste stehen Ihnen kostenlos zur Verfügung. Wenn Sie Hilfe benötigen, rufen Sie bitte die obige Nummer an.

Chinese: 注意：您可以免費獲得翻譯及其他語言協助服務。如果您需要協助，請致電上列電話號碼。

Arabic : تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجانًا. إذا كنت بحاجة إلى المساعدة، يُرجى الاتصال بالرقم أعلاه.

Korean: 참고: 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 위에 명시된 번호로 전화해 주십시오.

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Russian: ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если вам требуется помощь, пожалуйста, позвоните по указанному выше номеру.

Hindi: ध्यान दें: अनुवाद और अन्य भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। अगर आपको मदद चाहिए तो कृपया ऊपर दिए गए नंबर पर कॉल करें।

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UnitedHealthcare®
Community Plan

UnitedHealthcare Community Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. In other words, UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

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  - Qualified interpreters
  - Information written in other languages

If you need these services, contact UnitedHealthcare Community Plan at the toll-free member phone number listed on your health plan member ID card, TTY 711.

If you feel that UnitedHealthcare Community Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail or email:

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

UHC_Civil_Rights@uhc.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office of Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** or by mail at:

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

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

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

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UnitedHealthcare Community Plan cumple con los requisitos fijados por las leyes Federales de los derechos civiles y no discrimina en base a raza, color, nacionalidad, edad, discapacidad o sexo. En otras palabras, UnitedHealthcare Community Plan no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo.

UnitedHealthcare Community Plan:

- Provee asistencia y servicios gratuitos de ayuda para las personas con discapacidades en su comunicación con nosotros, con:
  - Intérpretes calificados en el lenguaje de señas
  - Información por escrito en diferentes formatos (letras de mayor tamaño, audición, formatos electrónicos accesibles, otros formatos)
- Provee servicios gratuitos con diversos idiomas para personas para quienes el inglés no es su lengua materna, como:
  - Intérpretes calificados
  - Información impresa en diversos idiomas

Si usted necesita estos servicios, por favor llame gratuitamente al número para miembros anotado en su tarjeta de identificación como miembro del plan de salud, TTY 711.

Si usted piensa que UnitedHealthcare Community Plan no le ha brindado estos servicios o le ha tratado a usted de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad o sexo, usted puede presentar una queja por correo o correo electrónico a:

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

UHC_Civil_Rights@uhc.com

Usted también puede presentar una queja acerca de sus derechos civiles ante el Departamento de Salud y Servicios Humanos de los Estados Unidos, Oficina de Derechos Civiles, electrónicamente a través del sitio para quejas de la Oficina de Derechos Civiles en **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf** o por correo en:

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

Teléfono:
Gratuitamente al **1-800-368-1019**, **1-800-537-7697** (TDD)

Formularios para quejas se encuentran disponibles en
http://www.hhs.gov/ocr/office/file/index.html

English
ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-877-236-0826, TTY 711.**

Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-236-0826, TTY 711**.

Navajo
Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'dęę', t'áá jiik'eh, éí ná hóló, kojį' hódíílnih **1-877-236-0826, TTY 711**.

Vietnamese
LƯU Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi số **1-877-236-0826, TTY 711**.

German
HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachendienste zur Verfügung. Wählen Sie **1-877-236-0826, TTY-Gerät 711**.

Chinese
注意：如果您說中文，您可獲得免費語言協助服務。請致電 **1-877-236-0826**，或聽障專線 **(TTY) 711**。

Arabic
تنبيه: إذا كنت تتحدث العربية، تتوفر لك خدمات المساعدة اللغوية مجانًا. اتصل على الرقم **1-877-236-0826**، الهاتف النصي **711**.

Korean
참고: 한국어를 하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-877-236-0826, TTY 711**로 전화하십시오.

Tagalog
ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit kang mga serbisyo ng pantulong sa wika, nang walang bayad. Tumawag sa **1-877-236-0826, TTY 711**.

Japanese
ご注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号**1-877-236-0826**、または**TTY 711**（聴覚障害者・難聴者の方用）までご連絡ください。

French
ATTENTION : Si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-877-236-0826, ATS 711**.

Italian
ATTENZIONE: se parla italiano, Le vengono messi gratuitamente a disposizione servizi di assistenza linguistica. Chiami il numero **1-877-236-0826, TTY 711**.

Russian
ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами переводчика. Звоните по тел. **1-877-236-0826, TTY 711**.

Hindi
ध्यान दें: यदि आप हिन्दी भाषा बोलते हैं तो भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। कॉल करें **1-877-236-0826, TTY 711**.

Farsi
توجه: اگربه زبان فارسی صحبت می کنید. خدمات ترجمه زبان به صورت رایگان به شما ارائه خواهد شد. لطفا باشماره تلفن **1-877-236-0826**، **TTY 711** تماس بگیرید.

Thai
ข้อควรพิจารณา: หากท่านพูดภาษาไทย จะมีบริการให้ความช่วยเหลือด้านภาษาฟรีโดยไม่มีค่าใช้จ่าย โปรดโทรไปที่หมายเลข **1-877-236-0826, TTY 711**

UnitedHealthcare®
Community Plan

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.

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

PREFACE

The 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 is medically necessary, please submit a prior authorization request.

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

1. The generic drug must contain the same active ingredient(s), be the same strength and the same dosage form as the brand name product.

2. The FDA has given the generic an "A" rating compared to the branded product indicating bioequivalence, and has determined the generic is therapeutically equivalent to the reference brand. The ratings of generic drugs are available by referring to the FDA reference, Approved Drug Products with Therapeutic Equivalence Evaluations (Orange Book).

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

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

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

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

PLAN EXCLUSIONS

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

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

DAYS SUPPLY DISPENSING LIMITATIONS

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. Certain medications may be prescribed for extended days supply, for example medications for chronic conditions, such as hypertension. Please use the Drug lookup tool for further information regarding which medications are eligible for an extended days supply.

MANDATORY GENERIC SUBSTITUTION

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

medications the physician may consider medically necessary for patient management.

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

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

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

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

Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at 800-310-6826 with questions concerning the prior authorization process.

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

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

QUANTITY LIMITATIONS (QL)
Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request.

Quantity limits based on Efficient Medication Dosing
The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily quantity to increase adherence to therapy and also promote the efficient use of health care dollars.
The limits for the program are established based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules daily. Quantity Limits in the prescription claims processing system will limit the dispensing to consolidate dosing. The pharmacy claims processing system will prompt the pharmacist to request a new prescription order from the physician.

Specialty Pharmaceutical Management Program
UnitedHealthcare Community Plan is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare Community Plan to achieve these goals. Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network.
To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at 866-940-7328.
The UnitedHealthcare Community Plan Pharmacy Department will review and respond to all requests in accordance with state requirements, and if authorized for payment, UnitedHealthcare Community Plan will coordinate the delivery of the product to the member or provider.
Drugs that are part of this program and are on the 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.

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

The diagnosis will be verified at the point-of-sale by the pharmacy claims processing system. If a matching diagnosis is not found in the medical claim file or on the pharmacy drug claim, the prescription will be rejected at the pharmacy. The pharmacist may then contact the prescriber to verify the diagnosis and submit it on the claim.
If the diagnosis provided still does not match the approved use, prior authorization may be requested through the standard process by faxing a request to 866-940-7328.

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

STEP Drug	First-Line Agent(s)
.**Amerge**	Trial at a minimum dose of 50mg of sumatriptan tablets.
Aricept 23mg	90 day trial of Aricept 10mg daily
calcipotriene cream & oint 0.005%	Trial of two medium to high potency corticosteroids
calcitriol 3mcg/gm	Trial of two medium to high potency corticosteroids
DPP4 Inhibitors (Nesina, Kazano, Oseni)	At least a 90 day trial of 1500mg/day of metformin.
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
GLP-1 Agonists (Adlyxin, Victoza 2 pen pack)	At least a 90 day trial of 1500mg/day of metformin
GLP-1/Insulin Combinations (Soliqua)	Trial of one drug from the following classes: GLP-1 or Basal Insulin
lubiprostone	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
Motegrity	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Movantik	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Optivar	14 day trial of ketotifen within previous 90 days required first.
Renvela	8 week trial of calcium acetate
SGLT-2 Inhibitors (Steglatro, Segluromet)	At least a 90 day trial of 1500mg/day of metformin
tacrolimus 0.03%	Minimum age of 2.Trial of one topical corticosteroid.
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
tolterodine	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
trospium	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
Trulance	For chronic idiopathic constipation or irritable bowel syndrome- constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
Uloric	8 week trial of up to 600mg of allopurinol required first.
Xopenex Respules	30 day trial of Albuterol .083% or .5% respules.

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

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

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

EDITOR

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

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

LEGEND

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

NOTICE

The 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.

UnitedHealthcare Community Plan of New Mexico

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

Preferred Agents	Non-Preferred Agents
ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL *ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen junior strength oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL* *ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL* *indomethacin oral capsule - Tier 1; QL* *INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL* *infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL* *ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL* *ketorolac tromethamine oral - Tier 1; QL* *medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL* *mediproxen (generic for MEDIPROXEN) - Tier 1; QL* *meloxicam oral tablet - Tier 1; QL* *MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL* *MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL* *MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL* *nabumetone oral - Tier 1; QL* *naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL* *naproxen oral suspension - Tier 1; QL; AL* *naproxen oral tablet (generic for NAPROSYN) - Tier 1; QL* *naproxen oral tablet delayed release (generic for EC-NAPROSYN) - Tier 1; QL* *naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL* *oxaprozin oral tablet (generic for DAYPRO) - Tier 1; QL* *piroxicam oral - Tier 1; QL* *sulindac oral - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Long-acting	
buprenorphine (generic for BUTRANS) - Tier 1; PA; QL *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL* *morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL* *oxymorphone hcl er - Tier 1; PA; QL*	BELBUCA - Tier 2; PA; QL *HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL* NUCYNTA ER - Tier 2; PA; QL OXYCONTIN - Tier 2; PA; QL *ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - Tier 2; PA; QL* XTAMPZA ER - Tier 2; PA; QL
Opioid Analgesics, Short-acting	
acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL *acetaminophen-codeine oral tablet - Tier 1; QL* *ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL* *bac (butalbital-acetamin-caff) (generic for BAC (BUTALBITAL-ACETAMIN-CAFF)) - Tier 1; QL* *butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL* *butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL* *butalbital-apap-caffeine oral capsule 50-325-40 mg - Tier 1; QL* *butalbital-apap-caffeine oral tablet (generic for BAC (BUTALBITAL-ACETAMIN-CAFF)) - Tier 1; QL* *butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL* *butalbital-aspirin-caffeine - Tier 1; QL*	*apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL* NUCYNTA - Tier 2; PA; QL *TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
butorphanol tartrate nasal - Tier 1; QL *codeine sulfate - Tier 1; QL* *endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL* *hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml - Tier 1; QL* *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL* *hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL* *hydromorphone hcl rectal - Tier 1; QL* *morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL* *morphine sulfate oral - Tier 1; QL* *morphine sulfate rectal - Tier 1; QL* *oxycodone hcl oral concentrate - Tier 1; QL* *oxycodone hcl oral solution - Tier 1; QL* OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL *oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL* *pentazocine-naloxone hcl - Tier 1; QL* *TENCON (brand for butalbital-acetaminophen) - Tier 2; QL* *tramadol hcl oral tablet 50 mg - Tier 1; QL*	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
buprenorphine hcl sublingual - Tier 1; QL	

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

Preferred Agents	Non-Preferred Agents
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
Analgesics - Miscellaneous Analgesics	
8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL *8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *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 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen childrens oral solution - Tier 1; QL* *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 extra strength oral liquid 1000 mg/30ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 650 mg - Tier 1; QL* *aminofen (generic for PHARBETOL) - Tier 1; QL* *apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL* *arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL* *betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL *childrens non-aspirin (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 cvs headache relief) - Tier 2* *EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2* *EXCEDRIN MIGRAINE RELIEF (brand for cvs headache relief) - Tier 2* *fever reducer/pain reliever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *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 *ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL* *ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *ft pain & fever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *ft pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL *ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *headache formula oral tablet 250-250-65 mg (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* *infants pain/fever (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*	

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

Preferred Agents	Non-Preferred Agents
pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - 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 ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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* *PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL* *PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL* *PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL* *PHARBETOL (brand for acetaminophen) - Tier 2; QL* *PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL* *sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL* *VANQUISH EXTRA STRENGTH (brand for cvs headache relief) - Tier 2*	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
salsalate oral - Tier 1; QL	

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

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Short-acting	
oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL	
Anesthetics	
Local Anesthetics	
ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL *ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL* *lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL* *lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; PA; QL* *lidocaine hcl external cream 3 % - Tier 1; QL* *lidocaine viscous hcl - Tier 1; QL* *lidocaine-prilocaine external cream - Tier 1; QL* LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL *LIDOZALL (brand for lidocaine) - Tier 2; QL* *LIDOZALL PLUS (brand for lidocaine) - Tier 2; QL* *LMX 4 (brand for lidocaine) - Tier 2; QL* *ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL*	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
acamprosate calcium - Tier 1; QL *disulfiram oral - Tier 1; QL* *naltrexone hcl oral - Tier 1* VIVITROL - Tier 2; QL	
Opioid Dependence	
BRIXADI - Tier 2; QL BRIXADI (WEEKLY) - Tier 2; QL *buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; QL* *lofexidine hcl (generic for LUCEMYRA) - Tier 1; QL* SUBLOCADE - Tier 2; QL ZUBSOLV - Tier 2; QL	*SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Opioid Reversal Agents	
KLOXXADO - Tier 2 *naloxone hcl injection solution - Tier 1* *naloxone hcl injection solution cartridge - Tier 1* *naloxone hcl injection solution prefilled syringe 2 mg/2ml - Tier 1* *naloxone hcl nasal (generic for NARCAN) - Tier 1* *NARCAN (brand for naloxone hcl) - Tier 2* REXTOVY - Tier 2; QL ZIMHI - Tier 2	
Smoking Cessation Agents	
bupropion hcl er (smoking det) - Tier 1 *ft nicotine transdermal (generic for HABITROL) - Tier 1; QL* *habitrol (generic for HABITROL) - Tier 1; QL* *NICODERM CQ (brand for cvs nicotine) - Tier 2; QL* *nicotine step 1 (generic for HABITROL) - Tier 1; QL* *nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL* *nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL* *nicotine transdermal kit 21-14-7 mg/24hr - Tier 1* *nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL* *nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL* *nicotine transdermal system (generic for HABITROL) - Tier 1; QL* NICOTROL - Tier 2; QL NICOTROL NS - Tier 2; QL *varenicline tartrate (generic for CHANTIX) - Tier 1; QL* *varenicline tartrate (starter) - Tier 1; QL* *varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
Smoking Cessation Agents - Deterrents	
ft nicotine mini (generic for KLS QUIT2) - Tier 1; QL *ft nicotine mouth/throat (generic for KLS QUIT2) - Tier 1; QL* *mini nicotine (generic for KLS QUIT2) - Tier 1; QL* *NICORETTE (brand for cvs nicotine) - Tier 2; QL* *NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL* *NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL* *nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine mini (generic for KLS QUIT2) - Tier 1; QL* *nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL* *nicotine polacrilex mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine polacrilex mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine polacrilex mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
nicotine polacrilex mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL *quit2 (generic for KLS QUIT2) - Tier 1; QL* *quit4 (generic for KLS QUIT4) - Tier 1; QL* *THRIVE (brand for cvs nicotine) - Tier 2; QL*	
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
neomycin sulfate oral - Tier 1; QL	
Antibacterials, Other	
clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL *clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL* *clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL* *FIRVANQ (brand for vancomycin hcl) - Tier 2; PA; QL* *linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; QL* *linezolid oral tablet (generic for ZYVOX) - Tier 1* *methenamine hippurate (generic for HIPREX) - Tier 1; QL* *metronidazole external (generic for METROCREAM) - Tier 1; QL* *metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL* *metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL* *nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL*	CLINDESSE - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL XACIATO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL *nitrofurantoin oral suspension 25 mg/5ml - Tier 1; QL; AL* *tinidazole oral tablet 250 mg - Tier 1* *tinidazole oral tablet 500 mg - Tier 1; QL* *trimethoprim oral - Tier 1; QL* *vancomycin hcl oral (generic for FIRVANQ) - Tier 1; QL* *VANDAZOLE (brand for metronidazole) - Tier 2; QL*	
Beta-lactam, Cephalosporins	
cefaclor oral capsule - Tier 1; QL *cefadroxil - Tier 1; QL* *cefdinir - Tier 1; QL* *cefixime oral capsule - Tier 1; QL* *cefpodoxime proxetil oral tablet - Tier 1; QL* *cefprozil - Tier 1; QL* *cefuroxime axetil - Tier 1; QL* *cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL* *cephalexin oral suspension reconstituted - Tier 1; QL*	
Beta-lactam, Penicillins	
amoxicillin - Tier 1; QL *amoxicillin-potassium clavulanate (generic for AUGMENTIN ES-600) - Tier 1; QL* *ampicillin - Tier 1; QL* *dicloxacillin sodium - Tier 1; QL* *penicillin v potassium - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Macrolides	
azithromycin oral (generic for ZITHROMAX) - Tier 1; QL *clarithromycin er - Tier 1; QL* *clarithromycin oral - Tier 1; QL* DIFICID - Tier 2; PA; QL *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL* *erythromycin base oral (generic for ERY-TAB) - Tier 1; QL* *erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL* *erythromycin oral (generic for ERY-TAB) - Tier 1; QL*	
Quinolones	
CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL *ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL* *levofloxacin oral tablet - Tier 1; QL* *moxifloxacin hcl oral - Tier 1; QL* *ofloxacin oral - Tier 1; QL*	
Sulfonamides	
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*	
Tetracyclines	
doxycycline hyclate oral capsule - Tier 1; QL *doxycycline hyclate oral tablet 100 mg - Tier 1; QL* *doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL* *doxycycline monohydrate oral capsule 50 mg - Tier 1; QL* *minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL* NUZYRA ORAL - Tier 2; PA; QL	*ORACEA (brand for doxycycline) - Tier 2; PA*

Preferred Agents	Non-Preferred Agents
Antibacterials - Drugs to Treat Bacterial Infections	
Antibacterials, Other - Antibiotics	
antibiotic external ointment 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL *antiseptic (generic for BETADINE) - Tier 1* *BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2* *first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1* *ft triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL* *povidone iodine (generic for BETADINE) - Tier 1* *povidone-iodine external solution (generic for BETADINE) - Tier 1* *SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2* *triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL*	SUTAB - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Anticonvulsants	
Anticonvulsants, Other	
EPRONTIA - Tier 2; QL; AL *felbamate oral suspension - Tier 1; Members > = 8 years of age will require PA; QL; AL* *felbamate oral tablet (generic for FELBATOL) - Tier 1; QL* LAMICTAL XR ORAL KIT - Tier 2; QL *lamotrigine er (generic for LAMICTAL XR) - Tier 1; QL* *lamotrigine oral kit (generic for LAMICTAL ODT) - 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; AL* *lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; QL* *lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL* *lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL* *lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL* *levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL; AL* *levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL* *roweepra (generic for ROWEEPRA) - Tier 1; QL* *subvenite (generic for SUBVENITE) - Tier 1; QL* *subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL* *subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL*	BRIVIACT ORAL - Tier 2; PA; QL EPIDIOLEX - Tier 2; PA; SP; QL FYCOMPA - Tier 2; PA; QL *TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL* XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL *topiramate er oral capsule er 24 hour sprinkle 100 mg, 25 mg (generic for QUDEXY XR) - Tier 1; QL* *topiramate er oral capsule extended release 24 hour (generic for TROKENDI XR) - Tier 1; QL* *topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members > = 8 years of age will require PA; QL; AL* *topiramate oral capsule sprinkle 50 mg - Tier 1; QL; AL* *topiramate oral tablet 100 mg, 200 mg, 50 mg (generic for TOPAMAX) - Tier 1; QL* *topiramate oral tablet 25 mg (generic for TOPAMAX) - Tier 1; DX2RX; QL* *valproic acid oral capsule - Tier 1; QL* *valproic acid oral solution 250 mg/5ml - Tier 1; QL*	
Calcium Channel Modifying Agents	
ethosuximide oral (generic for ZARONTIN) - Tier 1; QL *methsuximide (generic for CELONTIN) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
clobazam (generic for ONFI) - Tier 1; PA; QL *diazepam rectal - Tier 1; QL* *gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL* NAYZILAM - Tier 2; PA; QL *phenobarbital oral - Tier 1; QL* *primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL* *tiagabine hcl - Tier 1; PA; QL; AL* *vigabatrin oral packet (generic for VIGPODER) - Tier 1; PA; SP; QL* *vigpoder (generic for VIGPODER) - Tier 1; PA; SP; QL*	SYMPAZAN - Tier 2; PA; QL VALTOCO 10 MG DOSE - Tier 2; PA; QL VALTOCO 5 MG DOSE - Tier 2; PA; QL
Sodium Channel Agents	
carbamazepine er (generic for CARBATROL) - Tier 1; QL *carbamazepine oral suspension 100 mg/5ml (generic for TEGRETOL) - Tier 1; QL* *carbamazepine oral tablet (generic for EPITOL) - Tier 1; QL* *carbamazepine oral tablet chewable 100 mg - Tier 1; QL* DILANTIN ORAL CAPSULE 30 MG - Tier 2 *epitol (generic for EPITOL) - Tier 1; QL* *lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL* *oxcarbazepine er (generic for OXTELLAR XR) - Tier 1; QL* *oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL* *oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL* *phenytek (generic for PHENYTEK) - Tier 1; QL* *phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL*	APTIOM - Tier 2; PA; QL *ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
phenytoin oral (generic for DILANTIN) - Tier 1; QL *phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL* *rufinamide (generic for BANZEL) - Tier 1; PA; QL* *TEGRETOL ORAL SUSPENSION (brand for carbamazepine) - Tier 2; QL* *zonisamide oral (generic for ZONEGRAN) - Tier 1; QL*	
Antidementia Agents	
Antidementia Agents, Other	
	NAMZARIC (brand for memantine hcl-donepezil hcl) - Tier 2; PA; QL; AL
Cholinesterase Inhibitors	
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; AL* *galantamine hydrobromide oral solution - Tier 1; QL; AL* *galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL* *galantamine hydrobromide oral tablet 4 mg - Tier 1; Members < 18 years of age will require PA; QL; AL* *rivastigmine (generic for EXELON) - Tier 1; Members < 18 years of age will require PA; QL; AL* *rivastigmine tartrate - Tier 1; QL; AL*	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
memantine hcl oral solution - Tier 1; QL *memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members < 18 years of age will require PA; QL; AL*	

Preferred Agents	Non-Preferred Agents
Antidepressants	
Antidepressants, Other	
APLENZIN - Tier 2 *bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL* *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL* *BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (brand for bupropion hcl er (xl)) - Tier 2; QL* *bupropion hcl oral - Tier 1; QL* *FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; QL* *mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL* *mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL* *mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1* *olanzapine-fluoxetine hcl (generic for SYMBYAX) - Tier 1; QL* *perphenazine-amitriptyline - Tier 1; QL* SPRAVATO (56 MG DOSE) - Tier 2; QL SPRAVATO (84 MG DOSE) - Tier 2; QL	
Monoamine Oxidase Inhibitors	
EMSAM - Tier 2; QL MARPLAN - Tier 2; QL *phenelzine sulfate oral (generic for NARDIL) - Tier 1; QL* *tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE - Tier 2; QL *citalopram hydrobromide oral solution - Tier 1; QL* *citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL* DESVENLAFAXINE ER - Tier 2; QL *desvenlafaxine succinate er (generic for PRISTIQ) - Tier 1; QL* *escitalopram oxalate oral (generic for LEXAPRO) - Tier 1; QL* FETZIMA - Tier 2; QL FETZIMA TITRATION - Tier 2; QL *fluoxetine hcl oral (generic for PROZAC) - Tier 1; QL* *fluvoxamine maleate - Tier 1; QL* *fluvoxamine maleate er - Tier 1; QL* *nefazodone hcl - Tier 1; QL* *paroxetine hcl (generic for PAXIL) - Tier 1; QL* *paroxetine hcl er (generic for PAXIL CR) - Tier 1; QL* *paroxetine mesylate - Tier 1; QL* *PAXIL ORAL SUSPENSION (brand for paroxetine hcl) - Tier 2; QL* SERTRALINE HCL ORAL CAPSULE - Tier 2; QL *sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL* *sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL* *trazodone hcl oral - Tier 1; QL* TRINTELLIX - Tier 2; QL *venlafaxine hcl - Tier 1; QL* *venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL* *venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 75 mg - Tier 1* *venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg - Tier 1; QL* *vilazodone hcl (generic for VIIBRYD) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Tricyclics	
amitriptyline hcl oral - Tier 1; QL *amoxapine - Tier 1; QL* *clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL* *desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL* *doxepin hcl oral capsule - Tier 1; QL* *doxepin hcl oral concentrate - Tier 1; QL* *imipramine hcl oral - Tier 1; QL* *imipramine pamoate - Tier 1; QL* *nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL* *protriptyline hcl - Tier 1; QL* *trimipramine maleate oral - Tier 1; QL*	
Antidepressants - Drugs to Treat Depression	
Atypical Antipsychotics	
LYBALVI - Tier 2; QL; AL	
Antiemetics	
Antiemetics, Other	
BONINE (brand for cvs motion sickness relief) - Tier 2 *driminate (generic for DRIMINATE) - Tier 1* *ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *meclizine hcl oral tablet 12.5 mg - Tier 1; QL* *meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL* *meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1* *metoclopramide hcl oral solution 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 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*	

Preferred Agents	Non-Preferred Agents
perphenazine oral - Tier 1; QL *prochlorperazine (generic for COMPRO) - Tier 1; QL* *prochlorperazine maleate oral - Tier 1; QL* *promethazine hcl oral solution - Tier 1* *promethazine hcl oral tablet - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL *travel ease (generic for BONINE) - Tier 1* *trimethobenzamide hcl oral - Tier 1; QL*	
Emetogenic Therapy Adjuncts	
aprepitant (generic for EMEND BIPACK) - Tier 1; QL *dronabinol - Tier 1; PA; QL* *ondansetron hcl oral solution - 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*	SANCUSO - Tier 2; PA; QL
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
anti-nausea (generic for EMETROL) - Tier 1 *anti-nausea relief (generic for EMETROL) - Tier 1* *EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2* *nausea control (generic for EMETROL) - Tier 1* *nausea relief (generic for EMETROL) - Tier 1*	

Preferred Agents	Non-Preferred Agents
Antifungals	
clotrimazole mouth/throat troche 10 mg - Tier 1; QL *fluconazole oral (generic for DIFLUCAN) - Tier 1; QL* *ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL* *griseofulvin microsize oral - Tier 1; QL* *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; QL* *itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL* *ketoconazole oral - Tier 1; QL* *miconazole 3 - Tier 1; QL* *miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *miconazole 7 vaginal cream (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL* *miconazole 7 vaginal suppository - Tier 1* *miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL* *nystatin mouth/throat - Tier 1; QL* *nystatin oral - Tier 1; QL* *terbinafine hcl oral - Tier 1; QL* *terconazole vaginal cream - Tier 1; QL* *voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL*	GYNAZOLE-1 - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antifungals - Drugs to Treat Fungal Infections	
Antifungals - Fungal Infection Drugs	
3 day vaginal - Tier 1 *antifungal external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1* *antifungal external powder (generic for DESENEX) - Tier 1; QL* *antifungal foot care (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *atheletes foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1* *athletes foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1* *athletes foot external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL* *athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1* *athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1* *baza antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1* *clotrimazole 3 - Tier 1* *clotrimazole 7 - Tier 1; QL* *clotrimazole vaginal cream 1 % - Tier 1; QL* CRITIC-AID CLEAR AF - Tier 2 *CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2* *DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL* *DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2*	

Preferred Agents	Non-Preferred Agents
foot care (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL *ft antifungal external cream 2 % (generic for MEDPURA ANTIFUNGAL) - Tier 1* *ft athletes foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *ft clotrimazole - Tier 1; QL* *ft clotrimazole 3 - Tier 1* *jock itch external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *LAMISIL AT ATHLETES FOOT (brand for athletes foot (terbinafine)) - Tier 2; QL* *LAMISIL AT EXTERNAL CREAM 1 % (brand for athletes foot (terbinafine)) - Tier 2; QL* *LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL* *MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2* *micaderm (generic for MEDPURA ANTIFUNGAL) - Tier 1* *MICATIN (brand for antifungal) - Tier 2* *miconazole antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1* *miconazole nitrate external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1* *miconazorb af (generic for DESENEX) - Tier 1; QL* *MICRO GUARD (brand for antifungal) - Tier 2; QL* *terbinafine hcl external (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *ZEASORB-AF (brand for antifungal) - Tier 2; QL*	
Antigout Agents	
allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL *colchicine oral tablet - Tier 1; QL* *febuxostat oral tablet 80 mg (generic for ULORIC) - Tier 1; ST; QL* *probenecid - Tier 1; QL*	*MITIGARE (brand for colchicine) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
Antimigraine Agents	
Ergot Alkaloids	
dihydroergotamine mesylate injection - Tier 1; QL MIGERGOT - Tier 2; QL	QULIPTA - Tier 2; PA; QL
Prophylactic	
AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL	AIMOVIG - Tier 2; PA; QL
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
NURTEC - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
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 refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL* *sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL* *zolmitriptan oral tablet (generic for ZOMIG) - Tier 1; QL*	*ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Antimyasthenic Agents	
Parasympathomimetics	
pyridostigmine bromide er (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*	
Antimycobacterials	
Antimycobacterials, Other	
dapsone oral - Tier 1; QL *rifabutin - Tier 1; QL*	
Antituberculars	
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 TRECATOR - Tier 2; QL	
Antineoplastics	
Alkylating Agents	
cyclophosphamide oral capsule - Tier 1 CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP MYLERAN - Tier 2 *temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP* *temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL*	

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

Preferred Agents	Non-Preferred Agents
Antiandrogens	
abiraterone acetate oral tablet 250 mg (generic for ABIRTEGA) - Tier 1; PA; SP; QL *bicalutamide (generic for CASODEX) - Tier 1; QL* ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; QL	XTANDI - Tier 2; PA; SP; QL
Antiangiogenic Agents	
lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL POMALYST - Tier 2; PA; SP; QL THALOMID - Tier 2; PA; SP; QL	*REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL*
Antiestrogens/Modifiers	
tamoxifen citrate oral - Tier 1; QL *toremifene citrate (generic for FARESTON) - Tier 1; QL*	
Antimetabolites	
hydroxyurea oral (generic for HYDREA) - Tier 1; QL *mercaptopurine oral tablet - Tier 1; QL* TABLOID - Tier 2; SP	
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	
Aromatase Inhibitors, 3rd Generation	
anastrozole oral (generic for ARIMIDEX) - Tier 1; QL *exemestane (generic for AROMASIN) - Tier 1; QL* *letrozole oral (generic for FEMARA) - Tier 1; QL*	
Enzyme Inhibitors	
etoposide oral - Tier 1 HYCAMTIN ORAL - Tier 2; PA; SP	

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

Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors	
BALVERSA - Tier 2; PA; SP; QL COTELLIC - Tier 2; PA; SP; QL DAURISMO - Tier 2; PA; SP; QL ERIVEDGE - Tier 2; PA; SP; QL *everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL* *everolimus oral tablet 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP* *everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL* IBRANCE - Tier 2; PA; SP; QL JAKAFI - Tier 2; PA; SP; QL LYNPARZA - Tier 2; PA; SP; QL MEKINIST - Tier 2; PA; SP; QL ODOMZO - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL 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 PACKET 50 MG ORAL - Tier 2; PA; SP; QL ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; SP; QL; AL RUBRACA - Tier 2; PA; SP; QL RYDAPT - Tier 2; PA; SP; QL *sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL* STIVARGA - Tier 2; PA; SP; QL *sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; QL* *sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP*	KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG - Tier 2; PA; SP; QL KOSELUGO - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
TAFINLAR - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL	
Retinoids	
bexarotene (generic for TARGRETIN) - Tier 1; PA; SP *tretinoin oral - Tier 1; SP*	
Treatment Adjuncts	
leucovorin calcium oral tablet 10 mg - Tier 1 *leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL* *mesna oral (generic for MESNEX) - Tier 1; SP*	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
capecitabine (generic for XELODA) - Tier 1; PA; SP	
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 2.4 MG/0.75ML - Tier 2; PA WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.5ML, 1.7 MG/0.75ML - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
Antiparasitics	
Anthelmintics	
albendazole oral - Tier 1; DX2RX; QL *BILTRICIDE (brand for praziquantel) - Tier 2; PA; QL* *ivermectin oral tablet 3 mg (generic for STROMECTOL) - Tier 1; DX2RX; QL* *praziquantel oral (generic for BILTRICIDE) - Tier 1; PA; QL*	EMVERM - Tier 2; PA; QL
Antiprotozoals	
atovaquone (generic for MEPRON) - Tier 1; PA; QL *atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL* BENZNIDAZOLE - Tier 2; DX2RX; QL *chloroquine phosphate oral - Tier 1; QL* *hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1; DX2RX; QL* 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* *SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; DX2RX; QL*	

Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1 *lice killing (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* *lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1* *sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1*	
Antiparkinson Agents	
Anticholinergics	
benztropine mesylate oral - Tier 1; QL *trihexyphenidyl hcl - Tier 1; QL*	
Antiparkinson Agents, Other	
amantadine hcl oral capsule - Tier 1; QL *amantadine hcl oral solution - Tier 1; QL* *entacapone - Tier 1; QL* *tolcapone (generic for TASMAR) - Tier 1; QL*	ONGENTYS - Tier 2; PA; QL
Dopamine Agonists	
pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg - 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*	

Preferred Agents	Non-Preferred Agents
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
carbidopa-levodopa er - Tier 1; QL *carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL* *DHIVY (brand for carbidopa-levodopa) - Tier 2; QL*	INBRIJA - Tier 2; PA; SP; QL RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL
Monoamine Oxidase B (MAO-B) Inhibitors	
selegiline hcl oral - Tier 1; QL	
Antipsychotics	
1st Generation/Typical	
chlorpromazine hcl oral - Tier 1; QL *fluphenazine decanoate injection - Tier 1; QL* *fluphenazine hcl injection - Tier 1* *fluphenazine hcl oral - Tier 1; QL* *haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL* *haloperidol lactate oral concentrate 2 mg/ml - Tier 1; QL* *haloperidol oral - Tier 1; QL* *loxapine succinate - Tier 1; QL* *molindone hcl oral tablet 25 mg, 5 mg - Tier 1; QL; AL* *pimozide - Tier 1; QL; AL* *thioridazine hcl oral - Tier 1; QL* *thiothixene - Tier 1; QL* *trifluoperazine hcl - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
2nd Generation/Atypical	
ABILIFY ASIMTUFII - Tier 2; QL; AL ABILIFY MAINTENA - Tier 2; QL; AL *aripiprazole (generic for ABILIFY) - Tier 1; QL; AL* ARISTADA - Tier 2; QL; AL ARISTADA INITIO - Tier 2; QL; AL *asenapine maleate (generic for SAPHRIS) - Tier 1; QL; AL* CAPLYTA - Tier 2; QL; AL ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML - Tier 2; QL; AL ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML - Tier 2 FANAPT - Tier 2; QL; AL FANAPT TITRATION PACK - Tier 2; QL; AL INVEGA HAFYERA - Tier 2; QL; AL INVEGA SUSTENNA - Tier 2; QL; AL INVEGA TRINZA - Tier 2; QL; AL *lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL* NUPLAZID - Tier 2; QL *olanzapine oral (generic for ZYPREXA) - Tier 1; QL; AL* OPIPZA - Tier 2; QL; AL *paliperidone er oral tablet extended release 24 hour 1.5 mg - Tier 1; QL; AL* *paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg (generic for INVEGA) - Tier 1; QL; AL* PERSERIS - Tier 2; QL; AL *quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL* *quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
REXULTI - Tier 2; QL; AL *risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; QL; AL* *risperidone oral solution (generic for RISPERDAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL* *risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL* *risperidone oral tablet dispersible - Tier 1; QL; AL* RYKINDO - Tier 2; QL; AL SECUADO - Tier 2; QL; AL UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; QL; AL VRAYLAR - Tier 2; QL; AL *ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL*	
Treatment-Resistant	
clozapine (generic for CLOZARIL) - Tier 1; QL; AL VERSACLOZ - Tier 2; QL; AL	
Antispasticity Agents	
baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL *dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL* *tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*	
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL	
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; QL *entecavir (generic for BARACLUDE) - Tier 1; QL* *lamivudine oral tablet 100 mg - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Anti-hepatitis C (HCV) Agents	
EPCLUSA (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 *ribavirin oral - Tier 1; QL* *SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL* ZEPATIER - Tier 2; PA; SP; QL	*HARVONI ORAL TABLET (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* *LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* SOVALDI ORAL TABLET - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL
Antiherpetic Agents	
acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL *acyclovir oral - Tier 1; QL* *valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL*	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY - Tier 2; DX2RX; QL DOVATO - Tier 2; QL GENVOYA - Tier 2; DX2RX; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; Members > = 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL JULUCA - Tier 2; QL STRIBILD - Tier 2; PA; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL	

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
COMPLERA - Tier 2; DX2RX; QL DELSTRIGO - Tier 2; QL EDURANT - Tier 2; QL *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* INTELENCE ORAL TABLET 25 MG - Tier 2; QL *nevirapine - Tier 1; QL* *nevirapine er - Tier 1; QL*	*SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL* *SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL*
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
abacavir sulfate (generic for ZIAGEN) - Tier 1; QL *abacavir sulfate-lamivudine - Tier 1; QL* *emtricitabine (generic for EMTRIVA) - Tier 1; QL* *emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL* EMTRIVA ORAL SOLUTION - Tier 2; QL *lamivudine oral solution (generic for EPIVIR) - Tier 1; QL* *lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL* *lamivudine-zidovudine - Tier 1; QL* ODEFSEY - Tier 2; QL *tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL* TRIUMEQ - Tier 2; QL TRIUMEQ PD - Tier 2; QL VIREAD ORAL POWDER - Tier 2; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL *zidovudine (generic for RETROVIR) - Tier 1; QL*	CIMDUO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Other	
FUZEON - Tier 2; QL *maraviroc (generic for SELZENTRY) - Tier 1; QL* SELZENTRY ORAL SOLUTION - Tier 2; QL TYBOST - Tier 2; QL	
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS - Tier 2; QL *atazanavir sulfate (generic for REYATAZ) - Tier 1; QL* EVOTAZ - Tier 2; QL *fosamprenavir calcium - Tier 1; QL* *lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL* NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; Members > = 8 years of age will require PA; QL; AL *ritonavir (generic for NORVIR) - Tier 1; QL* VIRACEPT - Tier 2; QL	
Anti-influenza Agents	
oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL *oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL* RELENZA DISKHALER - Tier 2; QL *rimantadine hcl - Tier 1; QL*	XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Anxiolytics	
Anxiolytics, Other	
buspirone hcl oral - Tier 1; QL *hydroxyzine hcl oral - Tier 1; QL* *hydroxyzine pamoate oral - Tier 1; QL* IGALMI - Tier 2; QL	
Benzodiazepines	
alprazolam oral tablet (generic for XANAX) - Tier 1; QL *chlordiazepoxide hcl - Tier 1; QL* *clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL* *clorazepate dipotassium - Tier 1; QL* *diazepam oral solution - Tier 1; QL* *diazepam oral tablet (generic for VALIUM) - Tier 1; QL* *lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL* LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG - Tier 2; QL LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG - Tier 2 *oxazepam - Tier 1; QL*	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
QELBREE - Tier 2; QL; AL	

Preferred Agents	Non-Preferred Agents
Bipolar Agents	
Mood Stabilizers	
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; AL* *divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL* EQUETRO - Tier 2; QL *lithium - Tier 1; QL* *lithium carbonate er (generic for LITHOBID) - Tier 1; QL* *lithium carbonate oral - Tier 1; QL*	
Blood Glucose Regulators	
Antidiabetic Agents	
acarbose oral - Tier 1; QL ALOGLIPTIN BENZOATE - Tier 2; DX2RX; QL ALOGLIPTIN-METFORMIN HCL - Tier 2; DX2RX; QL ALOGLIPTIN-PIOGLITAZONE - Tier 2; DX2RX; QL *DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; DX2RX; QL* *FARXIGA (brand for dapagliflozin propanediol) - Tier 2; DX2RX; 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 micronized - Tier 1; QL* *glyburide oral - Tier 1; QL* *glyburide-metformin - Tier 1; QL* *liraglutide (generic for VICTOZA) - Tier 1; PA; ST; QL*	BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL GLYXAMBI - Tier 2; PA JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL QTERN - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL SYNJARDY - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
metformin hcl er (osm) - 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 oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL* *nateglinide - Tier 1; QL* OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL *pioglitazone hcl (generic for ACTOS) - Tier 1; QL* *repaglinide - Tier 1; QL* RYBELSUS - Tier 2; PA; QL RYBELSUS (FORMULATION R2) - Tier 2; PA; QL *saxagliptin hcl (generic for ONGLYZA) - Tier 1; DX2RX; QL* SEGLUROMET - Tier 2; DX2RX; QL SOLIQUA - Tier 2; PA; QL STEGLATRO - Tier 2; DX2RX; QL *VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (brand for liraglutide) - Tier 2; PA; ST; QL* *VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (brand for liraglutide) - Tier 2; PA; ST; QL*	TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL *XIGDUO XR (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL* XULTOPHY - Tier 2; PA; QL
Glycemic Agents	
BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL *glucagon emergency injection kit - Tier 1; QL* GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Insulins	
HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R VIAL - Tier 2; QL *INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL* *INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL* *INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL* INSULIN LISPRO JUNIOR KWIKPEN - Tier 2; ST; QL INSULIN LISPRO PROT & LISPRO - Tier 2; QL *LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL* *LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL* NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLIN N RELION - Tier 2; QL NOVOLIN N VIAL - Tier 2; QL NOVOLIN R RELION - Tier 2; QL NOVOLIN R VIAL - Tier 2; QL *NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL* *NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; QL* *NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL*	*ADMELOG (brand for insulin lispro) - Tier 2; PA; QL* *ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL* APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL HUMULIN N KWIKPEN - Tier 2; PA; QL *INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL* LYUMJEV - Tier 2; PA; QL LYUMJEV KWIKPEN - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL NOVOLIN N FLEXPEN - Tier 2; PA; QL NOVOLIN R FLEXPEN - Tier 2; PA; QL *NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL* *NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL* *NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL* *SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL* *TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL* *TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
	TRESIBA (brand for insulin degludec) - Tier 2; PA; QL *TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL*
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
Glycemic Agents - Diabetic Drugs	
GLUCO TO GO (brand for cvs glucose) - Tier 2; QL *glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL* *soft glucose (generic for GLUCO TO GO) - Tier 1; QL* *TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL*	
Insulins - Diabetic Drugs	
CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL *MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL* *NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL* REZVOGLAR KWIKPEN - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Blood Products and Modifiers	
Anticoagulants	
dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL *enoxaparin sodium (generic for LOVENOX) - Tier 1; QL* *heparin sodium (porcine) - Tier 1* *heparin sodium (porcine) pf - Tier 1* *jantoven (generic for JANTOVEN) - Tier 1; QL* *warfarin sodium oral (generic for JANTOVEN) - Tier 1; QL*	*PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL*
Blood Products and Modifiers, Other	
anagrelide hcl (generic for AGRYLIN) - Tier 1; QL ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP DROXIA - Tier 2; QL EPOGEN - Tier 2; PA; SP LEUKINE - Tier 2; PA; SP MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP *plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL* PROCRIT - Tier 2; PA; SP PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP UDENYCA - Tier 2; PA; SP UDENYCA ONBODY - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP	FULPHILA - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP RELEUKO - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP

Preferred Agents	Non-Preferred Agents
Hemostasis Agents	
aminocaproic acid oral - Tier 1; QL *tranexamic acid oral - Tier 1; DX2RX; QL*	
Platelet Modifying Agents	
BRILINTA - Tier 2; PA; 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* *prasugrel hcl (generic for EFFIENT) - Tier 1; PA; QL*	DOPTELET - Tier 2; PA; SP; QL TAVALISSE - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA - Tier 2; PA; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL *clonidine hcl oral - Tier 1; QL* *guanfacine hcl - Tier 1; QL* *methyldopa - Tier 1; QL* *midodrine hcl - Tier 1; QL*	
Alpha-adrenergic Blocking Agents	
doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL *prazosin hcl oral - Tier 1; QL*	
Angiotensin II Receptor Antagonists	
irbesartan (generic for AVAPRO) - Tier 1; QL *losartan potassium oral (generic for COZAAR) - Tier 1; QL* *olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL* *telmisartan (generic for MICARDIS) - Tier 1; QL* *valsartan oral tablet (generic for DIOVAN) - Tier 1; QL*	EDARBI - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
Angiotensin-converting Enzyme (ACE) Inhibitors	
benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL *captopril oral - Tier 1; QL* *enalapril maleate oral solution (generic for EPANED) - Tier 1; Members > = 8 years of age will require PA; QL; AL* *enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL* *fosinopril sodium - Tier 1; QL* *lisinopril oral (generic for ZESTRIL) - Tier 1; QL* *quinapril hcl (generic for ACCUPRIL) - Tier 1; QL* *ramipril (generic for ALTACE) - Tier 1; QL* *trandolapril - Tier 1; QL*	
Antiarrhythmics	
amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL *disopyramide phosphate (generic for NORPACE) - Tier 1; QL* *dofetilide (generic for TIKOSYN) - Tier 1; QL* *flecainide acetate - Tier 1; QL* *mexiletine hcl oral - Tier 1; QL* NORPACE CR - Tier 2 *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*	MULTAQ - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Beta-adrenergic Blocking Agents	
atenolol oral (generic for TENORMIN) - Tier 1; QL *betaxolol hcl oral - Tier 1; QL* *bisoprolol fumarate oral - Tier 1; QL* *carvedilol (generic for COREG) - Tier 1; QL* *labetalol hcl oral - Tier 1; QL* *metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL* *metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL* *metoprolol tartrate oral tablet 25 mg - Tier 1; QL* *metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1* *nadolol oral - Tier 1; QL* *nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL* *pindolol - Tier 1; QL* *propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 80 mg (generic for INDERAL LA) - Tier 1; DX2RX; QL* *propranolol hcl er oral capsule extended release 24 hour 60 mg (generic for INDERAL LA) - Tier 1; QL* *propranolol hcl oral solution 20 mg/5ml - Tier 1; QL* *propranolol hcl oral solution 40 mg/5ml - Tier 1* *propranolol hcl oral tablet - Tier 1; QL*	HEMANGEOL - Tier 2; PA; QL
Calcium Channel Blocking Agents, Dihydropyridines	
amlodipine besylate oral (generic for NORVASC) - Tier 1; QL *felodipine er - Tier 1; QL* *nifedipine er - Tier 1; QL* *nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL* *nifedipine oral - Tier 1; QL* *nimodipine oral capsule - Tier 1; QL* NIMODIPINE ORAL SOLUTION - Tier 2; QL NYMALIZE - Tier 2; QL	NORLIQVA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Calcium Channel Blocking Agents, Nondihydropyridines	
cartia xt (generic for CARTIA XT) - Tier 1; QL *diltiazem hcl er beads (generic for 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* *tiadylt er (generic for TIADYLT ER) - Tier 1; QL* *verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL* *verapamil hcl er oral tablet extended release - Tier 1; QL* *verapamil hcl oral - Tier 1; QL*	
Cardiovascular Agents, Other	
acetazolamide er - Tier 1; QL *acetazolamide oral - Tier 1; QL* *amiloride-hydrochlorothiazide - Tier 1; QL* *amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL* *amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1* *amlodipine-olmesartan (generic for AZOR) - Tier 1* *atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL* *benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL* *bisoprolol-hydrochlorothiazide - Tier 1; QL* *captopril-hydrochlorothiazide - Tier 1; QL* *digoxin oral solution - Tier 1* *digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL* *enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL*	*CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL* EDARBYCLOR - Tier 2; PA; QL KERENDIA - Tier 2; PA; QL *TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
ENTRESTO ORAL TABLET - Tier 2; PA; QL *fosinopril sodium-hctz - 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* *olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL* *pentoxifylline er - Tier 1; QL* *quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL* *ranolazine er - Tier 1; QL* *spironolactone-hctz - Tier 1; QL* *triamterene-hctz - Tier 1; QL* *valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL*	
Diuretics, Loop	
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* *SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL* *torsemide (generic for SOAANZ) - Tier 1; QL*	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
amiloride hcl oral - Tier 1; QL *spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL*	
Diuretics, Thiazide	
chlorthalidone - Tier 1; QL DIURIL - Tier 2; 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*	

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Fibric Acid Derivatives	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL *fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL* *fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL* *fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL* *gemfibrozil oral (generic for LOPID) - Tier 1; QL*	
Dyslipidemics, HMG CoA Reductase Inhibitors	
atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL *lovastatin oral - Tier 1; QL; AL* *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 *LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL*
Dyslipidemics, Other	
cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL *cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL* *ezetimibe (generic for ZETIA) - Tier 1; QL* *niacin er (antihyperlipidemic) - Tier 1; QL* *omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL* *prevalite oral powder (generic for PREVALITE) - Tier 1; QL* REPATHA SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML - 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	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; SP; QL *VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL*
Vasodilators, Direct-acting Arterial	
hydralazine hcl oral - Tier 1; QL *minoxidil oral - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
Vasodilators, Direct-acting Arterial/Venous	
isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL *isosorbide mononitrate - Tier 1; QL* *isosorbide mononitrate er - Tier 1; QL* NITRO-BID - Tier 2; QL *nitroglycerin rectal (generic for RECTIV) - Tier 1; PA; QL* *nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL* *nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL* *nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL*	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
atomoxetine hcl (generic for STRATTERA) - Tier 1; QL; AL *clonidine hcl er - Tier 1; QL* *CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL* COTEMPLA XR-ODT - Tier 2; QL; AL *dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL* *dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; QL; AL* *guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL* JORNAY PM - Tier 2; 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) (generic for RITALIN LA) - 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; QL; AL*	

Preferred Agents	Non-Preferred Agents
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - *Tier 2; QL; AL* *methylphenidate hcl er (osm) oral tablet extended release 72 mg (generic for RELEXXII)* - *Tier 1; QL; AL* *methylphenidate hcl er (xr) (generic for APTENSIO XR)* - *Tier 1; QL; AL* *methylphenidate hcl er oral tablet extended release* - *Tier 1; QL; AL* *methylphenidate hcl er oral tablet extended release 24 hour* - *Tier 1; Mallinckrodt and Kremers Urban labelers; QL; AL* *methylphenidate hcl oral solution (generic for METHYLIN)* - *Tier 1; QL; AL* *methylphenidate hcl oral tablet (generic for RITALIN)* - *Tier 1; QL; AL* *methylphenidate hcl oral tablet chewable* - *Tier 1; AL* ONYDA XR - Tier 2; QL QUILLICHEW ER - Tier 2; QL; AL QUILLIVANT XR - Tier 2; QL; AL *RELEXXII (brand for methylphenidate hcl er (osm))* - *Tier 2; QL; AL*	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
ADDERALL XR (brand for amphetamine-dextroamphet er) - *Tier 2; QL; AL* ADZENYS XR-ODT - Tier 2; QL; AL *amphetamine sulfate (generic for EVEKEO)* - *Tier 1; QL; AL* *amphetamine-dextroamphetamine (generic for ADDERALL)* - *Tier 1; QL; AL* *amphetamine-dextroamphetamine er (generic for ADDERALL XR)* - *Tier 1; QL; AL* *amphet-dextroamphet 3-bead er (generic for MYDAYIS)* - *Tier 1; QL; AL* AZSTARYS - Tier 2; QL; AL *dextroamphetamine sulfate (generic for PROCENTRA)* - *Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; QL; AL DYANAVEL XR - Tier 2; QL; AL *lisdexamfetamine dimesylate (generic for VYVANSE) - Tier 1; QL; AL* *methamphetamine hcl - Tier 1; QL; AL* *VYVANSE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL*	
Central Nervous System, Other	
AUSTEDO - Tier 2; PA; SP; QL *caffeine citrate oral - Tier 1; QL; AL* INGREZZA - Tier 2; PA; SP; QL NUEDEXTA - Tier 2; PA; QL *riluzole - Tier 1; QL* *tetrabenazine (generic for XENAZINE) - Tier 1; PA; SP; QL*	*GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL* HORIZANT - Tier 2; PA; QL RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL TIGLUTIK - Tier 2; PA
Fibromyalgia Agents	
duloxetine hcl oral (generic for CYMBALTA) - Tier 1; QL *pregabalin oral (generic for LYRICA) - Tier 1; QL*	
Multiple Sclerosis Agents	
dalfampridine er (generic for AMPYRA) - Tier 1; SP; QL *dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; SP; QL* *dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; SP; QL* *fingolimod hcl (generic for GILENYA) - Tier 1; SP; QL* GILENYA ORAL CAPSULE 0.25 MG - Tier 2; SP; QL *glatiramer acetate (generic for GLATOPA) - Tier 1; PA; SP; QL* *glatopa (generic for GLATOPA) - Tier 1; PA; SP; QL* MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; PA; SP; QL *teriflunomide (generic for AUBAGIO) - Tier 1; SP; QL*	AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP *COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (brand for glatiramer acetate) - Tier 2; PA; SP; QL* KESIMPTA - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; DX2RX; SP; QL VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; 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* *triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL*	
Dermatological Agents	
Acne and Rosacea Agents	
accutane (generic for ACCUTANE) - Tier 1; PA; QL *acitretin - Tier 1; PA; QL* *adapalene external gel 0.1 % (generic for DIFFERIN) - Tier 1; QL* *amnesteem (generic for ACCUTANE) - Tier 1; PA; QL* *azelaic acid external (generic for FINACEA) - Tier 1; QL* *claravis (generic for ACCUTANE) - Tier 1; PA; QL* *DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL* *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL* *tretinoin external cream (generic for RETIN-A) - Tier 1; QL* *zenatane (generic for ACCUTANE) - Tier 1; PA; QL*	*ABSORICA (brand for isotretinoin) - Tier 2; PA; QL* ABSORICA LD - Tier 2; PA; QL *EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* FINACEA EXTERNAL FOAM - Tier 2; PA; QL *MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL* *ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL* RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL *RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Dermatitis and Pruitus Agents	
ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL *alclometasone dipropionate external ointment - Tier 1; QL* *ammonium lactate external (generic for AL12) - Tier 1; QL* *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 max str external cream 1 % (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 (generic for DIPROLENE) - 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 ointment - Tier 1; QL* *clobetasol propionate e - Tier 1; QL* *clobetasol propionate external cream 0.05 % - Tier 1; QL* *clobetasol propionate external ointment - Tier 1; QL* *clobetasol propionate external solution - Tier 1; QL* *cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* EUCRISA - Tier 2; ST; QL *fluocinolone acetonide body (generic for DERMA-SMOOTHE/FS BODY) - Tier 1; QL* *fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL*	BRYHALI - Tier 2; PA; QL *CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL* *CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL	
fluocinolone acetonide external solution - Tier 1; QL	
fluocinolone acetonide scalp (generic for DERMA-SMOOTHE/FS SCALP) - Tier 1; QL	
fluocinonide emulsified base - Tier 1; QL	
fluocinonide external cream (generic for VANOS) - Tier 1; QL	
fluocinonide external solution - Tier 1; QL	
fluticasone propionate external cream - Tier 1; QL	
fluticasone propionate external ointment - Tier 1; QL	
ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	
ft itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	
halobetasol propionate external cream - Tier 1; QL	
hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	
hydrocortisone butyrate external ointment - Tier 1; QL	
hydrocortisone butyrate external solution - Tier 1; QL	
hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL	
hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	
hydrocortisone external lotion 2.5 % - Tier 1; QL	
hydrocortisone external ointment 0.5 % - Tier 1	
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL	
hydrocortisone external ointment 2.5 % - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
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 plus (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* *instacort 5 - Tier 1; QL* LAC-HYDRIN FIVE - Tier 2; QL *medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *mometasone furoate external - Tier 1; QL* *pimecrolimus (generic for ELIDEL) - Tier 1; Minimum age of 2 years; QL; AL* *selenium sulfide external lotion - Tier 1; QL* *tacrolimus external ointment 0.03 % - Tier 1; Minimum age of 2 years; QL; AL* *tacrolimus external ointment 0.1 % - Tier 1; Minimum age of 16 years; QL; AL* *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* *triderm (generic for TRIDERM) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Dermatological Agents, Other	
calcipotriene external cream - Tier 1; QL *calcipotriene external solution - Tier 1; QL* *clotrimazole-betamethasone - Tier 1; QL* *fluorouracil external cream - Tier 1; QL* *fluorouracil external solution - Tier 1* *imiquimod external cream 5 % - Tier 1; QL* *methoxsalen rapid - Tier 1* *podofilox external solution - Tier 1; QL* *silver sulfadiazine external (generic for SSD) - Tier 1; QL* *ssd (generic for SSD) - Tier 1; QL*	ENSTILAR - Tier 2; PA; QL PROCTOFOAM HC - Tier 2; PA *TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL* *VECTICAL (brand for calcitriol) - Tier 2; PA; QL*
Pediculicides/Scabicides	
lice killing (generic for NIX CREME RINSE) - Tier 1 *lice treatment (generic for NIX CREME RINSE) - Tier 1* *malathion (generic for OVIDE) - Tier 1; QL* *permethrin external (generic for ELIMITE) - Tier 1; QL* *spinosad (generic for NATROBA) - Tier 1; QL*	*SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL*
Topical Anti-infectives	
ciclodan (generic for CICLODAN) - Tier 1; QL *ciclopirox external solution (generic for CICLODAN) - Tier 1; QL* *clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL* *clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL* *clindamycin phosphate external solution - Tier 1; QL* *clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL* *clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL* *clotrimazole external solution 1 % - Tier 1; QL* *erythromycin external (generic for ERYGEL) - Tier 1; QL* *gentamicin sulfate external - Tier 1; QL* *ketoconazole external cream - Tier 1; QL*	JUBLIA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
ketoconazole external shampoo - Tier 1; QL *klayesta (generic for KLAYESTA) - Tier 1; QL* *mupirocin ointment - Tier 1; QL* *nyamyc (generic for KLAYESTA) - Tier 1; QL* *nystatin external (generic for KLAYESTA) - Tier 1; QL* *nystop (generic for KLAYESTA) - Tier 1; QL* *tgt clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL*	
Dermatological Agents - Drugs to Treat Skin Conditions	
advanced healing external ointment (generic for HYDROLATUM) - Tier 1 *astringent (generic for DOMEBORO) - Tier 1* *astringent solution (generic for DOMEBORO) - Tier 1* *AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2* *baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* *beauty 360 pure glycerin - Tier 1* *beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1* *boro-packs (generic for DOMEBORO) - Tier 1* *BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL* *bp 10-1 - Tier 1* *diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* DR SMITHS DIAPER - Tier 2; QL *ft glycerin - Tier 1* *glycerin external liquid , 99.5 % - Tier 1* *hydrolatum (generic for HYDROLATUM) - Tier 1* *hydrophor (generic for HYDROLATUM) - Tier 1* *ointment base (generic for HYDROLATUM) - Tier 1* *renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1* *sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1* *sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL *sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL* *sulfamez wash - Tier 1* *SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL* *zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL*	
Dermatological Agents - Skin Agents	
ABREVA (brand for docosanol) - Tier 2; QL *calamine external - Tier 1* *calamine-zinc oxide external lotion - Tier 1* *docosanol external (generic for ABREVA) - Tier 1; QL* *ft docosanol (generic for ABREVA) - Tier 1; QL* *gormel - Tier 1; QL* *gormel 10 (generic for NUTRAPLUS) - Tier 1; QL* *hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1* *NUTRAPLUS (brand for gormel 10) - Tier 2; QL* *urea 20 intensive hydrating - Tier 1; QL* *urea external cream 20 % - Tier 1; QL* *urea external lotion - Tier 1; QL* *ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL* *ureacin-20 - Tier 1; QL* XERAC AC - Tier 2	CIBINQO - Tier 2; PA; SP; QL OPZELURA - 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 GUIDE CONTROL (brand for element compact control 2) - Tier 2; 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* *BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL* BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL *BD ULTRA-FINE PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; QL*	*ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL* *ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL* *ACCU-CHEK GUIDE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *ACCU-CHEK SMARTVIEW (brand for blood glucose test) - 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*
BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL *CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL* *CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL* CHEMSTRIP 10 MD - Tier 2 CHEMSTRIP 10/SG - Tier 2 CHEMSTRIP 2 GP - Tier 2 CHEMSTRIP 5 OB - Tier 2 CHEMSTRIP 7 - Tier 2 CHEMSTRIP 9 - Tier 2 *CHEMSTRIP K (brand for ketone test) - Tier 2; QL* CHEMSTRIP UGK - Tier 2; QL	*CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *CONTOUR NEXT GEN MONITOR KIT (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 (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
DEXCOM G6 RECEIVER - Tier 2; PA; QL	*FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL*
DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	*FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL*
DEXCOM G7 RECEIVER - Tier 2; PA; QL	*GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL*
DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	*GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL*
EASY TOUCH HEALTHPRO HIGH/LOW (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*
EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL	*ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL	*ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL	*ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL	
FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	*PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL*
FREESTYLE LIBRE 2 READER - Tier 2; PA; QL	*RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	
FREESTYLE LIBRE READER - Tier 2; PA; 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	

Preferred Agents	Non-Preferred Agents
MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL *MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL* *NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *ONETOUCH ULTRA BLUE TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; 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 ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL* *ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL* *ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL* *ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL* *ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; QL *ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL* *PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* *PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL* *VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL*	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
	ACCRUFER - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
carglumic acid (generic for CARBAGLU) - Tier 1; SP *DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *DENTAGEL (brand for sf) - Tier 2; QL* EASYGEL - Tier 2 FLUORIDEX DAILY RENEWAL - Tier 2; QL *FRAICHE 5000 DENTAL (brand for sf) - Tier 2; 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* *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 (generic for KLOR-CON) - 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*	*ENDARI (brand for l-glutamine) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
PREVIDENT (brand for sf) - Tier 2; QL *PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2; QL* *PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *sf gel 1.1% (generic for DENTAGEL) - Tier 1; QL* *sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 ppm dental gel (generic for DENTAGEL) - Tier 1; QL* *sodium fluoride dental (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1; QL* *sodium fluoride oral solution (generic for SOLUVITA) - Tier 1; QL* *sodium fluoride oral tablet chewable - Tier 1; QL*	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
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 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 500/vitamin d3 - Tier 1* *calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL* *calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1* *calcium 600/vitamin d (generic for ONE VITE CALCIUM + D3) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
calcium 600/vitamin d-3 (generic for ONE VITE CALCIUM + D3) - 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 600-5 mg-mcg - Tier 1; QL* *calcium cit plus vit d-3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *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 oral tablet 950 (200 ca) mg - Tier 1* *calcium citrate plus vit d - Tier 1; QL* *calcium citrate+d oral tablet 315-6.25 mg-mcg (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-vit d - Tier 1; QL* *calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL* *calcium high potency/vitamin d - Tier 1; QL* *calcium plus vitamin d (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium plus vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
calcium/minerals/vitamin d - Tier 1 *calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1* *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 *ferate (generic for FERATE) - Tier 1* *FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL* *ferosul (generic for FEROSUL) - Tier 1; QL* *ferretts - Tier 1* *ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1* *FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2* *FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2* *ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - 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* *ferrous sulfate (generic for FEROSUL) - Tier 1; QL* *ferrous sulfate oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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* *ft calcium + vitamin d3 (generic for OYSCO 500+D) - Tier 1; QL* *ft calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *ft calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *ft electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *ft iron (generic for FEROSUL) - Tier 1; QL* *ft magnesium oxide (generic for MAGNESIUM-OXIDE) - Tier 1* *hi cal (generic for OYSCO 500+D) - Tier 1; QL* *iferex 150 (generic for FERREX 150) - Tier 1* *iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1* *iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL* *iron supplement oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL* K-PHOS - Tier 2; QL *magnesium oral tablet 500 mg - Tier 1* *magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1*	

Preferred Agents	Non-Preferred Agents
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1 *magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1* *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 ferrous sulfate) - Tier 2; QL* *oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; 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 plus d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d3 - Tier 1* *oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium-vit d - Tier 1; QL* *ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL *PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL* *pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; DX2RX; QL* *phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* PHOSPHO-TRIN K500 - Tier 2; QL *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 citrate-citric acid - Tier 1* *REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL* *sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1* TRUE FERROUS SULFATE - Tier 2; QL *TRUE MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2* *ultra calcium + vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2* *wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *zinc gluconate - Tier 1; QL* *zinc gluconate oral tablet 50 mg - Tier 1; QL* *zinc oral tablet 50 mg - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral/Metal Modifiers	
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* *trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA*	
Phosphate Binders	
calcium acetate (phos binder) oral capsule - Tier 1; DX2RX; QL *calcium acetate (phos binder) oral tablet (generic for CALPHRON) - Tier 1; QL* *calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL* *sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL*	*AURYXIA (brand for ferric citrate) - Tier 2; PA; QL*
Potassium Binders	
LOKELMA - Tier 2; PA; QL SPS (SODIUM POLYSTYRENE SULF) - Tier 2; QL VELTASSA ORAL PACKET 1 GM - Tier 2; PA; QL; AL VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM - Tier 2; PA; QL	

Preferred Agents	Non-Preferred Agents
Vitamins	
a-25 - Tier 1; QL *ALTRIXA (brand for daily multiple vitamins) - Tier 2* *AMLADEX (brand for daily multiple vitamins) - Tier 2* *aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *b complex vitamins - Tier 1; QL* *b complex-b12 - Tier 1* *b-complex oral tablet - Tier 1* *b-complex with b-12 - Tier 1* *b-complex/b-12 oral - Tier 1* *BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL* CENTRUM SPECIALIST PRENATAL - Tier 2 *classic prenatal - Tier 1; QL* *d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - 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) (generic for PRONUTRIENTS VITAMIN D3) - 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*	

Preferred Agents	Non-Preferred Agents
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* *DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL* DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2 *DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; 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* ENFAMIL EXPECTA - Tier 2; QL *essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *FOLCYTEINE (brand for daily multiple vitamins) - Tier 2* *ft prenatal - Tier 1; QL* *ft vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *ft vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *ft vitamin d3 oral tablet 50 mcg (generic for THERA-D 2000) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
ft vitamin d3 rapid release (generic for DIALYVITE VITAMIN D 5000) - Tier 1 *full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL* *healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *MINCORA (brand for daily multiple vitamins) - 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* *multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2* *NEONATAL PLUS (brand for prenatal) - Tier 2; QL* *nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL* *NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL* *niacin er oral capsule extended release 250 mg - Tier 1; QL* *niacin er oral capsule extended release 500 mg - Tier 1* *niacin er oral tablet extended release 1000 mg - Tier 1* *niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1* *niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1* *NIVA-PLUS (brand for prenatal) - Tier 2; QL* OBSTETRIX DHA - Tier 2 *once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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 - 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* *phytonadione oral - Tier 1; QL* *prenatal formula - Tier 1* *prenatal formula oral tablet 28-0.8 mg - Tier 1; QL* *prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL* *prenatal multi+dha - Tier 1; QL* *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 vitamins oral tablet 28-0.8 mg - Tier 1; QL* *prenatal/iron - Tier 1; QL* *PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2*	

Preferred Agents	Non-Preferred Agents
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1 *rena-vite (generic for DIALYVITE 800) - Tier 1; QL* *SLO-NIACIN (brand for niacin er) - Tier 2* *stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *sv vitamin d3 oral capsule 25 mcg (generic for PRONUTRIENTS VITAMIN D3) - 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* *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 mononitrate oral - Tier 1; QL* *tri-vite pediatric - Tier 1; QL* *TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2* *TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* TRUE VITAMIN A - Tier 2; QL TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG - Tier 2 *TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL* TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT) - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2 TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2 TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 50 MCG - Tier 2; QL *TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2* TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2 *vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut) - Tier 1; QL* *vitamin b complex oral capsule - Tier 1; QL* *vitamin b complex w/b-12 - Tier 1* *vitamin b-1 oral tablet 100 mg - Tier 1; QL* *vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1* *vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d oral tablet chewable 10 mcg (400 unit) - 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*	

Preferred Agents	Non-Preferred Agents
vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1 *vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1* *vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL* *vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1* *vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin-b complex - Tier 1* *weekly-d (generic for D3-50) - Tier 1; QL* *WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2* WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL *WESTAB PLUS (brand for prenatal) - Tier 2; QL* *womens prenatal+dha - Tier 1; QL*	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
NEXTSTELLIS - Tier 2; QL	MYFEMBREE - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA; QL
Anti-Constipation Agents	
constulose - Tier 1; QL *enulose - Tier 1; QL* *generlac - Tier 1; QL* *lactulose encephalopathy - Tier 1; QL* *lactulose oral solution - Tier 1; QL* *lubiprostone oral capsule 24 mcg (generic for AMITIZA) - Tier 1; ST; QL* *lubiprostone oral capsule 24 mcg, 8 mcg (generic for AMITIZA) - Tier 1; ST; QL* MOVANTIK - Tier 2; ST; QL *prucalopride succinate (generic for MOTEGRITY) - Tier 1; ST; QL*	LINZESS ORAL CAPSULE 145 MCG, 290 MCG - Tier 2; PA; QL LINZESS ORAL CAPSULE 72 MCG - Tier 2; DX2RX; QL *MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA; ST; QL* RELISTOR SUBCUTANEOUS - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL TRULANCE - Tier 2; PA; QL
Anti-Diarrheal Agents	
anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1 *diamode (generic for IMODIUM A-D) - Tier 1* *diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL* *ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1* *IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2* *loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL* *loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1* *meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1* MYTESI - Tier 2; PA; QL	VIBERZI - Tier 2; PA; QL
Antispasmodics, Gastrointestinal	
dicyclomine hcl oral capsule - Tier 1; QL *dicyclomine hcl oral tablet - Tier 1; QL* *glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1*	

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents, Other	
GATTEX - Tier 2; PA; SP; QL *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* *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* *ursodiol oral capsule 300 mg - Tier 1; QL* *ursodiol oral tablet (generic for URSO FORTE) - Tier 1; QL*	CLENPIQ - Tier 2; PA; QL PLENVU - Tier 2; PA; QL *PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA* *SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL* TALICIA - Tier 2; PA; QL
Histamine2 (H2) Receptor Antagonists	
acid controller (generic for PEPCID AC) - Tier 1; QL *acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL* *acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - 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 suspension reconstituted - Tier 1; QL; AL* *famotidine oral tablet (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL* *famotidine orig st (generic for PEPCID AC) - Tier 1; QL* *ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL* *heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *heartburn relief 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*	

Preferred Agents	Non-Preferred Agents
Irritable Bowel Syndrome Agents	
	BYLVAY - Tier 2; PA; SP; QL; AL BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL
Protectants	
misoprostol oral (generic for CYTOTEC) - Tier 1; QL *sucralfate oral suspension (generic for CARAFATE) - 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*	
Proton Pump Inhibitors	
acid reducer oral capsule delayed release - Tier 1; QL *esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; QL* *esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members > = 2 years of age will require PA; QL; AL* *ft acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL* *lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL* *lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL* *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL* *omeprazole magnesium - Tier 1; QL* *omeprazole magnesium oral capsule delayed release - Tier 1; QL* *omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL* *pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL* *PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
ABATINEX (brand for acidophilus) - Tier 2 *acid gone (generic for ACID GONE) - Tier 1* *acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1* *acidophilus oral capsule , 10 mg (generic for INTESTINEX) - Tier 1* *acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1* *acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1* *adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL* *adult probiotic (generic for FLORA VANCE) - Tier 1; QL* *advanced antacid (generic for MINTOX) - Tier 1; QL* *almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL* *antacid & anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid advanced (generic for 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*	

Preferred Agents	Non-Preferred Agents
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 (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* *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*	

Preferred Agents	Non-Preferred Agents
antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1 *antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid regular strength (generic for MINTOX) - Tier 1; QL* *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 max st (generic for ALMACONE DOUBLE STRENGTH) - 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* *antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1*	

Preferred Agents	Non-Preferred Agents
anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1 *AZO VAGINAL HEALTH PROBIOTIC (brand for acidophilus) - Tier 2* *BIOTINEX (brand for acidophilus) - Tier 2* *bismuth (generic for SOOTHE) - Tier 1; QL* *bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL* *BOLSITOL (brand for acidophilus) - Tier 2* *calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *calcium antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - 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 WOMENS 4 IN 1 (brand for acidophilus) - Tier 2* *diarrhea (generic for SOOTHE) - Tier 1* *diarrhea relief (generic for SOOTHE) - Tier 1* *digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1 *enema (generic for FLEET ENEMA) - Tier 1* *enema disposable (generic for FLEET ENEMA) - Tier 1* *enema ready-to-use (generic for FLEET ENEMA) - Tier 1* *enema rectal enema , 16-6 gm/133ml (generic for FLEET ENEMA) - Tier 1* *FLEET ENEMA (brand for cvs enema disposable) - Tier 2* *FLEET PEDIATRIC (brand for enema pediatric) - Tier 2* *FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *floranex tablet oral (generic for FLORANEX) - Tier 1* *FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2* FLORASTART - Tier 2 *foaming antacid oral tablet chewable 80-20 mg - Tier 1* FREE + PURE DAILY PROBIOTIC - Tier 2 *freeze dried acidophilus (generic for INTESTINEX) - Tier 1* *ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1* *ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *ft enema saline (generic for FLEET ENEMA) - Tier 1* *ft gas relief - Tier 1* *ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1*	

Preferred Agents	Non-Preferred Agents
ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1 *ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *ft milk of magnesia (generic for DULCOLAX) - Tier 1* *ft probiotic (generic for FLORASTOR) - Tier 1* *ft stomach relief oral suspension (generic for SOOTHE) - Tier 1* *ft stomach relief oral tablet (generic for KAOPECTATE) - Tier 1* *ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *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 extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - 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 80 mg - Tier 1* *gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2* *GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2*	

Preferred Agents	Non-Preferred Agents
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* *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* *GUTVITE IMMUNE SUPPORT (brand for acidophilus) - Tier 2* *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 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* *intestinex (generic for INTESTINEX) - Tier 1*	

Preferred Agents	Non-Preferred Agents
KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - Tier 2 *LACTEOL DIARRHEASE (brand for acidophilus) - Tier 2* *lactobacillus oral tablet (generic for FLORANEX) - Tier 1* *lacto-pectin (generic for FLORA VANCE) - Tier 1; QL* *long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1* *loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *MAALOX CHILDRENS (brand for childrens pepto) - Tier 2* *MAALOX MAX ORAL SUSPENSION (brand for antacid & anti-gas max str) - Tier 2; QL* *MAALOX MULTI SYMPTOM MAX ST (brand for antacid & anti-gas max str) - Tier 2; QL* *mag-al plus (generic for MINTOX) - Tier 1; QL* *mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *mega probiotic (generic for FLORA VANCE) - Tier 1; QL* *milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml, 7.75 % (generic for DULCOLAX) - Tier 1* *mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *mintox plus - Tier 1* *mood support probiotic (generic for FLORA VANCE) - Tier 1; QL* *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2* *PAXOTIN (brand for acidophilus) - Tier 2* *PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2*	

Preferred Agents	Non-Preferred Agents
PHAZYME (brand for cvs gas relief extra strength) - Tier 2 *PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2* *pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1* *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 acidophilus oral capsule (generic for INTESTINEX) - Tier 1* *probiotic blend (generic for FLORA VANCE) - Tier 1; QL* *probiotic colon care (generic for FLORA VANCE) - Tier 1; QL* *probiotic complex (generic for FLORA VANCE) - Tier 1; QL* *probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL* *probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL* *probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1* *probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL* *ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1* *RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL* *RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL* *RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL* *saccharomyces boulardii (generic for FLORASTOR) - Tier 1*	

Preferred Agents	Non-Preferred Agents
saline enema (generic for FLEET ENEMA) - Tier 1 *senior probiotic (generic for FLORA VANCE) - Tier 1; QL* *SIMEPED (brand for cvs gas relief infants) - Tier 2* *simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *sodium bicarbonate oral tablet - Tier 1* *soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *soothe oral suspension (generic for SOOTHE) - Tier 1* *soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1* *stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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* *TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2* *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* *VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL*	
Laxatives - Bowel Treatment Drugs	
clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL *daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *daily fiber oral powder 43 % (generic for REGULOID) - Tier 1* *enema mineral oil (generic for FLEET OIL) - Tier 1* *EVAC (brand for cvs natural fiber supplement) - Tier 2* *fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *fiber oral powder (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *fiber oral powder 43 % (generic for REGULOID) - Tier 1* *fiber powder oral powder 43 % (generic for REGULOID) - Tier 1* *fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1*	

Preferred Agents	Non-Preferred Agents
fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL *FLEET LAXATIVE MINERAL OIL (brand for cvs mineral oil) - Tier 2* *FLEET OIL (brand for cvs mineral oil enema) - Tier 2* *ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *ft enema mineral oil (generic for FLEET OIL) - Tier 1* *ft fiber oral powder 43 % (generic for REGULOID) - Tier 1* *ft mineral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *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 heavy oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *mineral oil oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *mineral oil rectal enema (generic for FLEET OIL) - Tier 1* *MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL* *mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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* *natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *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* *true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*	
Laxatives - Drugs to treat Constipation	
AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2 *BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL* *citroma (generic for CITROMA) - Tier 1; QL* *CITRUCEL (brand for cvs fiber therapy) - Tier 2* *COLACE (brand for cvs stool softener) - Tier 2; QL* *col-rite oral capsule 250 mg - Tier 1; QL* *docusate calcium (generic for SURFAK) - Tier 1* *docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL* *docusate sodium oral (generic for COLACE) - Tier 1; QL* *DOCUZEN (brand for cvs senna plus) - Tier 2* *dss (generic for COLACE) - Tier 1; QL* *easy-lax plus (generic for SENOKOT S) - Tier 1* *ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2 *fiber laxative (generic for FIBERCON) - Tier 1* *fiber laxative + calcium (generic for FIBERCON) - Tier 1* *fiber oral tablet (generic for FIBERCON) - Tier 1* *fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1* *fiber-caps (generic for FIBERCON) - Tier 1* *fiber-lax (generic for FIBERCON) - Tier 1* *FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL* *FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL* *ft fiber laxative (generic for CITRUCEL) - Tier 1* *ft magnesium citrate (generic for CITROMA) - Tier 1; QL* *ft senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ft senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ft senna-s (generic for SENOKOT S) - Tier 1* *ft stool softener oral capsule (generic for COLACE) - Tier 1; QL* *ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1* *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 (infants & children) rectal suppository 1 gm - Tier 1*	

Preferred Agents	Non-Preferred Agents
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - *Tier 1* *glycerin child rectal suppository 1 gm, 1.2 gm* - *Tier 1* *glycerin childrens* - *Tier 1* *glycerin pediatric rectal suppository 1.2 gm* - *Tier 1* *LAXACIN (brand for cvs senna plus)* - *Tier 2* *laxative max str (generic for EX-LAX MAXIMUM STRENGTH)* - *Tier 1* *laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH)* - *Tier 1* *laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH)* - *Tier 1* *laxative regular strength (generic for SENNA SMOOTH)* - *Tier 1* *magnesium citrate oral solution (generic for CITROMA)* - *Tier 1; QL* *mm stool softener (generic for COLACE)* - *Tier 1; QL* *mm stool softener laxative (generic for COLACE)* - *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 MAGNESIUM CITRATE (brand for cvs magnesium citrate)* - *Tier 2; QL* *ONELAX SENNA (brand for senna)* - *Tier 2* *p col-rite (generic for SENOKOT S)* - *Tier 1* PEDIA-LAX ORAL LIQUID - Tier 2 *PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength)* - *Tier 2* *sb docusate sodium/senna (generic for SENOKOT S)* - *Tier 1* *senexon-s (generic for SENOKOT S)* - *Tier 1*	

Preferred Agents	Non-Preferred Agents
senna lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL *senna laxative (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 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 oral tablet (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-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* *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 - Tier 1; QL* *stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL* *stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1 *stool softener oral capsule 250 mg - Tier 1; QL* *stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1* *stool softener pls laxative (generic for SENOKOT S) - Tier 1* *stool softener plus laxative (generic for SENOKOT S) - Tier 1* *stool softener/laxative oral tablet 50-8.6 mg, 8.6-50 mg (generic for SENOKOT S) - Tier 1* *vegetable lax+stool softener (generic for SENOKOT S) - Tier 1* *vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
CHOLBAM - Tier 2; PA; SP; QL CREON - Tier 2 CYSTAGON - Tier 2; QL NITYR - Tier 2; PA; SP; QL RAVICTI - Tier 2; PA; SP; QL *sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; PA; SP; QL* *sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; PA; SP* STRENSIQ - Tier 2; PA; SP VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL	CERDELGA - Tier 2; PA; SP; QL *ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL* PHEBURANE - Tier 2; PA; SP; QL ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Genitourinary Agents	
Antispasmodics, Urinary	
oxybutynin chloride er - Tier 1; QL *oxybutynin chloride oral solution - Tier 1; QL* *oxybutynin chloride oral tablet 5 mg - Tier 1; QL* OXYTROL FOR WOMEN - Tier 2; QL *solifenacin succinate (generic for VESICARE) - Tier 1; QL* *tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL* *tolterodine tartrate er - Tier 1; ST; QL* *trospium chloride - Tier 1; QL*	MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL *MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL*
Benign Prostatic Hypertrophy Agents	
alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL *finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL* *tamsulosin hcl - Tier 1; QL* *terazosin hcl - Tier 1; QL*	
Genitourinary Agents, Other	
bethanechol chloride oral - Tier 1 ELMIRON - Tier 2; PA; QL *penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; PA; SP; QL*	*DEPEN TITRATABS (brand for penicillamine) - Tier 2; PA; SP; QL* *THIOLA (brand for tiopronin) - Tier 2; PA; SP* *THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL*

Preferred Agents	Non-Preferred Agents
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
azo (generic for PHENAZO) - Tier 1 *ft urinary pain relief (generic for PHENAZO) - Tier 1* OPTIONS GYNOL II CONTRACEPTIVE - Tier 2 *phenazo (generic for PHENAZO) - Tier 1* *phenazopyridine hcl oral tablet 100 mg, 200 mg (generic for PYRIDIUM) - Tier 1; QL* *phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1* PHEXXI - Tier 2; QL *urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1* VCF VAGINAL CONTRACEPTIVE - Tier 2	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
dexamethasone intensol - Tier 1 *dexamethasone oral elixir - Tier 1; QL* *dexamethasone oral solution - Tier 1; QL* *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1* *dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL* *fludrocortisone acetate oral - Tier 1; QL* *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL* MEDROL ORAL TABLET 2 MG - Tier 2 *methylprednisolone oral (generic for MEDROL) - Tier 1; QL* *prednisolone oral solution - Tier 1; QL* *prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1* *prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL*	ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
prednisone oral solution - Tier 1; QL *prednisone oral tablet - Tier 1; QL* *prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL* *prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1*	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; PA *desmopressin ace spray refrig - Tier 1; QL* *desmopressin acetate oral (generic for DDAVP) - Tier 1; QL* *desmopressin acetate spray - Tier 1; QL* INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPRO - Tier 2; PA; SP NOVAREL - Tier 2; PA OMNITROPE - Tier 2; PA; SP *PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA* ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG - Tier 2; PA; SP ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG - Tier 2; PA; SP; QL	GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
	SKYTROFA - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL *mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL*	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
danazol oral - Tier 1; QL *DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; PA; QL* *testosterone cypionate intramuscular solution 100 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA* *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* *testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL* *testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL* *testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA* *testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL*	*TESTIM (brand for testosterone) - Tier 2; PA; QL* XYOSTED - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
Estrogens	
afirmelle (generic for AFIRMELLE) - Tier 1; QL	*BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL*
ALORA (brand for estradiol) - Tier 2; QL	*BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*
altavera (generic for ALTAVERA) - Tier 1; QL	BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL
alyacen 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL	*CLIMARA (brand for estradiol) - Tier 2; PA; QL*
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL	CLIMARA PRO - Tier 2; PA
amethyst (generic for AMETHYST) - 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*
ANNOVERA - Tier 2; QL	*DIVIGEL TRANSDERMAL GEL 1 MG/GM (brand for estradiol) - Tier 2; PA*
apri - Tier 1; QL	ELESTRIN - Tier 2; PA
aranelle - Tier 1; QL	EVAMIST - Tier 2; PA
ashlyna (generic for ASHLYNA) - Tier 1; QL	*NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL*
aubra eq (generic for AFIRMELLE) - Tier 1; QL	PREMARIN VAGINAL - Tier 2; PA; QL
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL	*SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL	*VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL*
aurovela 24 fe - Tier 1; QL	
aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL	
aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL	
aviane (generic for AFIRMELLE) - Tier 1; QL	
ayuna (generic for ALTAVERA) - Tier 1; QL	
azurette (generic for AZURETTE) - Tier 1; QL	
balziva (generic for BALZIVA) - Tier 1; QL	
blisovi 24 fe - Tier 1; QL	
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL	
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL	
briellyn (generic for BALZIVA) - Tier 1; QL	
camrese (generic for ASHLYNA) - Tier 1; QL	
camrese lo (generic for CAMRESE LO) - Tier 1; QL	
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL	
chateal eq (generic for ALTAVERA) - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
cryselle-28 - Tier 1; QL *cyred eq - 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* *daysee (generic for ASHLYNA) - Tier 1; QL* *delyla (generic for AFIRMELLE) - Tier 1; QL* DEPO-ESTRADIOL - Tier 2; QL *desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; QL* *dolishale (generic for AMETHYST) - Tier 1; QL* *dotti (generic for DOTTI) - Tier 1; QL* *drospiren-eth estrad-levomefol (generic for BEYAZ) - Tier 1; QL* *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (generic for JASMIEL) - Tier 1; QL* *drospirenone-ethinyl estradiol oral tablet 3-0.02 mg (generic for JASMIEL) - Tier 1; QL* *drospirenone-ethinyl estradiol oral tablet 3-0.03 mg (generic for OCELLA) - Tier 1; QL* DUAVEE - Tier 2; QL *elinest - Tier 1; QL* *eluryng (generic for ELURYNG) - Tier 1; QL* *enilloring (generic for ELURYNG) - Tier 1; QL* *enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL* *enskyce - Tier 1; QL* *estarylla (generic for ESTARYLLA) - Tier 1; QL* *estradiol oral (generic for ESTRACE) - Tier 1; QL* *estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL	
estradiol vaginal (generic for ESTRACE) - Tier 1; QL	
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL	
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL	
falmina (generic for AFIRMELLE) - Tier 1; QL	
feirza 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL	
feirza 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL	
FEMLYV - Tier 2; QL	
finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL	
gemmily (generic for GEMMILY) - Tier 1; QL	
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL	
hailey 24 fe - Tier 1; QL	
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL	
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL	
haloette (generic for ELURYNG) - Tier 1; QL	
iclevia (generic for ICLEVIA) - Tier 1; QL	
introvale (generic for ICLEVIA) - Tier 1; QL	
isibloom - Tier 1; QL	
jaimiess (generic for ASHLYNA) - Tier 1; QL	
jasmiel (generic for JASMIEL) - Tier 1; QL	
jolessa (generic for ICLEVIA) - Tier 1; QL	
joyeaux (generic for JOYEAUX) - Tier 1; QL	
juleber - Tier 1; QL	
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL	
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL	
junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL	
kaitlib fe (generic for KAITLIB FE) - Tier 1; QL	
kalliga - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
kariva (generic for AZURETTE) - Tier 1; QL *kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL* *kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL* *kurvelo (generic for ALTAVERA) - Tier 1; QL* *larin 1.5/30 (generic for AUROVELA 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 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL* *layolis fe (generic for KAITLIB FE) - Tier 1; QL* *leena - Tier 1; QL* *lessina (generic for AFIRMELLE) - Tier 1; QL* *levonest (generic for ENPRESSE-28) - Tier 1; QL* *levonorgest-eth est & eth est (generic for RIVELSA) - Tier 1; QL* *levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; QL* *levonorgest-eth estradiol-iron (generic for JOYEAUX) - Tier 1; QL* *levonorgestrel-ethinyl estrad (generic for AFIRMELLE) - Tier 1; QL* *levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL* *levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL* LO LOESTRIN FE - Tier 2; QL *lojaimiess (generic for CAMRESE LO) - Tier 1; QL* *loryna (generic for JASMIEL) - Tier 1; QL* *low-ogestrel - Tier 1; QL* *lo-zumandimine (generic for JASMIEL) - Tier 1; QL* *lutera (generic for AFIRMELLE) - Tier 1; QL* *lyllana (generic for DOTTI) - Tier 1; QL* *marlissa (generic for ALTAVERA) - Tier 1; QL* *merzee (generic for GEMMILY) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL *microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL* *microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL* *mili (generic for ESTARYLLA) - Tier 1; QL* *minzoya (generic for JOYEAUX) - Tier 1; QL* *mono-linyah (generic for ESTARYLLA) - Tier 1; QL* NATAZIA - Tier 2; QL *necon 0.5/35 (28) - Tier 1; QL* *nikki (generic for JASMIEL) - Tier 1; QL* *norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL* *norethin ace-eth estrad-fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL* *norethin-eth estradiol-fe (generic for KAITLIB FE) - 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* *ocella (generic for OCELLA) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
philith (generic for BALZIVA) - Tier 1; QL *pimtrea (generic for AZURETTE) - Tier 1; QL* *portia-28 (generic for ALTAVERA) - Tier 1; QL* PREMARIN ORAL - Tier 2; QL PREMPHASE - Tier 2; QL PREMPRO - Tier 2; QL *reclipsen - Tier 1; QL* *rivelsa (generic for RIVELSA) - Tier 1; QL* *setlakin (generic for ICLEVIA) - Tier 1; QL* *simliya (generic for AZURETTE) - Tier 1; QL* *simpesse (generic for ASHLYNA) - Tier 1; QL* *sprintec 28 (generic for ESTARYLLA) - Tier 1; QL* *sronyx (generic for AFIRMELLE) - Tier 1; QL* *syeda (generic for OCELLA) - Tier 1; QL* *tarina 24 fe - Tier 1; QL* *tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL* *taysofy (generic for GEMMILY) - Tier 1; QL* *tilia fe - Tier 1; QL* *tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-legest fe - Tier 1; QL* *tri-linyah (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* *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* *trivora (28) (generic for ENPRESSE-28) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL *tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *turqoz - Tier 1; QL* TYBLUME - Tier 2; QL; GE *valtya 1/50 (generic for KELNOR 1/50) - Tier 1; QL* *velivet - Tier 1; QL* *vestura oral tablet 3-0.02 mg (generic for JASMIEL) - Tier 1; QL* *vestura oral tablet 3-0.02 mg (generic for JASMIEL) - Tier 1; QL* *vienva (generic for AFIRMELLE) - Tier 1; QL* *viorele (generic for AZURETTE) - Tier 1; QL* *volnea (generic for AZURETTE) - Tier 1; QL* *vyfemla (generic for BALZIVA) - Tier 1; QL* *vylibra (generic for ESTARYLLA) - Tier 1; QL* *wera - Tier 1; QL* *wymzya fe (generic for WYMZYA FE) - Tier 1; QL* *xarah fe - Tier 1; QL* *xulane (generic for XULANE) - Tier 1; QL* *yuvafem (generic for YUVAFEM) - Tier 1; QL* *zafemy (generic for XULANE) - Tier 1; QL* *zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL* *zumandimine (generic for OCELLA) - Tier 1; QL*	
Progestins	
camila (generic for CAMILA) - Tier 1; QL *deblitane (generic for CAMILA) - Tier 1; QL* DEPO-SUBQ PROVERA 104 - Tier 2; QL ELLA - Tier 2; QL *emzahh (generic for CAMILA) - Tier 1; QL* *errin (generic for CAMILA) - Tier 1; QL* *gallifrey (generic for GALLIFREY) - Tier 1; QL* *heather (generic for CAMILA) - Tier 1; QL* *incassia (generic for CAMILA) - Tier 1; QL* *jencycla (generic for CAMILA) - Tier 1; QL* *lyleq (generic for CAMILA) - Tier 1; QL* *lyza (generic for CAMILA) - Tier 1; QL* *medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE*	

Preferred Agents	Non-Preferred Agents
medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL *megestrol acetate oral suspension 40 mg/ml - Tier 1; QL* *megestrol acetate oral tablet 20 mg - Tier 1* *megestrol acetate oral tablet 40 mg - Tier 1; QL* *nora-be (generic for CAMILA) - Tier 1; QL* *norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL* *norethindrone oral (generic for CAMILA) - Tier 1; QL* *norlyroc (generic for CAMILA) - Tier 1; QL* *progesterone oral (generic for PROMETRIUM) - Tier 1; PA; QL* *sharobel (generic for CAMILA) - Tier 1; QL* SLYND - Tier 2; QL	
Selective Estrogen Receptor Modifying Agents	
raloxifene hcl (generic for EVISTA) - Tier 1; QL	OSPHENA - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Estrogens - Hormone Replacement/Modifying Drugs	
TWIRLA - Tier 2; QL	
Progestins - Hormone Replacement/Modifying Drugs	
aftera (generic for AFTERA) - Tier 1; QL; GE *econtra one-step (generic for AFTERA) - Tier 1; QL; GE* *her style (generic for AFTERA) - Tier 1; QL; GE* *levonorgestrel (generic for AFTERA) - Tier 1; QL; GE* *my choice (generic for AFTERA) - Tier 1; QL; GE* *my way (generic for AFTERA) - Tier 1; QL; GE* *new day (generic for AFTERA) - Tier 1; QL; GE* *opcicon one-step (generic for AFTERA) - Tier 1; QL; GE* *option 2 (generic for AFTERA) - Tier 1; QL; GE* *PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE* *react (generic for AFTERA) - Tier 1; QL; GE* *take action (generic for AFTERA) - Tier 1; QL; GE*	

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
euthyrox (generic for EUTHYROX) - Tier 1; QL *levo-t (generic for EUTHYROX) - Tier 1; QL* *levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL* *levoxyl (generic for EUTHYROX) - Tier 1; QL* *liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL* *unithroid (generic for EUTHYROX) - Tier 1; QL*	ERMEZA - Tier 2; PA; QL *TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL* TIROSINT-SOL - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
cabergoline - Tier 1; QL FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL *leuprolide acetate injection - Tier 1; PA; SP* LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP* *octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL*	ORIAHNN - Tier 2; PA; QL TRIPTODUR - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
octreotide acetate injection solution 200 mcg/ml - Tier 1; SP *octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL* *octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml - Tier 1; SP* *octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml - Tier 1; SP; QL* ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
methimazole oral - Tier 1; QL *propylthiouracil oral - Tier 1; QL*	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL *icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL* RUCONEST - Tier 2; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
Immunological Agents, Other	
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL DUPIXENT - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL 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 XOLAIR - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP PEGASYS - Tier 2; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
Immunosuppressants	
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML - Tier 2; PA; SP; QL ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - 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 oral capsule (generic for GENGRAF) - Tier 1; QL* HADLIMA - Tier 2; PA; SP; QL HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL *leflunomide oral (generic for ARAVA) - Tier 1; QL* *methotrexate sodium - Tier 1* *methotrexate sodium (pf) - Tier 1* *mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL* *mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL* *mycophenolic acid (generic for MYFORTIC) - Tier 1; QL* *OTULFI INJ - Tier 2; PA; SP; QL, AL* SIMLANDI (1 SYRINGE) - Tier 2; PA; SP; QL SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML - Tier 2; PA; SP; QL YESINTEK INJ - Tier 2; PA; SP; QL, AL	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML - 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 OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL STELARA INJ - Tier 2; PA; SP; QL, AL TREXALL - Tier 2; PA

Preferred Agents	Non-Preferred Agents
sirolimus oral - Tier 1; QL *tacrolimus oral (generic for PROGRAF) - Tier 1; QL*	
Vaccines	
ACTHIB - Tier 2; QL ADACEL - Tier 2; QL BEXSERO - Tier 2; QL BOOSTRIX - Tier 2; QL DAPTACEL - Tier 2; QL ENGERIX-B - Tier 2; QL GARDASIL 9 - Tier 2; QL HAVRIX - Tier 2; QL HIBERIX - Tier 2; QL INFANRIX - Tier 2; QL IPOL - Tier 2; QL MENQUADFI - Tier 2; QL MENVEO - Tier 2; QL M-M-R II - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
PEDIARIX - Tier 2; QL PEDVAX HIB - Tier 2; QL PENTACEL - Tier 2; QL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL RECOMBIVAX HB - Tier 2; QL ROTARIX - Tier 2; AL ROTATEQ - Tier 2; QL SHINGRIX - Tier 2; QL; AL *TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL* TENIVAC - Tier 2; QL *TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL* TRUMENBA - Tier 2; QL TWINRIX - Tier 2; QL VAQTA - Tier 2; QL VARIVAX - Tier 2; QL VAXNEUVANCE - Tier 2; QL	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
DENGVAXIA - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL HYPERTET - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL PREVNAR 20 - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Inflammatory Bowel Disease Agents	
Aminosalicylates	
balsalazide disodium (generic for COLAZAL) - Tier 1; DX2RX; QL *mesalamine er (generic for APRISO) - Tier 1; QL* *mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL* *mesalamine rectal (generic for CANASA) - Tier 1; QL* SFROWASA - Tier 2; QL *sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL*	*APRISO (brand for mesalamine er) - Tier 2; PA; QL* DIPENTUM - Tier 2; PA; QL PENTASA - Tier 2; PA; QL
Glucocorticoids	
budesonide oral - Tier 1; PA; QL *hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL* *hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL* *procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL*	CORTIFOAM - Tier 2; PA; QL *UCERIS (brand for budesonide) - Tier 2; PA; QL*
Metabolic Bone Disease Agents	
alendronate sodium oral solution - Tier 1; QL *alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL* *alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL* *calcitonin (salmon) nasal - Tier 1; QL* *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* *cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL* TYMLOS - Tier 2; PA; SP; QL	RAYALDEE - Tier 2; PA; QL TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
ABILIFY MYCITE MAINTENANCE KIT - Tier 2; QL; AL	CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL
ABILIFY MYCITE STARTER KIT - Tier 2; QL; AL	EMPAVELI - Tier 2; PA; SP; QL
ABRYSVO - Tier 2; QL	FYLNETRA - Tier 2; PA; SP
acne control cleanser (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1	GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL
acne medication 10 external lotion - Tier 1; QL	GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL
acne medication 5 external lotion - Tier 1	HYFTOR - Tier 2; PA; QL
acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1	*INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL*
adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1	*INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL*
advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1	*INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL*
AFLURIA - Tier 2; QL	*INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL*
AFLURIA PRESERVATIVE FREE - Tier 2; 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*
ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - 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*
ALCOHOL SWABS (brand for alcohol prep) - Tier 2; QL	*INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL*
ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL	OMNIPOD 5 DEXG7G6 INTRO GEN 5 - Tier 2; PA; QL
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL	OMNIPOD 5 DEXG7G6 PODS GEN 5 - Tier 2; PA; QL
antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL	ORLADEYO - Tier 2; PA; SP; QL
AREXVY - Tier 2; QL; AL	QUVIVIQ - Tier 2; PA; QL
arthritis pain relieving - Tier 1; QL	RYALTRIS - Tier 2; PA; QL; AL
aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; 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	

Preferred Agents	Non-Preferred Agents
aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL	SOTYKTU - Tier 2; PA; SP; QL
aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	VIVJOA - Tier 2; PA; QL
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL	VOQUEZNA DUAL PAK - Tier 2; PA; QL
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL	VTAMA - Tier 2; PA; QL
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL	WINLEVI - Tier 2; PA; QL
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	YONSA - Tier 2; PA; SP; QL
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL	ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL
aspirin rectal suppository 300 mg - Tier 1	
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	
athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1	
athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL	
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1	
athletes foot relief (generic for TINACTIN) - Tier 1	
AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL	
AUVELITY - Tier 2; QL	
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL	
bacitracin zinc external - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
bacitracin zinc first aid - Tier 1; QL *bacitracin zinc-aloe - Tier 1; QL* *BAYER ASPIRIN (brand for aspirin) - Tier 2; QL* *BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL* *BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; QL* *BD ULTRA-FINE 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; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; QL* BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL *BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; QL* *BD ULTRA-FINE PEN NEEDLES 31G X 5 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; QL* *BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL* *benzoyl peroxide external gel 2.5 % - Tier 1; QL* *benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL* *benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL* BEYFORTUS - Tier 2; QL; AL *BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
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* *bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1* *BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL* *calamine external lotion - Tier 1* CALQUENCE - Tier 2; PA; SP; QL *capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL* *capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL* *capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL* *capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL* CAPSAID ES ARTHRITIS RELIEF - Tier 2; QL CAPVAXIVE - Tier 2; QL; AL *capzix (generic for CAPZASIN-HP) - Tier 1; QL* *CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *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* CASTIVA WARMING - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
CAYA - Tier 2; QL *CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL* *CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL* *childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL* *c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2* *CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL* *clearskin (generic for CLEARSKIN) - Tier 1* *CLINITEST RAPID COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL* COBENFY ORAL CAPSULE 100-20 MG - Tier 2 COBENFY ORAL CAPSULE 125-30 MG, 50-20 MG - Tier 2; QL COBENFY STARTER PACK - Tier 2; QL COMIRNATY - Tier 2; QL CONDOMS - Tier 2; QL *COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL* *corn & callus remover (generic for COMPOUND W) - Tier 1* *corn and callus remover (generic for COMPOUND W) - Tier 1* *COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; 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 acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1* *darunavir (generic for PREZISTA) - Tier 1; QL* DERMELEVE ADVANCED FORMULA - Tier 2 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL *DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *digital pregnancy test (generic for ACCU-CLEAR PREGNANCY) - Tier 1* *double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1* *DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL* *DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL* *DUREX TROPICAL (brand for true cover) - Tier 2; QL* *early pregnancy (generic for ACCU-CLEAR PREGNANCY) - Tier 1*	

Preferred Agents	Non-Preferred Agents
early result pregnancy (generic for ACCU-CLEAR PREGNANCY) - Tier 1 *EASIVENT (brand for prochamber vhc) - Tier 2; QL* *EASIVENT MASK LARGE (brand for prochamber vhc) - Tier 2; QL* *EASIVENT MASK MEDIUM (brand for prochamber vhc) - Tier 2; QL* *EASIVENT MASK SMALL (brand for prochamber vhc) - Tier 2; QL* *ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *EMERGEN-C KIDZ IMMUNE+ (brand for cvs gummy dinos) - Tier 2; QL* *EMERGEN-C KIDZ ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2; QL* *enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL* *fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL* *FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL* FLEET BISACODYL - Tier 2; QL *FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL* *FLINTSTONES + EXTRA IRON (brand for cvs gummy dinos) - Tier 2; QL* *FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; QL* *FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* FLUAD - Tier 2; QL FLUARIX - Tier 2; QL FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
FLULAVAL - Tier 2; QL FLUMIST - Tier 2; QL FLUZONE HIGH-DOSE - Tier 2; QL FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL *folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL* *folic acid oral tablet 400 mcg - Tier 1* *foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1* *ft antibiotic - Tier 1; QL* *ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL* *ft aspirin (generic for BAYER LOW DOSE) - Tier 1; QL* *ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *ft childrens multi (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL* *ft double antibiotic (generic for POLYSPORIN) - Tier 1* *ft early result pregnancy (generic for ACCU-CLEAR PREGNANCY) - Tier 1* *ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *ft folic acid oral tablet 400 mcg - Tier 1* *ft folic acid oral tablet 800 mcg - Tier 1; QL* *ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL* *ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *ft one step pregnancy (generic for ACCU-CLEAR PREGNANCY) - Tier 1* *fungi-guard (generic for TINACTIN) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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 (generic for EX-LAX ULTRA) - Tier 1; QL* *genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL* *gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL* *h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL* *hydromet (generic for HYCODAN) - Tier 1; QL; AL* *hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL* *hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL* *hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL* *hyosyne - Tier 1; QL* *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 prochamber vhc) - 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* *jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1*	

Preferred Agents	Non-Preferred Agents
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL *laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL* *LEVBID (brand for hyoscyamine sulfate er) - 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* *magnesium oxide oral tablet 400 mg - Tier 1* *magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1* *MAOX (brand for magnesium oxide) - Tier 2* MASK VORTEX/CHILD/FROG - Tier 2; QL MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL *medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1* *medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL* *MICROCHAMBER (brand for prochamber vhc) - Tier 2; QL* *mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL MOUNJARO - Tier 2; PA; QL NEODOT THERMOMETER - Tier 2; QL *NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2* NOZIN NASAL SANITIZER POPSWAB - Tier 2; QL *NULEV (brand for hyoscyamine sulfate) - Tier 2; QL* OMNIFLEX DIAPHRAGM - Tier 2; QL; GE	

Preferred Agents	Non-Preferred Agents
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	
one step pregnancy in vitro diagnostic test (generic for ACCU-CLEAR PREGNANCY) - Tier 1	
ONE STEP PREGNANCY IN VITRO DIAGNOSTIC TEST - Tier 2	
ONELAX (brand for bisacodyl) - Tier 2; QL	
OPILL - Tier 2; 28 and 84 day supply are preferred; QL	
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2	
OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2	
PANOXYL (brand for bp wash) - Tier 2	
PENBRAYA - Tier 2; QL	
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL	
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL	
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL	
poly bacitracin (generic for POLYSPORIN) - Tier 1	
POLYSPORIN (brand for double antibiotic) - Tier 2	
PREGNANCY IN VITRO DIAGNOSTIC TEST - Tier 2	
pregnancy test kit in vitro diagnostic test (generic for ACCU-CLEAR PREGNANCY) - Tier 1	
PREGNANCY TEST KIT IN VITRO DIAGNOSTIC TEST - Tier 2	
PREZISTA ORAL SUSPENSION - Tier 2; QL	
PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL	
probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1	

Preferred Agents	Non-Preferred Agents
PROCHAMBER VHC (brand for prochamber vhc) - Tier 2; QL *QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1* *sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1* *SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; QL* SPIKEVAX - Tier 2; QL *ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL* *STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL* *sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1* SUNLENCA ORAL - Tier 2; QL; AL *sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL* *the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL* *TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL* *tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL* *tolnaftate external cream (generic for TINACTIN) - Tier 1; QL* *tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1* *TRITOLNACIDE C (brand for antifungal (tolnaftate)) - Tier 2; QL* *TROJAN MAGNUM (brand for true cover) - Tier 2; QL* *TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL* *TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
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* TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2 TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL VAPORIZER WARM STEAM - Tier 2; QL VAXELIS - Tier 2; QL VENLAFAXINE BESYLATE ER - Tier 2; QL *vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; 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 *womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* XELSTRYM - Tier 2; QL; AL YESINTEK SUBCUTANEOUS - Tier 2; PA; SP; QL; AL ZURZUVAE - Tier 2; QL; AL	

Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ALECENSA - Tier 2; PA; SP; QL	GAVRETO - Tier 2; PA; SP; QL
ALUNBRIG - Tier 2; PA; SP; QL	TABRECTA - Tier 2; PA; SP; QL
BOSULIF - Tier 2; PA; SP; QL	TAGRISSO - Tier 2; PA; SP; QL
BRUKINSA - Tier 2; PA; SP; QL	
CABOMETYX - Tier 2; PA; SP; QL	
CAPRELSA - Tier 2; PA; SP; QL	
COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL	
COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL	
COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL	
dasatinib (generic for SPRYCEL) - Tier 1; PA; SP; QL	
erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL	
gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL	
GILOTRIF - Tier 2; PA; SP; QL	
ICLUSIG - Tier 2; PA; SP; QL	
imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL	
IMBRUVICA - Tier 2; PA; SP; QL	
INLYTA - Tier 2; PA; SP; QL	
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL	
LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL	
LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL	
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL	
TASIGNA - Tier 2; PA; SP; QL	
TURALIO - Tier 2; PA; SP; QL; AL	
XALKORI - Tier 2; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostamide Analogs	
latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL	LUMIGAN - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL *ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL*
Ophthalmic Agents, Other	
altafrin (generic for ALTAFRIN) - Tier 1 *atropine sulfate ophthalmic solution 1 % - Tier 1; QL* *bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL* *cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL* *cyclosporine ophthalmic (generic for RESTASIS) - Tier 1; PA; QL* CYSTARAN - Tier 2; PA; SP; QL *dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL* *neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL* *neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL* *NEO-POLYCIN HC (brand for bacitra-neomycin-polymyxin-hc) - Tier 2; QL* *phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1* *sulfacetamide-prednisolone - Tier 1* TOBRADEX - Tier 2; QL *tobramycin-dexamethasone - Tier 1; QL* TYRVAYA - Tier 2; QL	CEQUA - Tier 2; PA; QL *COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL* *COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA* *RESTASIS (brand for cyclosporine) - Tier 2; PA; QL* *RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL* ROCKLATAN - Tier 2; PA; QL TOBRADEX ST - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL XIIDRA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-allergy Agents	
azelastine hcl ophthalmic - Tier 1; ST *cromolyn sodium ophthalmic - Tier 1; QL* *olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL* *PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL*	
Ophthalmic Anti-Infectives	
bacitracin ophthalmic - Tier 1; QL *bacitracin-polymyxin b (generic for POLYCIN) - Tier 1; QL* *ciprofloxacin hcl ophthalmic - Tier 1; QL* *erythromycin ophthalmic - Tier 1; QL* *gentamicin sulfate ophthalmic - Tier 1; QL* *moxifloxacin hcl (2x day) - Tier 1; QL* *moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL* *neomycin-polymyxin-gramicidin - Tier 1; QL* *ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL* *polymyxin b-trimethoprim - Tier 1; QL* *sulfacetamide sodium ophthalmic - Tier 1; QL* *tobramycin ophthalmic - Tier 1; QL* *trifluridine - Tier 1; QL*	AZASITE - Tier 2; PA; QL BESIVANCE - Tier 2; PA; QL
Ophthalmic Anti-inflammatories	
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* *prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL* PREDNISOLONE ACETATE P-F - 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 OPHTHALMIC GEL (brand for loteprednol etabonate) - Tier 2; PA; QL* LOTEMAX OPHTHALMIC OINTMENT - Tier 2; PA; QL LOTEMAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL *PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
Ophthalmic Beta-Adrenergic Blocking Agents	
betaxolol hcl ophthalmic - Tier 1; QL *carteolol hcl - Tier 1* *levobunolol hcl - Tier 1; QL* *timolol maleate ophthalmic solution - Tier 1; QL*	*BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL* *TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL*
Ophthalmic Intraocular Pressure Lowering Agents, Other	
apraclonidine hcl - Tier 1; QL *brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - 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* *methazolamide oral - Tier 1; QL* PHOSPHOLINE IODIDE - Tier 2; QL *pilocarpine hcl ophthalmic - Tier 1*	*ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL* RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL
Ophthalmic Agents - Drugs to Treat Eye Conditions	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1 *altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL* *altalube (generic for ALTALUBE) - Tier 1; QL* *artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1* *artificial tears pf (generic for BION TEARS PF) - Tier 1* *astringent eye drops (generic for VISINE A.C.) - Tier 1; QL* *BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2* *BION TEARS PF (brand for artificial tears pf) - Tier 2* *carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL* *dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL* *eye drops adv relief - Tier 1; QL* *eye drops advanced relief - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
eye drops long lasting (generic for SYSTANE) - Tier 1; QL *eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1* *eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL* *eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE A.C.) - Tier 1; QL* *eye lubricant (generic for ALTALUBE) - Tier 1; QL* *eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL* *EYES ALIVE (brand for cvs lubricant eye drops (pf)) - Tier 2* *for sty relief (generic for ALTALUBE) - Tier 1; QL* *ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1* *ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL* *ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1* 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 *HYPOTEARS (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *lubricant drops fast act (generic for SYSTANE) - Tier 1; QL* *lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL *lubricant eye drop (generic for SYSTANE BALANCE) - Tier 1; QL* *lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL* *lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1* *lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL* *lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL* *lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL* *lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1* *lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL* *lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL* *lubricant eye pm (generic for ALTALUBE) - Tier 1; QL* *lubricating eye drops (generic for SYSTANE) - 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*	

Preferred Agents	Non-Preferred Agents
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL *nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL* *polyvinyl alcohol ophthalmic - Tier 1* PURE & GENTLE LUBRICANT - Tier 2 *REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2* *REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL* *relief eye drops (generic for VISINE A.C.) - Tier 1; QL* *restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1* *restore pm (generic for ALTALUBE) - Tier 1; QL* *sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL* *sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1* *sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL* *SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL* *SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL* *SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL* *SYSTANE CONTACTS (brand for artificial tears) - Tier 2* *SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
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* *ultra fresh (generic for ULTRA FRESH) - Tier 1; QL* *ultra fresh pm (generic for ALTALUBE) - Tier 1; QL* *ultra lubricant drop (generic for SYSTANE) - Tier 1; QL* *ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL* *ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL*	
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
NAPHCON-A (brand for allergy eye) - Tier 2 *VISINE (brand for allergy eye) - Tier 2*	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL *ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL* *allergy eye drops (generic for ALAWAY) - Tier 1; QL* *eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL* *ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL* *ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL*	

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

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

Preferred Agents	Non-Preferred Agents
allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL *allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL* *aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL* *anti-hist allergy (generic for BANOPHEN) - Tier 1; QL* ASTEPRO - Tier 2; QL ASTEPRO CHILDRENS - Tier 2; QL *azelastine hcl nasal - Tier 1; QL* *banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL* *banophen oral tablet (generic for BANOPHEN) - Tier 1; QL* *BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL* *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 (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL* *cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL* *childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *clemastine fumarate oral - Tier 1; QL* *complete allergy (generic for BANOPHEN) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
complete allergy medicine (generic for BANOPHEN) - Tier 1; QL *complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL* *complete allergy relief (generic for BANOPHEN) - Tier 1; QL* *CURELIEF (brand for allergy childrens) - Tier 2; QL* *cyproheptadine hcl oral - Tier 1; QL* DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL *DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL* *diphedryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *diphen (generic for BANOPHEN) - Tier 1; QL* *diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL* *ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL* *ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL* *ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL* *ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL* *ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL* *geri-dryl (generic for BANOPHEN) - Tier 1; QL* *h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL* *levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL *MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL* *m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *MM ALLER-BEN (brand for allergy relief) - Tier 2; QL* *NARAMIN (brand for allergy childrens) - Tier 2; QL* *pharbedryl (generic for BANOPHEN) - Tier 1; QL* *total allergy (generic for BANOPHEN) - Tier 1; QL* *total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL*	
Anti-inflammatories, Inhaled Corticosteroids	
ASMANEX (120 METERED DOSES) - Tier 2; PA; QL ASMANEX (14 METERED DOSES) - Tier 2; PA; QL ASMANEX (30 METERED DOSES) - Tier 2; PA; QL ASMANEX (60 METERED DOSES) - Tier 2; PA; QL ASMANEX HFA - Tier 2; PA; Members > = 8 years of age will require PA; QL *budesonide inhalation (generic for PULMICORT) - Tier 1; Members > = 5 years of age will require PA; QL; AL* FLUTICASONE PROPIONATE HFA - Tier 2; QL *fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL* *mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST; QL*	ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA ARNUITY ELLIPTA - Tier 2; PA; QL OMNARIS - Tier 2; PA; QL PULMICORT FLEXHALER - Tier 2; PA; QL QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL QVAR REDIHALER - Tier 2; PA; QL XHANCE - Tier 2; PA; QL
Antileukotrienes	
montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL	ZYFLO - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Bronchodilators, Anticholinergic	
ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL *ipratropium bromide inhalation - Tier 1; QL* *ipratropium bromide nasal - Tier 1; QL* *tiotropium bromide monohydrate (generic for SPIRIVA HANDIHALER) - Tier 1; QL*	*SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL* SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL
Bronchodilators, Sympathomimetic	
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 inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members > = 8 years of age will require PA; QL; AL* *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 oral syrup - Tier 1; QL* *epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL* *levalbuterol hcl inhalation - Tier 1; ST; QL* STRIVERDI RESPIMAT - Tier 2; QL	*AUVI-Q (brand for epinephrine) - Tier 2; PA; QL* *EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL* *EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL* *PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL* PROAIR RESPICLICK - Tier 2; PA; QL SEREVENT DISKUS - 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*
Cystic Fibrosis Agents	
CAYSTON - Tier 2; PA; SP; QL KALYDECO - Tier 2; PA; SP; QL ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; PA; SP; QL SYMDEKO - Tier 2; PA; SP; QL *tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; PA; SP; QL* TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL	TOBI PODHALER - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Mast Cell Stabilizers	
cromolyn sodium inhalation - Tier 1; QL	
Phosphodiesterase Inhibitors, Airways Disease	
elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL *roflumilast (generic for DALIRESP) - Tier 1; DX2RX; 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*	
Pulmonary Antihypertensives	
ADEMPAS - Tier 2; PA; SP; QL *alyq (generic for ALYQ) - Tier 1; DX2RX; SP; QL* *ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL* *bosentan (generic for TRACLEER) - Tier 1; PA; SP; QL* OPSUMIT - Tier 2; PA; SP; QL *sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; PA; SP; QL* *tadalafil (pah) (generic for ALYQ) - Tier 1; DX2RX; SP; QL* TRACLEER 32 MG - Tier 2; PA; SP; QL	ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL 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 TADLIQ - Tier 2; PA; SP; QL TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL
Pulmonary Fibrosis Agents	
OFEV - Tier 2; PA; SP; QL *pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL* *pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL*	

Preferred Agents	Non-Preferred Agents
Respiratory Tract Agents, Other	
acetylcysteine inhalation solution 10 % - Tier 1; QL *acetylcysteine inhalation solution 20 % - Tier 1* FASENRA PEN - Tier 2; PA; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL *promethazine vc - Tier 1; QL; AL* *promethazine-phenylephrine - Tier 1; QL; AL*	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2 *altamist spray (generic for AYR) - Tier 1* *altarussin (generic for TUSNEL-EX) - Tier 1; QL* *AYR (brand for altamist spray) - Tier 2* AYR SALINE NASAL DROPS - Tier 2 *BABY AYR SALINE (brand for altamist spray) - Tier 2* *bromphen-pseudoeph-dm - Tier 1; QL; AL* *BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL* *chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL* *chest congestion relief oral tablet (generic for XPECT) - Tier 1* *cough & cold (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 *cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *deep sea nasal spray (generic for AYR) - Tier 1* *ed bron gp - Tier 1; AL* *ft chest congestion relief (generic for XPECT) - Tier 1* *ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *ft nasal decongestant pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL* *geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; QL* *guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL* *guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1* *MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL* *maxi-tuss pe max - Tier 1; AL* *medifin 400 (generic for XPECT) - Tier 1* *medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL* *MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL* *MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
nasal spray saline (generic for AYR) - Tier 1 *NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2* *non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1* *OCEAN FOR KIDS (brand for altamist spray) - Tier 2* *OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2* *pharbinex (generic for XPECT) - Tier 1* *phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *pseudoephedrine-bromphen-dm - Tier 1; QL; AL* *refenesen 400 (generic for XPECT) - Tier 1* *saline mist spray (generic for AYR) - Tier 1* *saline nasal spray (generic for AYR) - Tier 1* *sb mucus relief (generic for XPECT) - Tier 1* *sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1* *sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2* *SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2* *tab tussin (generic for XPECT) - Tier 1* *TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2* *tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL *tussin adult oral liquid 200 mg/10ml (generic for TUSNEL-EX) - Tier 1; QL* *tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL* *tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL* *tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL* *XPECT (brand for chest congestion relief) - Tier 2*	
Antihistamines - Allergy Drugs	
12 hour allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief nasal decong oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief/nasal decongest oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *aller-tec d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *cetiri-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *cetirizine-pseudoephedrine er (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *DESGEN DM ORAL LIQUID (brand for ft tussin cf adult) - Tier 2; AL* *ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL* *ft all day allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *ft tussin cf adult (generic for DESGEN DM) - Tier 1; AL* *nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL* *ROBAFEN CF MULTI-SYMPTOM COLD (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 oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL* *ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL* *ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL *allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL* *allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL* *allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL* *loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL* *fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL* *ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL* *ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL* *ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL* *ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL* *ft allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *gnp fexofenadine hcl (generic for KLS ALLER-FEX) - Tier 1; QL* *loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
loratadine allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL *loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - 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 dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL* *mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL* *TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL*	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
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* *ft 24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL* *nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
ANORO ELLIPTA - Tier 2; QL *breyna (generic for BREYNA) - Tier 1; PA; QL* *budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; ST; QL* *FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL* FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL *ipratropium-albuterol - Tier 1; QL* STIOLTO RESPIMAT - Tier 2; QL *wixela inhub (generic for WIXELA INHUB) - Tier 1; QL*	*ADVAIR HFA (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 - Tier 2; PA; QL COMBIVENT RESPIMAT - Tier 2; PA; QL DULERA - Tier 2; PA; QL *SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL* TRELEGY ELLIPTA - Tier 2; PA; QL
Mast Cell Stabilizers - Drugs for the Lungs	
cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL *NASALCROM (brand for cromolyn sodium) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1 *12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL* *allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1* *allergy relief d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief nasal decong oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *APRODINE (brand for cold & allergy d max strength) - Tier 2; AL* *benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL* *chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL* *CLARITIN-D 24 HOUR (brand for allergy relief d) - Tier 2; QL; AL* *cold & allergy - Tier 1; AL* *cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL* *cold & allergy d max strength (generic for APRODINE) - Tier 1; AL* *cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL* *cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL* *cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL *cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL* *cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; 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; AL* *cough dm er (generic for DELSYM) - Tier 1; QL; AL* *cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL* *DELSYM CGH/CHEST CONG DM CHILD (brand for cvs cough & chest congestion) - Tier 2* *DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL* *DELSYM COUGH/CHEST CONGEST DM (brand for cvs cough & chest congestion) - Tier 2* *DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL* *dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL* *dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL *dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL* *dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL* *ft 12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL* *ft allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *ft cold & cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL* *ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL* *ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL* *ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL* *ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *ft tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *g tussin ac - Tier 1; QL; AL* *geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1*	

Preferred Agents	Non-Preferred Agents
guaifenesin-codeine - Tier 1; QL; AL *guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2* *ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL* *ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *maxi-tuss ac - Tier 1; QL; AL* *maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL* *meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
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; AL* *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 SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2* *MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2* *mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus d extended release (generic for MUCINEX D) - Tier 1; AL* *mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL* *mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL* *mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*	

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

Preferred Agents	Non-Preferred Agents
nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1 *nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1* *NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2* *no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1* *no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1* *no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1* *oxymetazoline hcl nasal (generic for GILTUSS SEVERE SINUS) - Tier 1* *promethazine-codeine oral solution - Tier 1; QL; AL* *promethazine-dm - Tier 1; QL; AL* *pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL* *PULMOSAL (brand for sodium chloride) - Tier 2* *ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL* *ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL*	

Preferred Agents	Non-Preferred Agents
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; AL *rynex pse - Tier 1; AL* *sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL* *sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1* *sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1* *sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1* *SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL* *SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL* *SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2* *sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL* *sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*	

Preferred Agents	Non-Preferred Agents
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1 *tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL* *tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm 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 oral liquid 20-400 mg/20ml (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 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
chlorzoxazone oral tablet 500 mg - Tier 1; QL *cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL* *methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL* *orphenadrine citrate er - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents	
Sleep Promoting Agents	
eszopiclone (generic for LUNESTA) - Tier 1; QL *temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL* *triazolam (generic for HALCION) - Tier 1; QL* *zaleplon - Tier 1; QL* *zolpidem tartrate er (generic for AMBIEN CR) - Tier 1* *zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL*	BELSOMRA - Tier 2; PA DAYVIGO - Tier 2; PA; QL
Wakefulness Promoting Agents	
armodafinil (generic for NUVIGIL) - Tier 1; PA; QL *modafinil oral (generic for PROVIGIL) - Tier 1; PA; QL*	*SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL* SUNOSI - Tier 2; PA; QL WAKIX - Tier 2; PA; QL *XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL*
Sleep Disorder Agents - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Drugs for Sleeping	
ft nighttime sleep aid (generic for SIMPLY SLEEP) - Tier 1; PA; QL *night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; PA; QL* *nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; PA; QL* *rest simply (generic for SIMPLY SLEEP) - Tier 1; PA; QL* *SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; PA; QL* *sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; PA; QL* *sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; PA; QL* *sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; PA; QL* *sleep tabs (generic for SIMPLY SLEEP) - Tier 1; PA; QL*	

Preferred Agents	Non-Preferred Agents
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
animal shapes complete (generic for CEROVITE JR) - Tier 1; QL *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* *BACMIN (brand for b-plex plus) - Tier 2; QL* *BIOCEL (brand for b-plex plus) - Tier 2; QL* *b-plex plus (generic for BACMIN) - Tier 1; QL* *BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL* *BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vita/fe drop) - Tier 2; QL* *BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *calcium 600 - Tier 1; QL* *calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL* *calcium 600-vitamin d3 - Tier 1; QL* *calcium carbonate - Tier 1; QL* *calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL* *calcium fast dissolution - Tier 1; QL* *calcium high potency - Tier 1; QL* *calcium oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL* *calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1* *cerovite jr (generic for CEROVITE JR) - Tier 1; QL* *chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL *chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL* *childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL* *childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *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 complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL* *childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL* *CORVITA (brand for b-plex plus) - Tier 2; QL* *daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *DEPLIN MA (brand for v-c forte) - Tier 2* *DIALYVITE SUPREME D (brand for b-plex plus) - Tier 2; QL* *DIATROL (brand for b-plex plus) - Tier 2; QL* *EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL* *effer-k oral tablet effervescent 25 meq - Tier 1; QL* *ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL* *FINAZOL (brand for b-plex plus) - Tier 2; QL* *FLORRAVITE (brand for b-plex plus) - Tier 2; QL* *FLORRAXYL (brand for b-plex plus) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
FOLAGENT DHA (brand for v-c forte) - Tier 2 *FOLAMAX (brand for b-plex plus) - Tier 2; QL* *FOLAMED DHA (brand for v-c forte) - Tier 2* *FOLAPRIME (brand for b-plex plus) - Tier 2; QL* *fruity c - Tier 1; QL* *ft calcium - Tier 1; QL* *ft childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *ft vitamin c (generic for SUNKIST VITAMIN C) - Tier 1; QL* *ft vitamin c/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *ft zinc chelated (generic for IS-ZC 50) - Tier 1; QL* *KEYFOLIC (brand for b-plex plus) - Tier 2; QL* *KEYLOSA (brand for b-plex plus) - Tier 2; QL* *klor-con/ef - Tier 1; QL* K-PRIME - Tier 2; QL *little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *LIVITA ADULTS (brand for support) - Tier 2; QL* *LYSIPLEX PLUS ORAL TABLET (brand for b-plex plus) - Tier 2; QL* *MEDI TAB (brand for b-plex plus) - Tier 2; QL* *MENATROL (brand for v-c forte) - Tier 2* *MULTIPRO (brand for v-c forte) - Tier 2* *MULTITOL-M (brand for b-plex plus) - Tier 2; QL* *multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL* *multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
NUTRICAP ORAL TABLET (brand for b-plex plus) - Tier 2; QL *NUTRIFAC ZX (brand for b-plex plus) - Tier 2; QL* OBTREX - Tier 2 *OCUVEL (brand for v-c forte) - Tier 2* *one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *ONEVITE (brand for b-plex plus) - Tier 2; QL* *oyster shell calcium oral tablet 1250 (500 ca) mg, 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* *POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL* *POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL* *prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1* *SIDEROL (brand for b-plex plus) - Tier 2; QL* *stress formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *STROVITE ONE (brand for b-plex plus) - Tier 2; QL* *SUPPORT (brand for support) - Tier 2; QL* *true oyster shell calcium - Tier 1; QL* *TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *UDAMIN SP (brand for b-plex plus) - Tier 2; QL* *v-c forte (generic for VIC-FORTE) - Tier 1* *vic-forte (generic for VIC-FORTE) - Tier 1* *vit c/rose hips - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
VITA S FORTE (brand for b-plex plus) - Tier 2; QL *VITACEL (brand for b-plex plus) - Tier 2; QL* *VITACORE (brand for b-plex plus) - Tier 2; QL* *vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL* *vitamin c er oral tablet extended release 1500 mg - Tier 1; QL* *vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet 500 mg (generic for 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/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL* *vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL* *vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL* *VITAROCA PLUS (brand for b-plex plus) - Tier 2; QL* *WELL VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *WELLFOLA (brand for b-plex plus) - Tier 2; QL* *zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	
b-1 - Tier 1; QL *b-12 oral tablet extended release - Tier 1* *b6 - Tier 1; QL* *cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL* *e - Tier 1* *e-400-clear - Tier 1; QL* *ft vitamin b-1 - Tier 1; QL* *ft vitamin b-12 pr - Tier 1* *ft vitamin b-6 - Tier 1; QL* *ft vitamin e - Tier 1; QL* *natural vitamin e - Tier 1; QL* *pyridoxine hcl oral - Tier 1; QL* *thiamine hcl oral - Tier 1; 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 TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2 *vitamin b1 oral tablet - Tier 1; QL* *vitamin b-1 oral tablet 250 mg - Tier 1; QL* *vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1* *vitamin b12 oral tablet extended release 1000 mcg - Tier 1* *vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1* *vitamin b-6 - Tier 1; QL* *vitamin b-6 er - Tier 1; QL* *vitamin e natural - Tier 1* *vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1* *vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit) - Tier 1; QL*	*NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL*

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