Preferred Drug List (PDL)

Pennsylvania

CHIP

Effective Date:
1/1/2023

United Healthcare
Community Plan

Pennsylvania's Children's Health Insurance Program
We Cover All Kids.
Commonwealth of Pennsylvania

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, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation.

UnitedHealthcare Community Plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

UnitedHealthcare Community Plan provides 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, contact UnitedHealthcare Community Plan at **1-800-414-9025, TTY/PA RELAY 711**.

If you believe 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, creed, religious affiliation, ancestry, sex gender, gender identity or expression, or sexual orientation, you can file a complaint with:

UnitedHealthcare Community Plan
P.O. Box 30608
Salt Lake City, UT 84131-0364

The Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675
Phone: **717-787-1127**, **TTY/PA Relay 711**
Fax: **717-772-4366**, or
Email: **RA-PWBEOAO@pa.gov**

You can file a complaint in person or by mail, fax, or email. If you need help filing a complaint, UnitedHealthcare Community Plan and the Bureau of Equal Opportunity are available to help you.

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

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

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

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UnitedHealthcare Community Plan cumple con las leyes federales de derechos civiles aplicables y no discrimina por raza, color, nacionalidad, edad, discapacidad, creencias, afiliación religiosa, ascendencia, sexo, identificación de sexo, expresión sexual u orientación sexual.

UnitedHealthcare Community Plan no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad, creencias, afiliación religiosa, ascendencia, sexo, identificación de sexo, expresión sexual u orientación sexual.

UnitedHealthcare Community Plan proporciona ayuda y servicios gratuitos a personas con discapacidades para que puedan comunicarse con nosotros de manera efectiva, por ejemplo:

- Intérpretes de lenguaje de señas calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y demás formatos)

UnitedHealthcare Community Plan ofrece servicios de idioma gratuitos a las personas cuyo idioma principal no es el inglés, por ejemplo:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, comuníquese con UnitedHealthcare Community Plan al **1-800-414-9025**, **TTY/PA RELAY 711**.

Si considera que UnitedHealthcare Community Plan no ha proporcionado estos servicios o ha discriminado de otro modo en función de la raza, el color, la nacionalidad, la edad, la discapacidad, las creencias, la afiliación religiosa, la ascendencia, el sexo, la identificación de sexo, la expresión sexual o la orientación sexual, puede presentar una queja con:

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Fax: **717-772-4366**, o
Correo electrónico: **RA-PWBEOAO@pa.gov**

Usted puede presentar una queja en persona o por correo, fax o por correo electrónico. Si necesita ayuda para presentar una queja, UnitedHealthcare Community Plan y la Oficina de Igualdad de Oportunidades están disponibles para brindarle asistencia.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. por vía electrónica a través del Portal de Quejas de la Oficina de Derechos Civiles disponible en **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, o por correo postal o teléfono al:

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

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

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ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call: **1-800-414-9025, TTY/PA RELAY: 711**.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-414-9025, TTY/PA RELAY: 711**.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните по телефону **1-800-414-9025, TTY/PA RELAY: 711.**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-800-414-9025**, **TTY/PA RELAY: 711**。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-414-9025, TTY/PA RELAY: 711.**

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-414-9025**، **TTY/PA RELAY: 711.**

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् **1-800-414-9025, TTY/PA RELAY: 711** ।

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-414-9025, TTY/PA RELAY: 711** 번으로 전화해 주십시오.

សូមចាប់អារម្មណ៍ ៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាជំនួយផ្នែកភាសាឥតគិតថ្លៃ គឺអាចមានសម្រាប់បំរើជូនអ្នក ។ ចូរទូរស័ព្ទទៅលេខ **1-800-414-9025, TTY/PA RELAY: 711**។

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le **1-800-414-9025, TTY/PA RELAY: 711.**

သတိပြုရန် - အကယ်၍ သင်သည် မြန်မာစကား ပြောပါက၊ ဘာသာစကား အကူအညီ၊ အခမဲ့၊ သင့်အတွက် စီစဉ်ဆောင်ရွက်ပေးပါမည်။ ဖုန်းနံပါတ် **1-800-414-9025, TTY/PA RELAY: 711** သို့ ခေါ်ဆိုပါ။

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele **1-800-414-9025, TTY/PA RELAY: 711.**

ATENÇÃO: se fala português, encontram-se disponíveis serviços linguísticos gratuitos. Ligue para **1-800-414-9025, TTY/PA RELAY: 711.**

লক্ষ্য করুন: আপনি যদি বাংলায় কথা বলেন, তাহলে আপনার জন্য বিনা খরচে ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। **1-800-414-9025, TTY/PA RELAY: 711** নম্বরে ফোন করুন।

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime falas të ndihmës gjuhësore. Telefononi në **1-800-414-9025, TTY/PA RELAY: 711.**

સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિઃશુલ્ક ભાષા સહાયતા સેવાઓ તમારા માટે ઉપલબ્ધ છે. કૉલ કરો **1-800-414-9025, TTY/PA RELAY: 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.

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
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2 pen pack)	At least a 90 day trial of 1500mg/day of metformin
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.
Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates
Renvela	8 week trial of calcium acetate
SGLT-2 Inhibitors (Steglatro, Segluromet)	At least a 90 day trial of 1500mg/day of metformin
tacrolimus 0.03%	Minimum age of 2.Trial of one topical corticosteroid.
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
tolterodine	30 day trial of oxybutynin immediate 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

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Pennsylvania – UnitedHealthcare Community Plan for Kids

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Preferred Agents	Non-Preferred Agents
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL *ibuprofen oral tablet 200 mg (generic for ADVIL) - Tier 1; QL* *ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL* *indomethacin er - Tier 1; QL* *indomethacin oral capsule 25 mg, 50 mg - Tier 1; QL* *INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL* *infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL* *ketoprofen oral capsule 50 mg - Tier 1; QL* *ketorolac tromethamine oral - Tier 1; QL* *mediproxen (generic for MEDIPROXEN) - Tier 1; QL* *meloxicam oral tablet (generic for MOBIC) - Tier 1; QL* *MOTRIN CHILDRENS (brand for cvs ibuprofen junior strength) - Tier 2; QL* *MOTRIN IB (brand for cvs ibuprofen) - Tier 2; QL* *MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL* *nabumetone oral - Tier 1; QL* *naproxen oral suspension (generic for NAPROSYN) - 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 (generic for DAYPRO) - Tier 1; QL* *piroxicam oral (generic for FELDENE) - Tier 1; QL* *sulindac oral - Tier 1; QL*	
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 (pf) intravenous solution 1 mg/ml - Tier 1* *morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL* *oxymorphone hcl er - Tier 1; PA; QL*	BELBUCA - Tier 2; PA; QL *BUTRANS (brand for buprenorphine) - Tier 2; PA; QL* *HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL* *morphine sulfate er beads - Tier 1; PA; QL* *MS CONTIN (brand for morphine sulfate er) - Tier 2; PA; QL* NUCYNTA ER - Tier 2; PA; QL *OXYCONTIN (brand for oxycodone hcl er) - 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
	XTAMPZA ER - Tier 2; PA; QL
Opioid Analgesics, Short-acting	
acetaminophen-codeine - Tier 1; QL; ARL *acetaminophen-codeine #2 - Tier 1; QL; ARL* *acetaminophen-codeine #3 - Tier 1; QL; ARL* *acetaminophen-codeine #4 - Tier 1; QL; ARL* *ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL; ARL* *bac (generic for BAC) - Tier 1; QL* *butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL* *butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL; ARL* *butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - Tier 1; QL* *butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL* *butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL; ARL* *butalbital-aspirin-caffeine - Tier 1; QL* *butorphanol tartrate nasal - Tier 1; QL* *codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL; ARL* *endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL; ARL* *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL; ARL* *hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL; ARL* *hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL; ARL* *hydromorphone hcl rectal - Tier 1; QL; ARL* *morphine sulfate (concentrate) - Tier 1; QL; ARL* *morphine sulfate oral - Tier 1; QL; ARL* *morphine sulfate rectal - Tier 1; QL; ARL* *oxycodone hcl oral concentrate 100 mg/5ml - Tier 1; QL; ARL* *oxycodone hcl oral solution - Tier 1; QL; ARL* OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL; ARL	*apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL; ARL* NUCYNTA - Tier 2; PA; QL; ARL *TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL; ARL*

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Preferred Agents	Non-Preferred Agents
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL; ARL *pentazocine-naloxone hcl - Tier 1; QL; ARL* *TENCON (brand for butalbital-acetaminophen) - Tier 2; QL* *tramadol hcl oral tablet 50 mg - Tier 1; QL; ARL*	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
buprenorphine hcl sublingual - Tier 1; PA; QL	
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 pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL* *acetaminophen childrens oral tablet chewable 160 mg (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*	

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Preferred Agents	Non-Preferred Agents
acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL *acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen infants (generic for PANADOL CHILDRENS) - Tier 1; QL* *acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *acetaminophen oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL* *acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for PANADOL CHILDRENS) - Tier 1; QL* *acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL* *apra (generic for MEDI-TABS CHILDRENS) - Tier 1; QL* *arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL* *betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; QL* *childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier 1; QL* *childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL* *childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL *ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2* *EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2* *fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1; QL* *fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* *feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL* *feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* FEVERALL INFANTS - Tier 2; QL FEVERALL JUNIOR STRENGTH - Tier 2; QL *headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *infants pain & fever (generic for PANADOL CHILDRENS) - Tier 1; QL* *infants pain relief drops (generic for PANADOL CHILDRENS) - Tier 1; QL* *infants pain/fever (generic for PANADOL CHILDRENS) - Tier 1; QL* *liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *mapap arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *mapap oral capsule - Tier 1; QL* *migraine formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL*	

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
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL *non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL* *non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL* *pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain & fever infants (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief extra strength oral capsule 500 mg - Tier 1; QL* *pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief infants oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *pain relief regular st (generic for PHARBETOL) - 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 relieve child dye-free (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain reliever (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL *pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever oral tablet (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 EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL* *PHARBETOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; QL* *sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; QL* *TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET 325 MG, 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*	

Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs

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Preferred Agents	Non-Preferred Agents
salsalate oral - Tier 1; QL	
Opioid Analgesics, Short-acting	
oxycodone hcl oral tablet (generic for OXAYDO) - Tier 1; QL; ARL	
Anesthetics	
Local Anesthetics	
anecream external cream (generic for ANECREAM) - Tier 1; QL *blue tube/ aloe (generic for ANECREAM) - Tier 1; QL* *glydo (generic for GLYDO) - Tier 1; QL* *lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL* *lidocaine external patch 5 % (generic for LIDODERM) - Tier 1; DX2RX; QL* *lidocaine hcl external cream 3 % - Tier 1; QL* *lidocaine hcl mouth/throat - Tier 1* *lidocaine hcl urethral/mucosal (generic for GLYDO) - Tier 1; QL* *lidocaine viscous hcl - Tier 1; QL* *lidocaine-prilocaine external cream - Tier 1; QL* *lidopin external cream 3 % - Tier 1; QL* *LMX 4 (brand for blue tube/ aloe) - Tier 2; QL*	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
acamprosate calcium - Tier 1; QL *disulfiram oral tablet 250 mg - Tier 1; QL* *disulfiram oral tablet 500 mg - Tier 1* *naltrexone hcl oral - Tier 1* VIVITROL - Tier 2; QL	
Opioid Dependence	

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
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg (generic for SUBOXONE) - Tier 1; DX2RX; QL *buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; DX2RX; QL*	*SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; DX2RX; QL* ZUBSOLV - Tier 2; PA; QL
Opioid Reversal Agents	
naloxone hcl injection - Tier 1 *naloxone hcl nasal (generic for NARCAN) - Tier 1* ZIMHI - Tier 2	KLOXXADO - Tier 2; PA *NARCAN (brand for naloxone hcl) - Tier 2; PA*
Smoking Cessation Agents	
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 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* *varenicline tartrate - Tier 1; PA; QL*	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
Smoking Cessation Agents - Deterrents	
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*	

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Preferred Agents	Non-Preferred Agents
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 (generic for KLS QUIT2) - 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 *paromomycin sulfate oral (generic for HUMATIN) - Tier 1; QL*	ARIKAYCE - Tier 2; PA; SP; 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; DX2RX; QL*	CLINDESSE - Tier 2; PA; QL *FLAGYL (brand for metronidazole) - Tier 2; PA; QL* *METROGEL (brand for metronidazole) - Tier 2; PA; QL* NORITATE - Tier 2; PA NUVESSA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; PA; QL *linezolid oral tablet (generic for ZYVOX) - Tier 1; PA* *methenamine hippurate (generic for HIPREX) - Tier 1; QL* *metronidazole external (generic for METROGEL) - Tier 1; QL* *metronidazole oral tablet - Tier 1; QL* *metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL* *nitrofurantoin - Tier 1; Members >= 8 years of age will require PA; QL; AL* *nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL* *nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL* *rosadan external cream (generic for ROSADAN) - Tier 1; QL* *rosadan external gel (generic for ROSADAN) - Tier 1; QL* *trimethoprim oral - Tier 1; QL* *vandazole (generic for VANDAZOLE) - Tier 1; QL*	SOLOSEC - Tier 2; PA; QL *VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL* XENLETA ORAL - Tier 2; PA; QL XIFAXAN - Tier 2; PA; QL
Beta-lactam, Cephalosporins	
cefaclor oral capsule - Tier 1; QL *cefadroxil - Tier 1; QL* *cefdinir - Tier 1; QL* *cefixime oral capsule (generic for SUPRAX) - Tier 1; QL* *cefprozil - Tier 1; QL* *cefuroxime axetil - Tier 1; QL* *cephalexin oral capsule - Tier 1; QL* *cephalexin oral suspension reconstituted - Tier 1; QL*	
Beta-lactam, Penicillins	
amoxicillin oral capsule - Tier 1; QL *amoxicillin oral suspension reconstituted - Tier 1; QL* *amoxicillin oral tablet 875 mg - Tier 1; QL* *amoxicillin oral tablet chewable - Tier 1; QL* *amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL* *ampicillin - 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
dicloxacillin sodium - Tier 1; QL *penicillin v potassium - Tier 1; QL*	
Macrolides	
azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL *azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL* *clarithromycin er - Tier 1; QL* *clarithromycin oral - Tier 1; QL* DIFICID - Tier 2; PA; QL *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL* *ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL* *erythromycin base oral (generic for ERY-TAB) - Tier 1; QL* *erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL* *erythromycin oral (generic for ERY-TAB) - Tier 1; QL*	
Quinolones	
CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL *ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL* *levofloxacin oral tablet (generic for LEVAQUIN) - Tier 1; QL* *ofloxacin oral - Tier 1; QL*	
Sulfonamides	
sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL *sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL*	
Tetracyclines	
doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL; AL *doxycycline hyclate oral tablet 100 mg (generic for LYMEPAK) - Tier 1; QL; AL* *doxycycline hyclate oral tablet 20 mg - Tier 1*	*DORYX (brand for doxycycline hyclate) - Tier 2; PA; QL* *ORACEA (brand for doxycycline) - Tier 2; PA* *SOLODYN (brand for minocycline hcl er) - Tier 2; PA* *XIMINO (brand for minocycline hcl er) - Tier 2; PA; QL*

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
doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - *Tier 1; QL* *doxycycline monohydrate oral capsule 50 mg* - *Tier 1; QL* *LYMEPAK (brand for doxycycline hyclate)* - *Tier 2; QL; AL* *minocycline hcl oral capsule 100 mg (generic for MINOCIN)* - *Tier 1; QL* *minocycline hcl oral capsule 50 mg* - *Tier 1; QL* *mondoxyne nl (generic for MONDOXYNE NL)* - *Tier 1; QL* NUZYRA ORAL - Tier 2; PA; QL	
Antibacterials - Drugs to Treat Bacterial Infections	
Antibacterials, Other - Antibiotics	
antibiotic (generic for NEOSPORIN ORIGINAL) - *Tier 1; QL* *antiseptic (generic for BETADINE)* - *Tier 1* *BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine)* - *Tier 2* *first aid antibiotic external ointment 3.5-400-5000 , 3.5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL)* - *Tier 1; QL* *first aid antiseptic external solution 10 % (generic for BETADINE)* - *Tier 1* *medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL)* - *Tier 1; QL* *NEOSPORIN ORIGINAL (brand for cvs antibiotic)* - *Tier 2; QL* *povidone iodine (generic for BETADINE)* - *Tier 1* *povidone-iodine external solution (generic for BETADINE)* - *Tier 1* *SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine)* - *Tier 2* *triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 (generic for NEOSPORIN ORIGINAL)* - *Tier 1; QL* *triple antibiotic original (generic for NEOSPORIN ORIGINAL)* - *Tier 1; QL*	SUTAB - Tier 2; PA
Anticonvulsants	
Anticonvulsants, Other	

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
felbamate oral suspension (generic for FELBATOL) - Tier 1; Members >= 8 years of age will require PA; QL; AL *felbamate oral tablet (generic for FELBATOL) - 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 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* *subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL* *topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL; AL* *topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL* *valproic acid oral - Tier 1; QL*	BRIVIACT ORAL - Tier 2; PA; QL EPIDIOLEX - Tier 2; PA; SP; QL FINTEPLA - Tier 2; PA; QL FYCOMPA - Tier 2; PA; QL *TOPAMAX (brand for topiramate) - Tier 2; PA; QL* *TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL* TROKENDI XR - Tier 2; PA; QL XCOPRI - Tier 2; PA XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA
Calcium Channel Modifying Agents	
CELONTIN - Tier 2; QL *ethosuximide oral (generic for ZARONTIN) - Tier 1; QL*	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
clobazam (generic for ONFI) - Tier 1; DX2RX; QL *diazepam rectal (generic for DIASTAT ACUDIAL) - Tier 1; QL*	*gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; 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
gabapentin oral capsule (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 (generic for MYSOLINE) - Tier 1; QL* *tiagabine hcl (generic for GABITRIL) - Tier 1; PA; QL; AL* *vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL* *vigadrone (generic for VIGADRONE) - Tier 1; PA; SP; QL*	*NEURONTIN (brand for gabapentin) - Tier 2; PA; QL* SYMPAZAN - Tier 2; PA; QL VALTOCO 10 MG DOSE - Tier 2; PA; QL VALTOCO 15 MG DOSE - Tier 2; PA; QL VALTOCO 20 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 (generic for EPITOL) - Tier 1; QL* DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL *epitol (generic for EPITOL) - Tier 1; QL* *lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL* *oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL; AL* *oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL* *phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL* *phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL* *rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL* *zonisamide oral (generic for ZONEGRAN) - Tier 1; QL*	APTIOM - Tier 2; PA; QL OXTELLAR XR - Tier 2; PA; QL *VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL* *ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL*
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other	
	DIACOMIT - Tier 2; PA; SP; QL
Antidementia Agents	

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Preferred Agents	Non-Preferred Agents
Antidementia Agents, Other	
	NAMZARIC - Tier 2; PA; QL; AL
Cholinesterase Inhibitors	
donepezil hcl oral tablet 10 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* *donepezil hcl oral tablet 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL* *donepezil hcl oral tablet dispersible 10 mg - Tier 1; QL* *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*	*ARICEPT ORAL TABLET 10 MG (brand for donepezil hcl) - Tier 2; PA; Members <18 years of age will require PA; QL; AL* *ARICEPT ORAL TABLET 23 MG (brand for donepezil hcl) - Tier 2; PA; ST; Members <18 years of age will require PA; QL; AL* *ARICEPT ORAL TABLET 5 MG (brand for donepezil hcl) - Tier 2; PA; Members <18 years of age will require PA; QL* *EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA; QL; AL* *RAZADYNE ER (brand for galantamine hydrobromide er) - Tier 2; PA; QL; AL*
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
memantine hcl oral solution - Tier 1; QL *memantine hcl oral tablet (generic for NAMENDA) - Tier 1; Members <18 years of age will require PA; QL; AL*	
Antidepressants	
Antidepressants, Other	
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 oral - Tier 1; QL* *mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL*	*FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL* SPRAVATO (84 MG DOSE) - Tier 2; PA; QL *WELLBUTRIN XL (brand for bupropion hcl er (xl)) - 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
mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL *perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1* *perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL*	
Monoamine Oxidase Inhibitors	
tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)	
citalopram hydrobromide oral solution - Tier 1; QL *citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL* *escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL* *fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL* *fluoxetine hcl oral solution - Tier 1; QL* *fluvoxamine maleate - Tier 1; QL* *nefazodone hcl - Tier 1; QL* *paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL* *sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL* *sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL* *trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL* *venlafaxine hcl - Tier 1; QL* *venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL*	*CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL* FETZIMA - Tier 2; PA; QL *LEXAPRO (brand for escitalopram oxalate) - Tier 2; PA; QL* *PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL* *PAXIL CR (brand for paroxetine hcl er) - Tier 2; PA; QL* *PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL* *PROZAC (brand for fluoxetine hcl) - Tier 2; PA; QL* TRINTELLIX - Tier 2; PA; QL *VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL* VIIBRYD STARTER PACK - Tier 2; PA; QL *ZOLOFT (brand for sertraline hcl) - Tier 2; PA; QL*
Tricyclics	
amitriptyline hcl oral - Tier 1; QL *amoxapine - 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* *nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Antiemetics	
Antiemetics, Other	
BONINE (brand for cvs motion sickness relief) - Tier 2 *compro (generic for COMPRO) - Tier 1; QL* *driminate (generic for DRIMINATE) - Tier 1* *meclizine hcl oral tablet (generic for DRAMAMINE) - Tier 1; QL* *meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1* *metoclopramide hcl oral solution - Tier 1; QL* *metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL* *motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1* *motion-time (generic for BONINE) - Tier 1* *perphenazine oral - Tier 1; DX2RX; QL* *prochlorperazine (generic for COMPRO) - Tier 1; QL* *prochlorperazine maleate oral - Tier 1; QL* *promethazine hcl oral - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* *promethegan (generic for PROMETHEGAN) - Tier 1; QL* *scopolamine (generic for TRANSDERM-SCOP) - Tier 1; QL* *travel ease (generic for BONINE) - Tier 1* *trimethobenzamide hcl oral - Tier 1; QL*	
Emetogenic Therapy Adjuncts	
aprepitant (generic for EMEND) - Tier 1; QL *dronabinol (generic for MARINOL) - Tier 1; PA; QL* *ondansetron hcl oral solution - Tier 1; QL* *ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL* *ondansetron odt - Tier 1; QL*	AKYNZEO INTRAVENOUS SOLUTION - Tier 2; PA AKYNZEO ORAL - Tier 2; PA; QL *EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL* SANCUSO - 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
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
anti-nausea (generic for EMETROL) - Tier 1 *EMETROL (brand for anti-nausea) - Tier 2* *nausea control (generic for EMETROL) - Tier 1* *nausea relief (generic for EMETROL) - Tier 1*	
Antifungals	
3 day (generic for MONISTAT 3) - Tier 1 *clotrimazole mouth/throat troche 10 mg - Tier 1; QL* *fluconazole oral (generic for DIFLUCAN) - Tier 1; QL* *griseofulvin microsize oral - Tier 1; QL* *griseofulvin ultramicrosize - Tier 1; QL* *itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL* *ketoconazole oral - Tier 1; QL* *miconazole 3 - Tier 1; QL* *miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *miconazole 3 combo pack app (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *miconazole 7 day treatment (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL* *miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL* *miconazole 7 vaginal suppository 100 mg - 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*	*DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL* GYNAZOLE-1 - Tier 2; PA; QL NOXAFIL ORAL SUSPENSION - Tier 2; PA *NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL* *VFEND (brand for voriconazole) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Antifungals - Drugs to Treat Fungal Infections	
Antifungals - Fungal Infection Drugs	
3 day vaginal (generic for GYNE-LOTRIMIN 3) - Tier 1 *3-day vaginal vaginal cream 2 % (generic for GYNE-LOTRIMIN 3) - Tier 1* *antifungal external cream (generic for CAVILON) - Tier 1* *antifungal external powder (generic for DESENEX) - Tier 1; QL* *antifungal foot care (generic for LAMISIL AT) - Tier 1; QL* *antifungal miconazole (generic for CAVILON) - Tier 1* *athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL* *athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL* *athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL* *athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1* *AZOLEN TINCTURE (brand for miconazole nitrate) - Tier 2* *CAVILON (brand for antifungal) - Tier 2* *clotrimazole 3 (generic for GYNE-LOTRIMIN 3) - Tier 1* *clotrimazole 7 (generic for GYNE-LOTRIMIN) - Tier 1; QL* *clotrimazole vaginal (generic for GYNE-LOTRIMIN) - Tier 1; QL* *clotrimazole vaginal cream 1 % (generic for GYNE-LOTRIMIN) - Tier 1; QL* *DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL* *foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL* *FUNGOID TINCTURE (brand for miconazole nitrate) - Tier 2* *GYNE-LOTRIMIN (brand for clotrimazole) - Tier 2; QL* *GYNE-LOTRIMIN 3 (brand for 3 day vaginal) - Tier 2* *jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL* *LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL* *LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL* *micaderm (generic for CAVILON) - Tier 1* *MICATIN (brand for antifungal) - Tier 2* *miconazole antifungal (generic for CAVILON) - 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
miconazole nitrate external (generic for AZOLEN TINCTURE) - Tier 1 *miconazorb af (generic for DESENEX) - Tier 1; QL* *MICOTRIN AP (brand for antifungal) - Tier 2; QL* *MYCOZYL AP (brand for antifungal) - Tier 2; QL* *terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL* *terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL* *ZEASORB-AF (brand for antifungal) - Tier 2; QL*	
Antigout Agents	
allopurinol oral tablet 100 mg, 300 mg (generic for ZYLOPRIM) - Tier 1; QL *febuxostat (generic for ULORIC) - Tier 1; ST; QL* *MITIGARE (brand for colchicine) - Tier 2; QL* *probenecid - Tier 1; QL*	*COLCHICINE ORAL CAPSULE (brand for colchicine) - Tier 2; PA; QL* *colchicine oral tablet (generic for COLCRYS) - Tier 1; PA; QL* *COLCRYS (brand for colchicine) - Tier 2; PA; QL*
Antimigraine Agents	
Ergot Alkaloids	
dihydroergotamine mesylate injection - Tier 1; QL MIGERGOT - Tier 2; QL	*MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL* QULIPTA - Tier 2; PA; QL
Prophylactic	
AIMOVIG - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL	AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - 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

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
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
naratriptan hcl - Tier 1; ST; QL *rizatriptan benzoate (generic for MAXALT) - Tier 1; QL* *sumatriptan nasal (generic for IMITREX) - 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*	*FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL* *IMITREX (brand for sumatriptan) - Tier 2; PA; QL* *MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL* *RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL* REYVOW - Tier 2; PA; QL *TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL* *ZOMIG (brand for zolmitriptan) - Tier 2; PA; QL*
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 (generic for MYCOBUTIN) - Tier 1; QL*	
Antituberculars	
cycloserine oral - Tier 1; QL *ethambutol hcl oral tablet 100 mg - Tier 1* *ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL* *isoniazid oral - Tier 1; QL* PASER - Tier 2; QL PRIFTIN - Tier 2; QL *pyrazinamide 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
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; QL MYLERAN - Tier 2 *temozolomide (generic for TEMODAR) - Tier 1; PA; SP; QL*	
Antiandrogens	
abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL *bicalutamide (generic for CASODEX) - Tier 1; QL* ERLEADA - Tier 2; PA; SP; QL *flutamide (generic for EULEXIN) - Tier 1; QL* NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL YONSA - Tier 2; PA; SP; QL *ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL*
Antiangiogenic Agents	
lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL POMALYST - Tier 2; PA; SP; QL *REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL* THALOMID - Tier 2; PA; SP; QL	
Antiestrogens/Modifiers	
tamoxifen citrate oral - Tier 1; QL *toremifene citrate (generic for FARESTON) - Tier 1; QL*	
Antimetabolites	

Preferred Agents	Non-Preferred Agents
hydroxyurea oral (generic for HYDREA) - Tier 1; QL *mercaptopurine oral - Tier 1; QL* TABLOID - Tier 2; SP	PURIXAN - Tier 2; PA; QL
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	SYNRIBO - Tier 2; PA; SP; QL XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation	
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; QL	
Molecular Target Inhibitors	
BALVERSA - Tier 2; PA 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, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL* *everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL* IBRANCE - Tier 2; PA; SP; QL JAKAFI - Tier 2; PA LYNPARZA - Tier 2; PA; SP; QL	*AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL* COPIKTRA - Tier 2; PA; SP; QL EXKIVITY - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA(200 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO - Tier 2; PA *NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL*

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Preferred Agents	Non-Preferred Agents
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 - Tier 2; PA; SP; QL 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 (generic for SUTENT) - Tier 1; PA; SP; QL* TAFINLAR - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL	*SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL* TALZENNA - Tier 2; PA; SP; QL TEPMETKO - Tier 2; PA; SP; QL
Retinoids	
bexarotene (generic for TARGRETIN) - Tier 1; PA; SP; QL PANRETIN - Tier 2; PA *tretinoin oral - Tier 1; SP; QL*	*TARGRETIN (brand for bexarotene) - Tier 2; PA; SP; QL*
Treatment Adjuncts	
leucovorin calcium oral tablet 10 mg - Tier 1 *leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL* MESNEX ORAL - Tier 2; SP; QL	
Antineoplastics - Drugs to Treat Cancer	
Alkylating Agents - Chemotherapy Agents	

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Preferred Agents	Non-Preferred Agents
melphalan (generic for ALKERAN) - Tier 1	
Antimetabolites - Chemotherapy Agents	
capecitabine (generic for XELODA) - Tier 1; SP; QL	*XELODA (brand for capecitabine) - Tier 2; PA; SP; QL*
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
Antiparasitics	
Anthelmintics	
albendazole oral - Tier 1; DX2RX; QL *ivermectin oral (generic for STROMECTOL) - Tier 1; QL* *praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL*	EMVERM - Tier 2; PA; QL
Antiprotozoals	
atovaquone (generic for MEPRON) - Tier 1; PA; QL BENZNIDAZOLE - Tier 2; DX2RX; QL *chloroquine phosphate oral - Tier 1; QL* *hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1; QL* KRINTAFEL - Tier 2; QL *mefloquine hcl - Tier 1; QL* *nitazoxanide oral (generic for ALINIA) - 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*	

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Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
lice killing (generic for RID) - Tier 1 *lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1* *RID LICE KILLING SHAMPOO (brand for cvs lice killing) - Tier 2* *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 (generic for COMTAN) - Tier 1; QL* *tolcapone (generic for TASMAR) - Tier 1; QL*	*COMTAN (brand for entacapone) - Tier 2; PA; QL* GOCOVRI - Tier 2; PA; QL NOURIANZ - Tier 2; PA ONGENTYS - Tier 2; PA; QL OSMOLEX ER - Tier 2; PA; QL *TASMAR (brand for tolcapone) - Tier 2; PA; QL*
Dopamine Agonists	

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Preferred Agents	Non-Preferred Agents
pramipexole dihydrochloride - Tier 1; QL *ropinirole hcl - Tier 1; QL*	*APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL* KYNMOBI - Tier 2; PA NEUPRO - Tier 2; PA; QL
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*	*carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL* INBRIJA - Tier 2; PA; SP; QL RYTARY - Tier 2; PA; QL *SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL*
Monoamine Oxidase B (MAO-B) Inhibitors	
selegiline hcl oral - Tier 1; QL	
Antipsychotics	
1st Generation/Typical	
chlorpromazine hcl oral tablet - Tier 1; DX2RX; QL *fluphenazine decanoate injection - Tier 1; DX2RX; QL* *fluphenazine hcl injection - Tier 1; DX2RX* *fluphenazine hcl oral concentrate - Tier 1; DX2RX* *fluphenazine hcl oral elixir - Tier 1; DX2RX* *fluphenazine hcl oral tablet - Tier 1; DX2RX; QL* *haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; DX2RX; QL* *haloperidol oral - Tier 1; DX2RX; QL* *loxapine succinate - Tier 1; DX2RX; QL* *pimozide - Tier 1; QL; AL* *thioridazine hcl oral - Tier 1; DX2RX; QL* *thiothixene - Tier 1; DX2RX; QL* *trifluoperazine hcl - Tier 1; DX2RX; QL*	
2nd Generation/Atypical	

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Preferred Agents	Non-Preferred Agents
ABILIFY MAINTENA - Tier 2; DX2RX; ST; QL; AL *aripiprazole oral tablet (generic for ABILIFY) - Tier 1; DX2RX; QL; AL* ARISTADA - Tier 2; DX2RX; ST; QL; AL INVEGA HAFYERA - Tier 2; PA; QL; AL INVEGA SUSTENNA - Tier 2; DX2RX; ST; QL; AL INVEGA TRINZA - Tier 2; DX2RX; ST; QL; AL *olanzapine oral tablet (generic for ZYPREXA) - Tier 1; DX2RX; QL; AL* PERSERIS - Tier 2; DX2RX; ST; QL; AL *quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (generic for SEROQUEL) - Tier 1; DX2RX; QL; AL* RISPERDAL CONSTA - Tier 2; DX2RX; ST; QL; AL *risperidone oral solution (generic for RISPERDAL) - Tier 1; DX2RX; Members >= 8 years of age will require PA; QL; AL* *risperidone oral tablet (generic for RISPERDAL) - Tier 1; DX2RX; QL; AL* *ziprasidone hcl (generic for GEODON) - Tier 1; DX2RX; QL; AL*	*ABILIFY (brand for aripiprazole) - Tier 2; DX2RX; QL; AL* *aripiprazole oral solution - Tier 1; PA; QL; AL* *aripiprazole oral tablet dispersible - Tier 1; PA; QL; AL* ARISTADA INITIO - Tier 2; PA; QL; AL CAPLYTA - Tier 2; PA; QL; AL FANAPT - Tier 2; PA; QL; AL FANAPT TITRATION PACK - Tier 2; PA; QL; AL *GEODON ORAL (brand for ziprasidone hcl) - Tier 2; DX2RX; QL; AL* *INVEGA (brand for paliperidone er) - Tier 2; PA; QL; AL* LATUDA - Tier 2; PA; QL; AL LYBALVI - Tier 2; PA; QL; AL *olanzapine oral tablet dispersible (generic for ZYPREXA ZYDIS) - Tier 1; PA; QL; AL* *paliperidone er (generic for INVEGA) - Tier 1; PA; QL; AL* *quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; PA; QL; AL* *quetiapine fumarate oral tablet 150 mg - Tier 1; PA; QL; AL* REXULTI - Tier 2; PA; QL; AL *RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; DX2RX; Members >= 8 years of age will require PA; QL; AL* *RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; DX2RX; QL; AL* *risperidone oral tablet dispersible - Tier 1; PA; QL; AL* *SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL* *SEROQUEL (brand for quetiapine fumarate) - Tier 2; DX2RX; QL; AL* *SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL* VRAYLAR - Tier 2; PA; QL; AL *ZYPREXA ORAL (brand for olanzapine) - Tier 2; DX2RX; QL; AL* *ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; QL; AL*
Treatment-Resistant	
clozapine oral tablet 100 mg, 25 mg (generic for CLOZARIL) - Tier 1; DX2RX; QL; AL *clozapine oral tablet 50 mg (generic for CLOZARIL) - Tier 1; DX2RX; AL*	*CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG (brand for clozapine) - Tier 2; DX2RX; QL; AL* *CLOZARIL ORAL TABLET 50 MG (brand for clozapine) - Tier 2; DX2RX; AL* VERSACLOZ - Tier 2; PA; QL; AL

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Preferred Agents	Non-Preferred Agents
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	GEMTESA - Tier 2; PA; QL
Antispasticity Agents	
baclofen oral tablet - Tier 1; QL *dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL* *tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*	*ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA; 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; SP; QL *entecavir (generic for BARACLUDE) - Tier 1; SP; QL* EPIVIR HBV ORAL SOLUTION - Tier 2; SP; QL *lamivudine oral tablet 100 mg (generic for EPIVIR HBV) - Tier 1; SP; QL*	VEMLIDY - Tier 2; PA; SP; QL
Anti-hepatitis C (HCV) Agents	
MAVYRET ORAL PACKET - Tier 2; PA; SP; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL *ribavirin oral - Tier 1; SP; QL* *SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL* ZEPATIER - Tier 2; PA; SP; QL	*EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL* HARVONI ORAL PACKET - Tier 2; PA *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 PACKET - Tier 2; PA SOVALDI ORAL TABLET - Tier 2; PA; SP; QL VIEKIRA PAK - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Antiherpetic Agents	
acyclovir oral (generic for ZOVIRAX) - Tier 1; QL *valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL*	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; DX2RX BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; DX2RX; QL DOVATO - Tier 2; DX2RX; QL GENVOYA - Tier 2; DX2RX; QL ISENTRESS HD - Tier 2; DX2RX; QL ISENTRESS ORAL PACKET - Tier 2; DX2RX; Members >= 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; DX2RX; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; DX2RX; QL JULUCA - Tier 2; DX2RX; QL STRIBILD - Tier 2; DX2RX; QL TIVICAY - Tier 2; DX2RX; QL TIVICAY PD - Tier 2; DX2RX; QL; AL	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
COMPLERA - Tier 2; DX2RX; QL DELSTRIGO - Tier 2; DX2RX; QL EDURANT - Tier 2; DX2RX; QL *efavirenz (generic for SUSTIVA) - Tier 1; DX2RX; QL* *efavirenz-emtricitab-tenofovir oral tablet 600-200-300 mg (generic for ATRIPLA) - Tier 1; DX2RX; QL* *efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; DX2RX; QL* *etravirine (generic for INTELENCE) - Tier 1; DX2RX; QL* INTELENCE ORAL TABLET 25 MG - Tier 2; DX2RX; QL *nevirapine - Tier 1; DX2RX; QL* *nevirapine er - Tier 1; DX2RX; QL*	PIFELTRO - Tier 2; PA; QL *SUSTIVA ORAL CAPSULE (brand for efavirenz) - Tier 2; DX2RX; QL* *SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; QL* *SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; QL*

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
abacavir sulfate (generic for ZIAGEN) - Tier 1; DX2RX; QL *abacavir sulfate-lamivudine (generic for EPZICOM)* - Tier 1; DX2RX; QL *emtricitabine (generic for EMTRIVA)* - Tier 1; DX2RX; QL *emtricitabine-tenofovir df (generic for TRUVADA)* - Tier 1; Diagnosis to drug match not required; QL EMTRIVA ORAL SOLUTION - Tier 2; DX2RX; QL *lamivudine oral solution (generic for EPIVIR)* - Tier 1; DX2RX; QL *lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR)* - Tier 1; DX2RX; QL *lamivudine-zidovudine (generic for COMBIVIR)* - Tier 1; DX2RX; QL ODEFSEY - Tier 2; DX2RX; QL *stavudine oral capsule 40 mg* - Tier 1; DX2RX; QL *tenofovir disoproxil fumarate (generic for VIREAD)* - Tier 1; DX2RX; QL TRIUMEQ - Tier 2; DX2RX; QL TRIUMEQ PD - Tier 2; DX2RX; QL TRIZIVIR - Tier 2; DX2RX; QL VIREAD ORAL POWDER - Tier 2; DX2RX; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; DX2RX; QL *zidovudine (generic for RETROVIR)* - Tier 1; DX2RX; QL	CIMDUO - Tier 2; DX2RX; QL DESCOVY - Tier 2; PA; QL *TRUVADA (brand for emtricitabine-tenofovir df)* - Tier 2; PA; Diagnosis to drug match not required; QL
Anti-HIV Agents, Other	
FUZEON - Tier 2; DX2RX; QL *maraviroc (generic for SELZENTRY)* - Tier 1; DX2RX; QL SELZENTRY ORAL SOLUTION - Tier 2; DX2RX; QL SELZENTRY ORAL TABLET 25 MG, 75 MG - Tier 2; DX2RX; QL TYBOST - Tier 2; DX2RX; QL	RUKOBIA - Tier 2; PA; QL
Anti-HIV Agents, Protease Inhibitors (PI)	
APTIVUS - Tier 2; DX2RX; QL *atazanavir sulfate (generic for REYATAZ)* - Tier 1; DX2RX; QL	*KALETRA (brand for lopinavir-ritonavir)* - Tier 2; DX2RX; QL

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Preferred Agents	Non-Preferred Agents
EVOTAZ - Tier 2; DX2RX; QL *fosamprenavir calcium (generic for LEXIVA) - Tier 1; DX2RX; QL* LEXIVA ORAL SUSPENSION - Tier 2; DX2RX; QL *lopinavir-ritonavir (generic for KALETRA) - Tier 1; DX2RX; QL* NORVIR ORAL PACKET - Tier 2; DX2RX; QL NORVIR ORAL SOLUTION - Tier 2; DX2RX; QL PREZCOBIX - Tier 2; DX2RX; QL REYATAZ ORAL PACKET - Tier 2; DX2RX; Members >= 8 years of age will require PA; QL; AL *ritonavir (generic for NORVIR) - Tier 1; DX2RX; QL* VIRACEPT - Tier 2; DX2RX; QL	*REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; DX2RX; QL* SYMTUZA - Tier 2; PA; 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*	*TAMIFLU ORAL CAPSULE (brand for oseltamivir phosphate) - Tier 2; PA; QL* *TAMIFLU ORAL SUSPENSION RECONSTITUTED (brand for oseltamivir phosphate) - Tier 2; PA; QL; AL* 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	
Anxiolytics	
Anxiolytics, Other	
buspirone hcl oral - Tier 1; QL *hydroxyzine hcl oral - Tier 1; QL* *hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
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 (generic for TRANXENE-T) - Tier 1; QL* *diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL* *diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1; QL* *lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL* *lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL* *lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL* *oxazepam - Tier 1; QL*	LOREEV XR - Tier 2; PA; QL
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* *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 ADLYXIN - Tier 2; ST; QL ADLYXIN STARTER PACK - Tier 2; ST; QL *ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; ST; QL* *ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; ST; QL*	BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL GLYXAMBI - Tier 2; PA; QL INVOKAMET - Tier 2; PA; QL INVOKAMET XR - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; ST; QL FARXIGA - Tier 2; PA; QL *glimepiride (generic for AMARYL) - Tier 1; QL* *glipizide er (generic for GLUCOTROL XL) - Tier 1; QL* *glipizide ir - Tier 1; QL* *glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL* *glyburide micronized (generic for GLYNASE) - Tier 1; QL* *glyburide oral - Tier 1; QL* *glyburide-metformin - Tier 1; QL* *metformin hcl er - Tier 1; QL* *metformin hcl er (osm) - Tier 1; PA; QL* *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL* *nateglinide - Tier 1; QL* *pioglitazone hcl (generic for ACTOS) - Tier 1; QL* *repaglinide - Tier 1; QL* SEGLUROMET - Tier 2; ST; QL SOLIQUA - Tier 2; ST; QL STEGLATRO - Tier 2; ST; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL TRULICITY - Tier 2; ST; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; ST; QL	JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL *KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; ST; QL* KOMBIGLYZE XR - Tier 2; PA; QL *NESINA (brand for alogliptin benzoate) - Tier 2; PA; ST; QL* ONGLYZA - Tier 2; PA; QL *OSENI (brand for alogliptin-pioglitazone) - Tier 2; PA; ST; QL* OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL QTERN - Tier 2; PA; QL RYBELSUS - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYNJARDY - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; QL XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG - Tier 2; PA XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL
Glycemic Agents	
BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL GLUCAGEN HYPOKIT - Tier 2; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL *glucagon emergency kit 1 mg injection - Tier 1; QL* GVOKE HYPOPEN 1-PACK - Tier 2; QL	GLUCAGON EMERGENCY KIT 1 MG INJECTION - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL	
Insulins	
ADMELOG (brand for insulin lispro) - Tier 2; QL *ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (brand for insulin lispro (1 unit dial)) - Tier 2; QL* *ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* *BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; QL* HUMALOG MIX 50/50 - Tier 2; QL HUMALOG MIX 75/25 - Tier 2; QL HUMALOG SUBCUTANEOUS - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R VIAL - Tier 2; QL *INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL* *INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; QL* NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLIN N RELION - Tier 2; QL NOVOLIN N VIAL - Tier 2; QL NOVOLIN R RELION - Tier 2; QL NOVOLIN R VIAL - Tier 2; QL *NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL* *NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL*	AFREZZA - Tier 2; PA; 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 INJECTION (brand for insulin lispro) - Tier 2; PA; QL* *HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL* *HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL *HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL* HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL HUMULIN N KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL *INSULIN ASP PROT & ASP FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL* *INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL* *INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL* *INSULIN ASPART PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL* *INSULIN GLARGINE (brand for insulin glargine) - Tier 2; PA; QL* *INSULIN LISPRO (brand for insulin lispro) - Tier 2; PA; QL* *INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* *INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
	INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; PA; QL *LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL* *LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; PA; QL* LEVEMIR U-100 FLEXTOUCH - Tier 2; PA; QL LEVEMIR U-100 VIAL - Tier 2; PA; QL LYUMJEV - Tier 2; PA; QL LYUMJEV KWIKPEN - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL NOVOLIN N FLEXPEN - Tier 2; PA; QL NOVOLIN R FLEXPEN - Tier 2; PA; QL *NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL* *NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL* *NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL* *SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL* TOUJEO MAX SOLOSTAR - Tier 2; PA; QL TOUJEO SOLOSTAR - Tier 2; PA; QL *TRESIBA (brand for insulin degludec) - Tier 2; PA; QL* *TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL*
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
Glycemic Agents - Diabetic Drugs	
glucose oral tablet chewable 4 gm (generic for TRUEPLUS GLUCOSE) - Tier 1; QL *soft glucose (generic for TRUEPLUS GLUCOSE) - Tier 1; QL* *TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; QL* *TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for hypodermic needle) - Tier 2; QL	
Blood Products and Modifiers	
Anticoagulants	
ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL *enoxaparin sodium (generic for LOVENOX) - Tier 1; QL* *heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml - Tier 1; QL* *heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml - Tier 1* *heparin sodium (porcine) injection solution prefilled syringe - Tier 1; QL* *heparin sodium (porcine) pf - Tier 1* *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL* *jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1* SAVAYSA - Tier 2; QL *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL* *warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1*	*PRADAXA (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL* XARELTO - Tier 2; PA; QL XARELTO STARTER PACK - Tier 2; PA; QL
Blood Products and Modifiers, Other	
anagrelide hcl (generic for AGRYLIN) - Tier 1 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL LEUKINE - Tier 2; PA; SP; QL MOZOBIL - Tier 2; PA; SP; QL MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP; QL NEULASTA ONPRO - Tier 2; PA; SP; QL	EPOGEN - Tier 2; PA; SP; QL FULPHILA - Tier 2; PA; SP; QL GRANIX - Tier 2; PA; SP; QL NEUPOGEN - Tier 2; PA; SP; QL NIVESTYM - Tier 2; PA; SP; QL NYVEPRIA - Tier 2; PA; SP OXBRYTA ORAL TABLET - Tier 2; PA; SP; QL PROCRIT - Tier 2; PA; SP; QL PROMACTA ORAL PACKET 12.5 MG - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
PROMACTA ORAL PACKET 25 MG - Tier 2 PROMACTA ORAL TABLET - Tier 2; PA; SP; QL RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML - Tier 2; PA; SP; QL RETACRIT INJECTION SOLUTION 20000 UNIT/ML - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP; QL ZIEXTENZO - Tier 2; PA; SP	UDENYCA - Tier 2; PA; SP; QL
Hemostasis Agents	
aminocaproic acid oral (generic for AMICAR) - Tier 1; QL *tranexamic acid oral (generic for LYSTEDA) - Tier 1; DX2RX; QL*	
Platelet Modifying Agents	
BRILINTA - Tier 2; DX2RX; 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; DX2RX; QL*	DOPTELET - Tier 2; PA; SP; QL *EFFIENT (brand for prasugrel hcl) - Tier 2; DX2RX; QL* TAVALISSE - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Blood Formation Modifiers - Blood Formation Drugs	
	MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML - Tier 2; PA; QL
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA - Tier 2; PA; SP; QL	
Cardiovascular Agents	

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Preferred Agents	Non-Preferred Agents
Alpha-adrenergic Agonists	
clonidine hcl oral - Tier 1; QL *guanfacine hcl - Tier 1; QL* *midodrine hcl - Tier 1; QL*	
Alpha-adrenergic Blocking Agents	
doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL *prazosin hcl oral (generic for MINIPRESS) - 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
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 (generic for MAVIK) - 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*	*BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL* *BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL* MULTAQ - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
dofetilide (generic for TIKOSYN) - Tier 1; QL *flecainide acetate - Tier 1; QL* *mexiletine hcl oral - Tier 1; QL* NORPACE CR - Tier 2; QL *propafenone hcl - Tier 1; QL* *quinidine gluconate er - Tier 1; QL* *quinidine sulfate - Tier 1; QL* *sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL* *sotalol hcl oral (generic for BETAPACE) - Tier 1; QL*	*PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL* *RYTHMOL SR (brand for propafenone hcl er) - Tier 2; PA; QL* *TIKOSYN (brand for dofetilide) - Tier 2; PA; QL*
Beta-adrenergic Blocking Agents	
acebutolol hcl oral - Tier 1; QL *atenolol oral (generic for TENORMIN) - Tier 1; QL* *betaxolol hcl oral - Tier 1; QL* *bisoprolol fumarate oral - Tier 1; QL* *carvedilol (generic for COREG) - Tier 1; QL* *labetalol hcl oral - Tier 1; QL* *metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL* *metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL* *metoprolol tartrate oral tablet 25 mg - Tier 1; QL* *propranolol hcl er (generic for INDERAL LA) - Tier 1; QL* *propranolol hcl oral - Tier 1; QL*	HEMANGEOL - Tier 2; PA; QL
Calcium Channel Blocking Agents, Dihydropyridines	
amlodipine besylate oral (generic for NORVASC) - Tier 1; QL *felodipine er - Tier 1; QL* *nifedipine er (generic for AFEDITAB CR) - Tier 1; QL* *nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL* *nifedipine oral - Tier 1; QL* *nimodipine oral - Tier 1; QL* NYMALIZE - Tier 2; QL	
Calcium Channel Blocking Agents, Nondihydropyridines	

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Preferred Agents	Non-Preferred Agents
cartia xt (generic for CARTIA XT) - Tier 1; QL *diltiazem hcl er - Tier 1; QL* *diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL* *diltiazem hcl er coated beads oral capsule extended release 24 hour (generic for CARDIZEM CD) - Tier 1; QL* *diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL* *dilt-xr - Tier 1; QL* *taztia xt (generic for TAZTIA XT) - Tier 1; QL* *tiadylt er (generic for TAZTIA XT) - Tier 1; QL* *verapamil hcl er (generic for CALAN SR) - 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* *atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL* *benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL* *bisoprolol-hydrochlorothiazide (generic for ZIAC) - Tier 1; QL* *digitek (generic for DIGITEK) - Tier 1; QL* *digoxin oral solution - Tier 1; QL* *digoxin oral tablet 125 mcg, 250 mcg (generic for DIGITEK) - Tier 1; QL* *enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL* ENTRESTO - Tier 2; PA; QL *fosinopril sodium-hctz - Tier 1; QL* *lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL* *losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL* *pentoxifylline er - Tier 1; QL* *quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL* *ranolazine er (generic for RANEXA) - Tier 1; ST; QL* *spironolactone-hctz (generic for ALDACTAZIDE) - Tier 1; QL* *triamterene-hctz (generic for MAXZIDE) - Tier 1; QL*	*BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL* CORLANOR - Tier 2; PA; QL EDARBYCLOR - Tier 2; PA; QL KERENDIA - Tier 2; PA; QL *TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL* TEKTURNA HCT - Tier 2; PA; QL
Diuretics, Loop	

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Preferred Agents	Non-Preferred Agents
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*	
Diuretics, Potassium-sparing	
amiloride hcl oral - Tier 1; QL *spironolactone oral (generic for ALDACTONE) - Tier 1; QL*	
Diuretics, Thiazide	
chlorthalidone - Tier 1; QL DIURIL - Tier 2; QL *hydrochlorothiazide oral - Tier 1; QL* *indapamide - Tier 1; QL* *metolazone - Tier 1; QL*	
Dyslipidemics, Fibric Acid Derivatives	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; ST; QL *fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; ST; QL* *fenofibrate oral tablet 145 mg (generic for TRICOR) - Tier 1; PA; ST; QL* *fenofibrate oral tablet 160 mg, 54 mg - Tier 1; PA; ST; QL* *gemfibrozil oral (generic for LOPID) - Tier 1; QL*	*ANTARA (brand for fenofibrate micronized) - Tier 2; PA; QL* *FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL* *LIPOFEN (brand for fenofibrate) - Tier 2; PA; QL* *TRICOR ORAL TABLET 145 MG (brand for fenofibrate) - Tier 2; PA; ST; QL* *TRICOR ORAL TABLET 48 MG (brand for fenofibrate) - Tier 2; PA; QL* *TRILIPIX (brand for fenofibric acid) - Tier 2; PA; 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 (generic for CRESTOR) - Tier 1; QL* *simvastatin oral (generic for ZOCOR) - Tier 1; QL*	ALTOPREV - Tier 2; PA; QL *CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL* *LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA; QL* *LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL* LIVALO - Tier 2; PA; QL *ZOCOR (brand for simvastatin) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	ZYPITAMAG - 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 - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL	*cholestyramine oral packet (generic for QUESTRAN) - Tier 1; PA; QL* *COLESTID (brand for colestipol hcl) - Tier 2; PA; QL* *LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL* NEXLETOL - Tier 2; PA NEXLIZET - Tier 2; PA PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL *prevalite oral packet - Tier 1; PA; QL* *QUESTRAN ORAL PACKET (brand for cholestyramine) - Tier 2; PA; QL* *QUESTRAN ORAL POWDER (brand for cholestyramine) - Tier 2; PA; Only the bulk products are covered (cans) Individual packets are not covered; QL* *VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL* *VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL* *WELCHOL (brand for colesevelam hcl) - Tier 2; PA; QL*
Vasodilators, Direct-acting Arterial	
hydralazine hcl oral - Tier 1; QL *minoxidil oral - Tier 1; QL*	
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 *NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (brand for nitroglycerin) - Tier 2; 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* RECTIV - Tier 2; DX2RX; QL	

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Preferred Agents	Non-Preferred Agents
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; QL; AL *dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; QL; AL* *dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; QL; AL* *guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; QL; AL* *methylphenidate hcl er (cd) - Tier 1; DX2RX; QL; AL* *methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; 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* *methylphenidate hcl er oral tablet extended release - Tier 1; DX2RX; QL; AL* *methylphenidate hcl er oral tablet extended release 24 hour - Tier 1; DX2RX; Mallinckrodt and Kremers Urban labelers; QL; AL* *methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; QL; AL*	ADHANSIA XR - Tier 2; PA; QL; AL *APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL* *CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL* *DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL* *FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; DX2RX; QL; AL* *INTUNIV (brand for guanfacine hcl er) - Tier 2; DX2RX; QL; AL* JORNAY PM - Tier 2; PA; QL; AL *KAPVAY (brand for clonidine hcl er) - Tier 2; PA; QL; AL* *METHYLIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL* *RITALIN (brand for methylphenidate hcl) - Tier 2; DX2RX; QL; AL* *STRATTERA (brand for atomoxetine hcl) - Tier 2; DX2RX; QL; AL*
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; QL; AL *amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; QL; AL*	*ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; DX2RX; QL; AL* AZSTARYS - Tier 2; PA; QL; AL DYANAVEL XR - Tier 2; PA; QL; AL *EVEKEO (brand for amphetamine sulfate) - Tier 2; PA; QL; AL*

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Preferred Agents	Non-Preferred Agents
	EVEKEO ODT - Tier 2; PA; QL; AL MYDAYIS - Tier 2; PA; QL; AL VYVANSE ORAL CAPSULE - Tier 2; PA; QL; AL VYVANSE ORAL TABLET CHEWABLE - Tier 2; PA; QL *ZENZEDI (brand for dextroamphetamine sulfate) - Tier 2; PA; 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; DX2RX; QL *riluzole (generic for RILUTEK) - Tier 1; QL* *tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL*	GRALISE ORAL TABLET - Tier 2; PA; QL HORIZANT - Tier 2; PA; QL TIGLUTIK - Tier 2; PA; QL *XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; QL*
Fibromyalgia Agents	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL *pregabalin (generic for LYRICA) - Tier 1; DX2RX; QL*	*CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL* *LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL*
Multiple Sclerosis Agents	
AUBAGIO - Tier 2; DX2RX; SP; QL *dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL* *dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL* *fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL* *glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL* *glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL* MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL	*AMPYRA (brand for dalfampridine er) - Tier 2; PA; SP; QL* AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL *COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL* EXTAVIA - Tier 2; PA; SP; QL *GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL* KESIMPTA - Tier 2; PA; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
	MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL *TECFIDERA (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL* VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA ZEPOSIA STARTER KIT - Tier 2; PA
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 *oralone (generic for ORALONE) - Tier 1; QL* *periogard (generic for PERIOGARD) - Tier 1; QL* *pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL* *triamcinolone acetonide mouth/throat (generic for ORALONE) - Tier 1; QL*	
Dermatological Agents	
Acne and Rosacea Agents	
accutane (generic for ACCUTANE) - Tier 1; PA; QL *acitretin - Tier 1; PA; QL*	*ABSORICA (brand for isotretinoin) - Tier 2; PA; QL* ABSORICA LD - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
amnesteem (generic for ACCUTANE) - Tier 1; PA; QL *AVITA EXTERNAL CREAM (brand for tretinoin) - Tier 2; ST; QL; AL* *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* *myorisan (generic for ACCUTANE) - Tier 1; PA; QL* *tretinoin external cream (generic for AVITA) - Tier 1; QL; AL* *zenatane (generic for ACCUTANE) - Tier 1; PA; QL*	*ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL* *ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL* *BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL* *DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL* *DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL* DIFFERIN EXTERNAL LOTION - Tier 2; PA; QL *EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* *EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* *FINACEA (brand for azelaic acid) - Tier 2; PA; QL* MIRVASO - Tier 2; PA; QL ONEXTON - Tier 2; PA; QL *RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL* *RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL* *RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL* RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % - Tier 2; PA; QL; AL RHOFADE - Tier 2; PA; QL *TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL; AL* *TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL; AL* TWYNEO - Tier 2; PA; QL *VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL* *ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL*
Dermatitis and Pruitus Agents	
ala-cort (generic for MEDPURA 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 MEDPURA HYDROCORTISONE) - Tier 1; QL* *anti-itch intensive heal (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *anti-itch intensive healing (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *anti-itch maximum strength external cream 1 % (generic for MEDPURA HYDROCORTISONE) - 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* *doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL* *ELIDEL (brand for pimecrolimus) - Tier 2; PA; ST; Minimum age of 2 years; QL; AL* *LUXIQ (brand for betamethasone valerate) - Tier 2; PA; QL* *OLUX-E (brand for clobetasol propionate emulsion) - Tier 2; PA; QL* *PROTOPIC EXTERNAL OINTMENT 0.03 % (brand for tacrolimus) - Tier 2; PA; ST; Minimum age of 2 years; QL; AL*

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Preferred Agents	Non-Preferred Agents
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 lotion - Tier 1* *betamethasone valerate external ointment - Tier 1; QL* *clobetasol prop emollient base - Tier 1; QL* *clobetasol propionate e - Tier 1; QL* *clobetasol propionate external cream - Tier 1; QL* *clobetasol propionate external ointment - Tier 1; QL* *clobetasol propionate external solution - Tier 1; QL* *cortisone intense healing (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *cortisone maximum strength external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *eczema anti-itch (generic for MEDPURA 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* *fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL* *fluocinolone acetonide external solution (generic for SYNALAR) - Tier 1; QL* *fluocinolone acetonide scalp (generic for DERMA-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* *halobetasol propionate external cream - Tier 1; QL* *hydrocortisone anti-itch (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *hydrocortisone butyrate external ointment - Tier 1; QL*	*PROTOPIC EXTERNAL OINTMENT 0.1 % (brand for tacrolimus) - Tier 2; PA; ST; Minimum age of 16 years; QL; AL*

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Preferred Agents	Non-Preferred Agents
hydrocortisone butyrate external solution - Tier 1; QL *hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL* *hydrocortisone external cream 1 % (generic for MEDPURA 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 MAX STR) - Tier 1; QL* *hydrocortisone external ointment 2.5 % - Tier 1; QL* *hydrocortisone max st external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *hydrocortisone max st/12 moist (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *hydrocortisone plus 12 (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *hydrocortisone plus external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *hydrocortisone/aloe (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *hydrocortisone/aloe max str (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *hydrocortisone-aloe max st (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL* *instacort 5 - Tier 1; QL* LAC-HYDRIN FIVE - Tier 2; QL *MEDPURA HYDROCORTISONE (brand for ala-cort) - Tier 2; QL* *mometasone furoate external - Tier 1; QL* *pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL* *PREPARATION H EXTERNAL CREAM 1 % (brand for ala-cort) - Tier 2; QL* *selenium sulfide external lotion - Tier 1; QL* *tacrolimus external ointment 0.03 % (generic for PROTOPIC) - Tier 1; ST; Minimum age of 2 years; QL; AL* *tacrolimus external ointment 0.1 % (generic for PROTOPIC) - Tier 1; ST; Minimum age of 16 years; QL; AL*	

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Preferred Agents	Non-Preferred Agents
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*	
Dermatological Agents, Other	
calcipotriene external cream (generic for DOVONEX) - Tier 1; ST; QL *calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL* *calcipotriene external solution - Tier 1; QL* *calcitriol external (generic for VECTICAL) - Tier 1; ST; QL* *clotrimazole-betamethasone - Tier 1; QL* *fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL* *fluorouracil external solution - Tier 1* *imiquimod external cream 5 % - Tier 1; QL* *methoxsalen rapid - Tier 1* *podofilox external - Tier 1; QL* *silver sulfadiazine external (generic for SSD) - Tier 1; QL* *ssd (generic for SSD) - Tier 1; QL*	*CARAC (brand for fluorouracil) - Tier 2; PA; QL* *DOVONEX (brand for calcipotriene) - Tier 2; PA; ST; QL* DUOBRII - Tier 2; PA; QL *EFUDEX (brand for fluorouracil) - Tier 2; PA; QL* ENSTILAR - Tier 2; PA; QL PROCTOFOAM HC - Tier 2; PA QBREXZA - Tier 2; PA; QL *TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL* *VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL* *ZYCLARA (brand for imiquimod) - Tier 2; PA; QL*
Pediculicides/Scabicides	
crotan - Tier 1; QL *lice killing (generic for NIX CREME RINSE) - Tier 1* *lice treatment creme rinse (generic for NIX CREME RINSE) - Tier 1* *lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1* *lice treatment external lotion 1 % - Tier 1* *malathion (generic for OVIDE) - Tier 1; QL* *permethrin external - Tier 1; QL* *spinosad (generic for NATROBA) - Tier 1; QL*	*SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Topical Anti-infectives	
ciclodan (generic for CICLODAN) - Tier 1; QL *ciclopirox external solution (generic for CICLODAN) - Tier 1; QL* *clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL* *clindacin-p (generic for CLINDACIN ETZ) - 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* *ketoconazole external shampoo - Tier 1; QL* *mupirocin external (generic for CENTANY) - Tier 1; QL* *nyamyc (generic for NYAMYC) - Tier 1; QL* *nystatin external (generic for NYAMYC) - Tier 1; QL* *nystop (generic for NYAMYC) - Tier 1; QL*	*ACZONE (brand for dapsone) - Tier 2; PA; QL* AMZEEQ - Tier 2; PA; QL *CLINDAGEL (brand for clindamycin phosphate) - Tier 2; PA; QL* *EVOCLIN (brand for clindamycin phosphate) - Tier 2; PA; QL* JUBLIA - Tier 2; PA; QL *KERYDIN (brand for tavaborole) - Tier 2; PA; QL* XEPI - Tier 2; PA; QL
Dermatological Agents - Drugs to Treat Skin Conditions	
advanced healing external ointment (generic for HYDROLATUM) - Tier 1 *alum sulfate-ca acetate (generic for DOMEBORO) - Tier 1* *astringent solution (generic for DOMEBORO) - Tier 1* *AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2* *AVAR-E GREEN (brand for sss 10-5) - Tier 2* *baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* *beauty 360 pure glycerin - Tier 1* *beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
boro-packs (generic for DOMEBORO) - Tier 1 *boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* *BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL* *bp 10-1 - Tier 1* *diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* DR SMITHS ADULT BARRIER - Tier 2; QL DR SMITHS DIAPER QUICK RELIEF - Tier 2; QL *glycerin external - Tier 1* *glycerin external liquid 99.5 % - Tier 1* *hydrolatum (generic for HYDROLATUM) - Tier 1* *hydrophor (generic for HYDROLATUM) - Tier 1* *ointment base (generic for HYDROLATUM) - Tier 1* *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* *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 lotion , 8-8 % - Tier 1* *calamine-zinc oxide external lotion - Tier 1* *cerovel (generic for CEROVEL) - Tier 1; QL* *docosanol external (generic for ABREVA) - Tier 1; QL*	CIBINQO - Tier 2; PA; SP; QL OPZELURA - Tier 2; PA; SP; QL ZILXI - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
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 lotion (generic for CEROVEL) - Tier 1; QL* *ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL* *ureacin-20 - Tier 1; QL*	
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 (brand for 1st tier unifine pentips) - 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 DEXCOM G6 RECEIVER - Tier 2; PA; QL *DEXCOM G6 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; 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 test) - 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* *CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *CONTOUR NEXT ONE KIT (brand for diatrue plus blood glucose) - Tier 2; PA; QL* *CONTOUR NEXT 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 freestyle libre 3 sensor) - Tier 2; PA; QL* *FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL* *FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL *EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL* *GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL* FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL *FREESTYLE LIBRE 14 DAY SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* FREESTYLE LIBRE 2 READER - Tier 2; PA; QL *FREESTYLE LIBRE 2 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* FREESTYLE LIBRE READER - Tier 2; PA; QL *GLUCOSE CONTROL SOLUTION IN VITRO 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* *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* MULTISTIX 10 SG - Tier 2 *NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL* *ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA MINI KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *ONETOUCH VERIO KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL*	*GUARDIAN SENSOR (3) (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* *GUARDIAN SENSOR 3 (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* *INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL* *RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL *ONETOUCH VERIO IN VITRO SOLUTION (brand for element compact control 2) - 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* *ONETOUCH VERIO IQ SYSTEM (brand for blood glucose monitor system) - Tier 2; QL* *ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* *PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL* *TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL* *TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL*	
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; QL *cavarest (generic for CAVAREST) - Tier 1* *DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *DENTAGEL (brand for sf) - Tier 2* *easygel - Tier 1* *JUST RIGHT 5000 DENTAL GEL (brand for sf) - Tier 2* *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*	ENDARI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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 (generic for K-TAB) - Tier 1; QL* *potassium chloride oral packet (generic for KLOR-CON) - Tier 1; QL* *potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%) - 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) (generic for UROCIT-K 5) - Tier 1* *PREVIDENT (brand for sf) - Tier 2* *PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2* *PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *sf (generic for CAVAREST) - Tier 1* *sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 ppm dental gel (generic for CAVAREST) - Tier 1* *sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride dental gel (generic for CAVAREST) - Tier 1* *sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1* *sodium fluoride oral solution 1.1 (0.5 f) mg/ml - Tier 1; QL* *sodium fluoride oral tablet chewable (generic for NAFRINSE) - 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*	

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Preferred Agents	Non-Preferred Agents
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 - Tier 1; QL* *calcium 600/vitamin d-3 - Tier 1; QL* *calcium 600+d oral tablet 600-10 mg-mcg, 600-200 mg-unit - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL* *calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1* *calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1* *calcium citrate +d3 (generic for CALCITRATE) - 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 CALCITRATE) - 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 OYSCO 500+D) - Tier 1; QL* *calcium plus vitamin d3 - Tier 1; QL* *calcium/minerals/vitamin d - Tier 1* *calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1* *electrolyte solution (generic for 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* *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*	

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Preferred Agents	Non-Preferred Agents
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2 *ferrous fumarate oral tablet 324 (106 fe) mg (generic for FERROCITE) - Tier 1* *ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1* *ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1* *ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL* *ferrous sulfate oral elixir - Tier 1* *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* *ferrous sulfate oral tablet delayed release - Tier 1* *fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *hi cal (generic for OYSCO 500+D) - Tier 1; QL* *iferex 150 (generic for FERREX 150) - Tier 1* *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* *iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron supplement oral elixir - Tier 1* K-PHOS - Tier 2; QL *magnesium oral tablet 500 mg - Tier 1* *magnesium oxide oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1* *magnesium oxide oral tablet 500 mg - Tier 1* *magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1* *NU-IRON (brand for polysaccharide iron complex) - Tier 2* *OS-CAL CALCIUM + D3 (brand for calcium plus vitamin d) - 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*	

Preferred Agents	Non-Preferred Agents
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 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; 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 - Tier 1* *zinc gluconate oral tablet 50 mg - Tier 1; QL* *zinc oral tablet 50 mg - Tier 1; QL*	
Electrolyte/Mineral/Metal Modifiers	
CHEMET - Tier 2; QL *deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL* *deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL*	*FERRIPROX ORAL TABLET 1000 MG (brand for deferiprone) - Tier 2; PA; SP; QL* JYNARQUE ORAL TABLET THERAPY PACK 15 MG - Tier 2; PA; SP; QL *SYPRINE (brand for trientine hcl) - Tier 2; PA; SP; QL*
Phosphate Binders	
calcium acetate (phos binder) oral tablet (generic for CALPHRON) - Tier 1; QL	AURYXIA - Tier 2; PA; QL VELPHORO - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL *sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL*	
Potassium Binders	
LOKELMA - Tier 2; PA; QL *sps - Tier 1; QL* VELTASSA - Tier 2; PA; QL	
Vitamins	
a-25 - Tier 1; QL *aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *b complex - Tier 1; QL* *b complex vitamins - Tier 1; QL* *BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL* CENTRUM SPECIALIST PRENATAL - Tier 2; QL; AL *classic prenatal - Tier 1; QL; AL* COMPLETE NATAL DHA - Tier 2; QL; AL COMPLETENATE - Tier 2; QL; AL *CO-NATAL FA (brand for neonatal complete) - Tier 2; QL; AL* *d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - 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* *d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3-50 (generic for D3-50) - Tier 1; QL* *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*	

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Preferred Agents	Non-Preferred Agents
DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2 *D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL* *d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* ENFAMIL EXPECTA - Tier 2; QL; AL *full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL* *M-NATAL PLUS (brand for prenatal) - Tier 2; QL; AL* *multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL; AL* *multivitamin/fluoride oral tablet chewable (generic for MULTI-VIT-FLOR) - Tier 1; QL; AL* *multi-vitamin/fluoride/iron - Tier 1; QL; AL* *mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1; AL* *MYNEPHRON (brand for triphrocaps) - Tier 2; AL* *NEONATAL PLUS (brand for prenatal) - Tier 2; QL; AL* *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* *NIVA-PLUS (brand for prenatal) - Tier 2; QL; AL* OBSTETRIX DHA - Tier 2; QL; AL ONE VITE WOMENS - Tier 2; QL; AL *ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL; AL* *phytonadione oral (generic for MEPHYTON) - Tier 1; QL* *prenatal 19 oral tablet - Tier 1; QL; AL* *prenatal 19 oral tablet chewable 29-1 mg - Tier 1; QL; AL* *prenatal formula oral tablet 28-0.8 mg - Tier 1; QL; AL* *prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL; AL* *prenatal multi+dha - Tier 1; QL; AL* *prenatal multivitamins - Tier 1; QL; AL* *prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL; AL* *prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL; AL* *prenatal oral tablet 28-0.8 mg - Tier 1; QL; AL* *prenatal vitamin plus low iron (generic for NEONATAL PLUS) - Tier 1; QL; AL* *prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL; AL*	

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Preferred Agents	Non-Preferred Agents
prenatal/iron - Tier 1; QL; AL *PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2* *QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL; AL* *radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *RENAL (brand for triphrocaps) - Tier 2; AL* *renal-vite (generic for DIALYVITE 800) - Tier 1; QL* *rena-vite (generic for DIALYVITE 800) - Tier 1; QL* SE-NATAL 19 - Tier 2; QL; AL *thiamine mononitrate oral - Tier 1; QL* THRIVITE RX - Tier 2; QL; AL *TRINATAL RX 1 (brand for trinatal rx 1) - Tier 2; QL; AL* *triphrocaps (generic for MYNEPHRON) - Tier 1; AL* *tri-vite pediatric (generic for BPROTECTED PEDIA TRI-VITE) - Tier 1; QL* *VINATE ONE (brand for trinatal rx 1) - Tier 2; QL; AL* *virt-caps (generic for MYNEPHRON) - Tier 1; AL* *vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut) - Tier 1; QL* *vitamin b-1 oral tablet 100 mg - Tier 1; QL* *vitamin d (cholecalciferol) oral tablet (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) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1* *vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
vitamin d3 oral capsule 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* *vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL* *vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1* *vitamin d3 oral tablet chewable 25 mcg, 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *vitamin d-400 - Tier 1* *weekly-d (generic for D3-50) - Tier 1; QL* *wescaps (generic for MYNEPHRON) - Tier 1; AL* *WESTAB PLUS (brand for prenatal) - Tier 2; QL; AL* *womens prenatal+dha - Tier 1; QL; AL*	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	MYFEMBREE - Tier 2; PA; QL NEXTSTELLIS - Tier 2; PA; QL
Gastrointestinal Agents	

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Preferred Agents	Non-Preferred Agents
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 (brand for lubiprostone) - Tier 2; DX2RX; ST; QL* MOTEGRITY - Tier 2; ST; QL MOVANTIK - Tier 2; DX2RX; ST; QL	*AMITIZA (brand for lubiprostone) - Tier 2; DX2RX; ST; QL* LINZESS - Tier 2; PA; QL RELISTOR - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL TRULANCE - Tier 2; DX2RX; ST; QL
Anti-Diarrheal Agents	
anti-diarrheal oral liquid 1 mg/5ml - Tier 1 *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* *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; DX2RX; QL	VIBERZI - Tier 2; PA; QL
Antispasmodics, Gastrointestinal	
dicyclomine hcl oral capsule - Tier 1; QL *dicyclomine hcl oral solution - Tier 1* *dicyclomine hcl oral tablet - Tier 1; QL* *glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1* *glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1*	
Gastrointestinal Agents, Other	
GATTEX - Tier 2; PA; SP; QL *gavilyte-c - Tier 1; QL* *gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL* *peg 3350-kcl-na bicarb-nacl - Tier 1; QL*	CLENPIQ - Tier 2; PA; QL *MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL* OMECLAMOX-PAK - Tier 2; PA PLENVU - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL *ursodiol oral capsule 300 mg - Tier 1; QL* *ursodiol oral tablet (generic for URSO 250) - Tier 1*	PYLERA - 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 oral tablet 10 mg (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) - Tier 1; QL* *cimetidine hcl - Tier 1; QL* *cimetidine oral (generic for TAGAMET HB) - 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* *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) - Tier 1; QL*	
Protectants	
CYTOTEC (brand for misoprostol) - Tier 2; QL *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 packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL*	*ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL* *DEXILANT (brand for dexlansoprazole) - 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
lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL *lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL* *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL* NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members >= 2 years of age will require PA; QL; AL *omeprazole magnesium oral capsule delayed release - Tier 1; QL* *omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL* *pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL* *PREVACID 24HR (brand for cvs lansoprazole) - Tier 2; QL*	*esomeprazole magnesium oral capsule delayed release (generic for NEXIUM) - Tier 1; PA; QL* *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL* *lansoprazole oral tablet delayed release dispersible 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members >= 2 years of age will require PA; QL; AL* *NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for esomeprazole magnesium) - Tier 2; PA; QL* *NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (brand for esomeprazole magnesium) - Tier 2; PA; Members >= 2 years of age will require PA; QL; AL* *omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; PA; QL* *omeprazole oral tablet delayed release 20 mg - Tier 1; PA; QL* *pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; PA; QL* *PREVACID (brand for lansoprazole) - Tier 2; PA; QL* *ZEGERID (brand for cvs omeprazole-sod bicarbonate) - Tier 2; PA; QL*
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
abatinex (generic for ABATINEX) - Tier 1 *acid gone (generic for ACID GONE) - Tier 1* *acidophilus lactobacillus oral (generic for ABATINEX) - Tier 1* *acidophilus oral capsule , 10 mg (generic for ABATINEX) - Tier 1* *acidophilus probiotic oral capsule 10 mg (generic for ABATINEX) - Tier 1* *acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1* *acidophilus/l-sporogenes (generic for FLORANEX) - Tier 1* *adult 50+ probiotic (generic for RESTORA) - Tier 1; QL* *adult probiotic (generic for RESTORA) - Tier 1; QL* *advanced antacid (generic for MINTOX) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL *antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1* *antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1* *antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid regular strength oral suspension (generic for MINTOX) - Tier 1; QL* *antacid regular strength oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1* *antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1* *antacid/antigas (generic for MINTOX) - Tier 1; QL* *antacid/anti-gas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1* *biotinex (generic for ABATINEX) - Tier 1* *bismatrol oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *bismuth (generic for SOOTHE) - Tier 1; QL* *bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
calcium antacid (generic for CAL-GEST ANTACID) - Tier 1 *calcium antacid ex st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *calcium carbonate antacid oral suspension - Tier 1; QL* *calcium carbonate antacid oral tablet - Tier 1* *calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1* *cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1* *chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *childrens soothe - Tier 1* *comfort gel (generic for MINTOX) - Tier 1; QL* *comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *diarrhea (generic for SOOTHE) - Tier 1* *diarrhea relief (generic for SOOTHE) - Tier 1* *digestive probiotic oral capsule (generic for RESTORA) - Tier 1; QL* *digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1* *diotame instydose (generic for SOOTHE) - Tier 1* *enema (generic for FLEET ENEMA) - Tier 1* *enema disposable (generic for FLEET ENEMA) - Tier 1* *enema ready-to-use (generic for FLEET ENEMA) - Tier 1* *enema rectal enema , 16-6 gm/133ml, 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1* *FLEET ENEMA (brand for cvs enema disposable) - Tier 2* *FLEET PEDIATRIC (brand for enema pediatric) - Tier 2* *floranex tablet oral (generic for FLORANEX) - Tier 1* *FLORANEX TABLET ORAL (brand for acidophilus/l-sporogenes) - Tier 2* *foaming antacid oral tablet chewable 80-20 mg - Tier 1* *freeze dried acidophilus (generic for ABATINEX) - Tier 1* *gas relief antiflatuent (generic for GAS-X ULTRA STRENGTH) - Tier 1* *gas relief drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
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 (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *gas relief infants drops (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *gas relief infants oral suspension (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 capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1* *gas relief oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief oral tablet chewable 80 mg - Tier 1* *gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2* *GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2* *GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2* GAVISCON - Tier 2 *GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2* *GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2* GELUSIL - Tier 2 *geri-lanta (generic for MINTOX) - Tier 1; QL* *geri-mox (generic for MINTOX) - Tier 1; QL* *heartburn antacid (generic for ACID GONE) - Tier 1* *heartburn antacid ex st (generic for ACID GONE) - Tier 1* *heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1* *heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
heartland gas relief - Tier 1 *high potency probiotic (generic for RESTORA) - Tier 1; QL* *IMODIUM MULTI-SYMPTOM RELIEF (brand for gnp 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* *lactobacillus oral tablet , 0.2-0.2 mg (generic for FLORANEX) - Tier 1* *lacto-pectin (generic for RESTORA) - 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 advanced) - Tier 2; QL* *MAALOX MULTI SYMPTOM MAX ST (brand for antacid advanced) - 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 RESTORA) - Tier 1; QL* *meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *milk of magnesia (generic for DULCOLAX) - Tier 1* *milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1* *mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *mintox plus - Tier 1* *mood support probiotic (generic for RESTORA) - Tier 1; QL* *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2* *NEWFLORA PROBIOTIC (brand for acidophilus) - Tier 2* *PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2* *PHAZYME (brand for cvs gas relief extra strength) - Tier 2* *PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*	

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Preferred Agents	Non-Preferred Agents
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1 *pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral tablet 262 mg (generic for SOOTHE) - Tier 1* *pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *pink-bismuth (generic for SOOTHE) - Tier 1; QL* *probiotic blend (generic for RESTORA) - Tier 1; QL* *probiotic colon care (generic for RESTORA) - Tier 1; QL* *probiotic complex (generic for RESTORA) - Tier 1; QL* *probiotic maximum strength (generic for RESTORA) - Tier 1; QL* *probiotic oral capsule (generic for RESTORA) - Tier 1; QL* *probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1* *probiotic pearls ex st (generic for RESTORA) - Tier 1; QL* *ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1* *REJUVAFLOR (brand for acidophilus) - Tier 2* *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* *saline enema (generic for FLEET ENEMA) - Tier 1* *senior probiotic (generic for RESTORA) - Tier 1; QL* *simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *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*	

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Preferred Agents	Non-Preferred Agents
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 (generic for SOOTHE) - Tier 1* *soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1* *stomach relief oral tablet 262 mg (generic for SOOTHE) - Tier 1* *stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *TUMS (brand for antacid) - Tier 2* *TUMS CHEWY BITES (brand for antacid) - Tier 2* *TUMS E-X 750 (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2* *TUMS LASTING EFFECTS (brand for antacid) - Tier 2* *TUMS SMOOTHIES (brand for antacid) - Tier 2* *TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2* *VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL*	
Laxatives - Bowel Treatment Drugs	
clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL *daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
enema mineral oil (generic for FLEET OIL) - Tier 1 *EVAC (brand for cvs natural fiber supplement) - Tier 2* *fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *fiber oral powder 48.57 % (generic for METAMUCIL) - Tier 1* *fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1* *fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *FLEET OIL (brand for cvs mineral oil enema) - Tier 2* *gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *mineral oil enema (generic for FLEET OIL) - Tier 1* *mineral oil heavy oral - Tier 1* *mineral oil oral oil - Tier 1* *mineral oil rectal enema (generic for FLEET OIL) - Tier 1* *MIRALAX ORAL POWDER (brand for gavilax) - Tier 2; ONLY powder bottle; QL* *mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *natural daily fiber (generic for METAMUCIL) - Tier 1* *natural fiber laxative oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1* *natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *natural fiber oral powder 48.57 % (generic for METAMUCIL) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1 *natural fiber supplement (generic for EVAC) - Tier 1* *natural vegetable (generic for HYDROCIL) - Tier 1* *natural vegetable fiber (generic for METAMUCIL) - Tier 1* *natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *sorbitol oral - Tier 1*	
Laxatives - Drugs to treat Constipation	
AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2 *citroma (generic for CITROMA) - Tier 1; QL* *CITRUCEL (brand for cvs soluble fiber therapy) - Tier 2* *COLACE (brand for cvs stool softener) - Tier 2; QL* *col-rite oral capsule 250 mg - Tier 1; QL* *docu (generic for DOCU LIQUID) - Tier 1; QL* *docu liquid (generic for DOCU LIQUID) - Tier 1; QL* *docusate calcium (generic for SURFAK) - Tier 1* *docusate mini (generic for DOCUSOL MINI) - Tier 1; QL* *docusate sodium oral capsule (generic for COLACE) - Tier 1; QL* *docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml (generic for DOCU LIQUID) - Tier 1; QL* *docusate sodium oral syrup - Tier 1* *DOCUSOL MINI (brand for docusate mini) - Tier 2; QL* *docuzen (generic for SENEXON-S) - Tier 1* *dss (generic for COLACE) - Tier 1; QL* *easy-lax plus (generic for SENEXON-S) - Tier 1*	

Preferred Agents	Non-Preferred Agents
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL *EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2* *fiber laxative + calcium (generic for FIBERCON) - Tier 1* *fiber laxative oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *fiber oral tablet 625 mg (generic for FIBERCON) - 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* *geri-kot (generic for SENOKOT) - Tier 1* *glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin (infants & children) rectal suppository 1 gm - Tier 1* *glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1* *glycerin childrens - Tier 1* *glycerin pediatric rectal suppository 1.2 gm - Tier 1* *laxacin (generic for SENEXON-S) - Tier 1* *laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative regular strength (generic for SENNA SMOOTH) - Tier 1* *magnesium citrate oral solution (generic for CITROMA) - Tier 1; QL* *mm stool softener laxative (generic for COLACE) - Tier 1; QL* *natural laxative (generic for SENOKOT) - Tier 1* *natural senna laxative (generic for SENOKOT) - Tier 1* *natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1* *ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - 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
ONELAX SENNA (brand for senna) - Tier 2 *p col-rite (generic for SENEXON-S) - Tier 1* PEDIA-LAX ORAL LIQUID - Tier 2 *PERDIEM OVERNIGHT RELIEF (brand for laxative pills) - Tier 2* *sb docusate sodium/senna (generic for SENEXON-S) - Tier 1* *senexon-s (generic for SENEXON-S) - Tier 1* *senna lax (generic for SENOKOT) - Tier 1* *senna laxative (generic for SENOKOT) - Tier 1* *senna oral liquid (generic for ONELAX SENNA) - Tier 1* *senna oral syrup (generic for ONELAX SENNA) - Tier 1* *senna oral tablet (generic for SENOKOT) - Tier 1* *senna plus oral tablet (generic for SENEXON-S) - Tier 1* *senna s (generic for SENEXON-S) - Tier 1* *senna smooth (generic for SENNA SMOOTH) - Tier 1* *senna-docusate sodium (generic for SENEXON-S) - Tier 1* *senna-lax (generic for SENOKOT) - Tier 1* *senna-plus (generic for SENEXON-S) - Tier 1* *senna-s (generic for SENEXON-S) - Tier 1* *senna-tabs (generic for SENOKOT) - Tier 1* *senna-time (generic for SENOKOT) - Tier 1* *senna-time s (generic for SENEXON-S) - Tier 1* *sennazon (generic for ONELAX SENNA) - Tier 1* *SENOKOT (brand for cvs senna) - Tier 2* *SENOKOT S (brand for cvs senna plus) - Tier 2* *soluble fiber therapy (generic for CITRUCEL) - Tier 1* *stimulant laxative oral tablet 8.6-50 mg (generic for SENEXON-S) - Tier 1* *stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL* *stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL* *stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1* *stool softener oral capsule 250 mg - Tier 1; QL* *stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1* *stool softener pls laxative (generic for SENEXON-S) - Tier 1* *stool softener plus laxative (generic for SENEXON-S) - Tier 1* *stool softener/laxative (generic for SENEXON-S) - Tier 1* *stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1* *vegetable lax+stool softener (generic for SENEXON-S) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
vegetable laxative (generic for SENOKOT) - Tier 1	
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
CHOLBAM - Tier 2; PA; SP; QL CREON - Tier 2; QL CYSTAGON - Tier 2; SP; QL NITYR - Tier 2; DX2RX; SP; QL RAVICTI - Tier 2; PA; SP; QL *sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL* *sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL* STRENSIQ - Tier 2; PA; SP; QL TEGSEDI - Tier 2; PA; SP; QL VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL	CERDELGA - Tier 2; PA; SP; QL EVRYSDI - Tier 2; PA; SP; QL *KUVAN ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL* *ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL* PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 37000-97300 UNIT, 4200-14200 UNIT - Tier 2; PA; QL PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 2600-8800 UNIT - Tier 2; PA PERTZYE - Tier 2; PA; QL VIOKACE - Tier 2; PA; QL *ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL* ZENPEP - Tier 2; PA; QL
Genitourinary Agents	
Antispasmodics, Urinary	
flavoxate hcl - Tier 1; QL *oxybutynin chloride er (generic for DITROPAN XL) - Tier 1; QL* *oxybutynin chloride oral - Tier 1; QL* OXYTROL FOR WOMEN - Tier 2; QL *tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL* *trospium chloride - Tier 1; ST; QL*	*DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL* *DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA; QL* *DITROPAN XL (brand for oxybutynin chloride er) - Tier 2; PA; QL* MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL *TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL* *VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL*
Benign Prostatic Hypertrophy Agents	
alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL; AL *tamsulosin hcl (generic for FLOMAX) - Tier 1; QL* *terazosin hcl - Tier 1; QL*	
Genitourinary Agents, Other	
bethanechol chloride oral - Tier 1 ELMIRON - Tier 2; DX2RX; QL *penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL*	*CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP; QL* *DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL* *THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL* THIOLA EC - Tier 2; PA; SP; QL
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
azo (generic for PHENAZO) - Tier 1 *phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL* *phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1* *phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL* *phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL* *PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL* *urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1* VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM - 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; QL	ACTHAR - 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
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* *methylprednisolone oral (generic for MEDROL) - Tier 1; QL* MILLIPRED - Tier 2; QL *prednisolone oral - Tier 1; QL* *prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1* *prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL* *prednisone intensol - Tier 1; QL* *prednisone oral solution - Tier 1; QL* *prednisone oral tablet - Tier 1; QL* *prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL* *prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1*	CORTROPHIN - Tier 2; PA; SP; QL EMFLAZA ORAL TABLET 6 MG - Tier 2; PA; SP; QL TAPERDEX 12-DAY - Tier 2; PA; QL *TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA* TAPERDEX 7-DAY - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX *desmopressin ace spray refrig - Tier 1; QL* *desmopressin acetate oral (generic for DDAVP) - Tier 1; QL* *desmopressin acetate spray - Tier 1; QL* EGRIFTA SV - Tier 2; DX2RX; SP; QL INCRELEX - Tier 2; PA; SP; QL NOCDURNA - Tier 2; PA; QL *NOVAREL (brand for chorionic gonadotropin) - Tier 2; DX2RX* NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP; QL NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP; QL *PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX*	GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUICK - Tier 2; PA; SP; QL HUMATROPE - Tier 2; PA; SP; QL NORDITROPIN FLEXPRO - Tier 2; PA; SP; QL OMNITROPE - Tier 2; PA; SP; QL SAIZEN - Tier 2; PA; SP; QL ZOMACTON - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; DX2RX	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
KORLYM - Tier 2; PA; SP; QL *methergine (generic for METHERGINE) - Tier 1; QL* *methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL*	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
danazol oral - Tier 1; QL *testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL* *testosterone enanthate intramuscular - Tier 1* *testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL* *testosterone transdermal gel 25 mg/2.5gm (1%) (generic for ANDROGEL) - Tier 1; PA; QL* *testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL*	ANDRODERM - Tier 2; PA; QL *ANDROGEL (brand for testosterone) - Tier 2; PA; QL* *ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL* *FORTESTA (brand for testosterone) - Tier 2; PA* NATESTO - Tier 2; PA; QL *TESTIM (brand for testosterone) - Tier 2; PA; QL* *VOGELXO (brand for testosterone) - Tier 2; PA; QL* XYOSTED - Tier 2; PA; QL
Estrogens	
afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE *ALORA (brand for estradiol) - Tier 2; QL* *altavera (generic for ALTAVERA) - Tier 1; QL; GE* *alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE*	*ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL* ANGELIQ - Tier 2; PA; QL ANNOVERA - Tier 2; PA; QL *BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE	BIJUVA - Tier 2; PA; QL
apri (generic for APRI) - Tier 1; QL; GE	*CLIMARA (brand for estradiol) - Tier 2; PA; QL*
aranelle - Tier 1; QL; GE	CLIMARA PRO - Tier 2; PA; QL
aubra (generic for AFIRMELLE) - Tier 1; QL; GE	COMBIPATCH - Tier 2; PA; QL
aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE	*DIVIGEL (brand for estradiol) - Tier 2; PA; QL*
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE	ELESTRIN - Tier 2; PA
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE	*ESTRACE (brand for estradiol) - Tier 2; PA; QL*
aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE	*estradiol transdermal gel (generic for DIVIGEL) - Tier 1; PA; QL*
aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE	ESTRING - Tier 2; PA; QL
aviane (generic for AFIRMELLE) - Tier 1; QL; GE	EVAMIST - Tier 2; PA; QL
ayuna (generic for ALTAVERA) - Tier 1; QL; GE	FEMRING - Tier 2; PA; QL
azurette (generic for AZURETTE) - Tier 1; QL; GE	*fyavolv - Tier 1; PA; QL*
balziva (generic for BALZIVA) - Tier 1; QL; GE	*jinteli - Tier 1; PA; QL*
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE	LO LOESTRIN FE - Tier 2; PA; QL
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE	*loryna - Tier 1; PA; QL*
briellyn (generic for BALZIVA) - Tier 1; QL; GE	MENEST - Tier 2; PA; QL
chateal (generic for ALTAVERA) - Tier 1; QL; GE	*mimvey - Tier 1; PA; QL*
chateal eq (generic for ALTAVERA) - Tier 1; QL; GE	*MINIVELLE (brand for estradiol) - Tier 2; PA; QL*
cryselle-28 - Tier 1; QL; GE	NATAZIA - Tier 2; PA; QL
cyred (generic for APRI) - Tier 1; QL; GE	*NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE*
cyred eq (generic for APRI) - Tier 1; QL; GE	*ocella - Tier 1; PA; QL*
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE	PREFEST - Tier 2; PA; QL
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE	PREMARIN VAGINAL - Tier 2; PA; QL
delyla (generic for AFIRMELLE) - Tier 1; QL; GE	*SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*
desogestrel-ethinyl estradiol (generic for APRI) - Tier 1; QL; GE	*SEASONIQUE (brand for levonorgest-eth estrad 91-day) - Tier 2; PA; QL*
dotti (generic for DOTTI) - Tier 1; QL	*syeda - Tier 1; PA; QL*
DUAVEE - Tier 2; QL	*VAGIFEM (brand for estradiol) - Tier 2; PA; QL*
elinest - Tier 1; QL; GE	*vestura - Tier 1; PA; QL*
eluryng (generic for ELURYNG) - Tier 1; QL; GE	*VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL*
enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL; GE	*YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL*
enskyce (generic for APRI) - Tier 1; QL; GE	*YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL*
estarylla (generic for ESTARYLLA) - Tier 1; QL; GE	
estradiol oral (generic for ESTRACE) - Tier 1; QL	
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL	
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL	
estradiol vaginal (generic for ESTRACE) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL; GE *etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE* *falmina (generic for AFIRMELLE) - Tier 1; QL; GE* *femynor (generic for ESTARYLLA) - Tier 1; QL; GE* *hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *iclevia (generic for ICLEVIA) - Tier 1; QL* *introvale (generic for ICLEVIA) - Tier 1; QL* *isibloom (generic for APRI) - Tier 1; QL; GE* *jolessa (generic for ICLEVIA) - Tier 1; QL* *juleber (generic for APRI) - Tier 1; QL; GE* *junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE* *junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *junel fe oral tablet 1-20 mg-mcg (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *kalliga (generic for APRI) - Tier 1; QL; GE* *kariva (generic for AZURETTE) - Tier 1; QL; GE* *kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE* *kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE* *kurvelo (generic for ALTAVERA) - Tier 1; QL; GE* *larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE* *larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *leena - Tier 1; QL; GE* *lessina (generic for AFIRMELLE) - Tier 1; QL; GE* *levonest (generic for ENPRESSE-28) - Tier 1; QL; GE* *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for ICLEVIA) - Tier 1; QL* *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE* *levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE*	

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Preferred Agents	Non-Preferred Agents
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE *levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE* *low-ogestrel - Tier 1; QL; GE* *lutera (generic for AFIRMELLE) - Tier 1; QL; GE* *lyllana (generic for DOTTI) - Tier 1; QL* *marlissa (generic for ALTAVERA) - Tier 1; QL; GE* MENOSTAR - Tier 2; QL *microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE* *microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *mili (generic for ESTARYLLA) - Tier 1; QL; GE* *mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE* *necon 0.5/35 (28) - Tier 1; QL; GE* *norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; QL; GE* *norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL; GE* *norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg (generic for TRI FEMYNOR) - Tier 1; QL; GE* *nortrel 0.5/35 (28) - Tier 1; QL; GE* *nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; QL; GE* *nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL; GE* *nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE* *nylia 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE* *nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE* *nymyo (generic for ESTARYLLA) - Tier 1; QL; GE* *philith (generic for BALZIVA) - Tier 1; QL; GE* *pimtrea (generic for AZURETTE) - Tier 1; QL; GE* *pirmella 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE* *pirmella 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE* *portia-28 (generic for ALTAVERA) - Tier 1; QL; GE*	

Preferred Agents	Non-Preferred Agents
PREMARIN ORAL TABLET 0.3 MG, 0.625 MG, 0.9 MG, 1.25 MG - Tier 2; QL; AL PREMARIN ORAL TABLET 0.45 MG - Tier 2; QL PREMPHASE - Tier 2; QL PREMPRO - Tier 2; QL *reclipsen (generic for APRI) - Tier 1; QL; GE* *setlakin (generic for ICLEVIA) - Tier 1; QL* *simliya (generic for AZURETTE) - Tier 1; QL; GE* *sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE* *sronyx (generic for AFIRMELLE) - Tier 1; QL; GE* *tarina fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *tilia fe (generic for TILIA FE) - Tier 1; QL; GE* *tri femynor (generic for TRI FEMYNOR) - Tier 1; QL; GE* *tri-estarylla (generic for TRI FEMYNOR) - Tier 1; QL; GE* *tri-legest fe (generic for TILIA FE) - Tier 1; QL; GE* *tri-linyah (generic for TRI FEMYNOR) - Tier 1; QL; GE* *tri-mili (generic for TRI FEMYNOR) - Tier 1; QL; GE* *tri-nymyo (generic for TRI FEMYNOR) - Tier 1; QL; GE* *tri-sprintec (generic for TRI FEMYNOR) - Tier 1; QL; GE* *trivora (28) (generic for ENPRESSE-28) - Tier 1; QL; GE* *tri-vylibra (generic for TRI FEMYNOR) - Tier 1; QL; GE* *tyblume - Tier 1; QL; GE* *velivet - Tier 1; QL* *vienva (generic for AFIRMELLE) - Tier 1; QL; GE* *viorele (generic for AZURETTE) - Tier 1; QL; GE* *volnea (generic for AZURETTE) - Tier 1; QL; GE* *vyfemla (generic for BALZIVA) - Tier 1; QL; GE* *vylibra (generic for ESTARYLLA) - Tier 1; QL; GE* *wera - Tier 1; QL; GE* *xulane - Tier 1; QL; GE* *yuvafem (generic for YUVAFEM) - Tier 1; QL* *zafemy - Tier 1; QL; GE* *zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE*	

Progestins

Preferred Agents	Non-Preferred Agents
camila (generic for CAMILA) - Tier 1; QL; GE *deblitane (generic for CAMILA) - Tier 1; QL; GE* *errin (generic for CAMILA) - Tier 1; QL; GE* *heather (generic for CAMILA) - Tier 1; QL; GE* *incassia (generic for CAMILA) - Tier 1; QL; GE* *jencycla (generic for CAMILA) - Tier 1; QL; GE* *lyleq (generic for CAMILA) - Tier 1; QL; GE* *lyza (generic for CAMILA) - Tier 1; QL; GE* *medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE* *medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL* *megestrol acetate oral suspension 40 mg/ml - Tier 1; QL* *megestrol acetate oral tablet - Tier 1; QL* *nora-be (generic for CAMILA) - Tier 1; QL; GE* *norethindrone acetate oral (generic for AYGESTIN) - Tier 1; QL* *norethindrone oral (generic for CAMILA) - Tier 1; QL; GE* *norlyroc (generic for CAMILA) - Tier 1; QL; GE* *progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL* *sharobel (generic for CAMILA) - Tier 1; QL; GE*	DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL
Selective Estrogen Receptor Modifying Agents	
raloxifene hcl (generic for EVISTA) - Tier 1; QL	*EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL* OSPHENA - Tier 2; PA; QL; GE
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
aftera (generic for AFTERA) - Tier 1; QL; GE *econtra ez (generic for AFTERA) - Tier 1; QL; GE* *econtra one-step (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*	

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Preferred Agents	Non-Preferred Agents
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*	
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*	*TIROSINT (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 - Tier 2; PA; QL
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
cabergoline - Tier 1; QL *leuprolide acetate injection - Tier 1; PA; SP; QL* 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	ELIGARD - Tier 2; PA; SP; QL FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL *octreotide acetate (generic for SANDOSTATIN) - Tier 1; SP; QL* ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
	CETROTIDE (brand for cetrorelix acetate) - Tier 2; DX2RX *ganirelix acetate (generic for FYREMADEL) - Tier 1; DX2RX*
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 SAJAZIR) - Tier 1; PA; SP; QL* RUCONEST - Tier 2; PA; SP; QL *sajazir (generic for SAJAZIR) - Tier 1; PA; SP; QL*	BERINERT - Tier 2; PA CINRYZE - Tier 2; PA *FIRAZYR (brand for icatibant acetate) - Tier 2; PA; SP; QL* TAKHZYRO - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Immunological Agents, Other	
COSENTYX - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OTEZLA - Tier 2; PA; SP; QL SYNAGIS - 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 - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS - Tier 2; PA; SP; QL DUPIXENT - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL SKYRIZI (150 MG DOSE) - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL TALTZ - Tier 2; PA; SP; QL TREMFYA - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP; QL INTRON A - Tier 2; PA; SP; QL PEGASYS - Tier 2; PA; SP; QL	
Immunosuppressants	
azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL CIMZIA - Tier 2; PA; SP; QL *cyclosporine modified oral capsule (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*	AVSOLA - Tier 2; PA ENSPRYNG - Tier 2; PA; SP; QL OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL REDITREX - Tier 2; PA; QL SIMPONI - Tier 2; PA; SP; QL TREXALL - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
gengraf oral capsule (generic for GENGRAF) - Tier 1; QL HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP; QL HUMIRA PEN-PSOR/UVEIT STARTER - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML - Tier 2; PA; SP; QL *leflunomide oral (generic for ARAVA) - Tier 1; QL* *methotrexate oral - Tier 1* *methotrexate sodium (pf) - Tier 1* *methotrexate sodium injection solution - Tier 1* *methotrexate sodium oral - Tier 1* *mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL* *mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL* *sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL* *sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL* *sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1* *tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1* *tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL*	
Vaccines	
ACTHIB - Tier 2; QL ADACEL - Tier 2; QL BEXSERO - Tier 2; QL BOOSTRIX - Tier 2; QL DAPTACEL - Tier 2; QL DIPHTHERIA-TETANUS TOXOIDS DT - 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	

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Preferred Agents	Non-Preferred Agents
MENACTRA - Tier 2; QL MENQUADFI - Tier 2; QL MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED - Tier 2; QL M-M-R II - Tier 2; QL PEDIARIX - Tier 2; QL PEDVAX HIB - Tier 2; QL PENTACEL - Tier 2; QL PREHEVBRIO - Tier 2; QL PROQUAD - Tier 2; QL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL RECOMBIVAX HB - Tier 2; QL ROTARIX - Tier 2; QL 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	
AFLURIA QUADRIVALENT - Tier 2; QL DENGVAXIA - Tier 2; QL FLUAD QUADRIVALENT - Tier 2; QL FLUARIX QUADRIVALENT - Tier 2; QL FLUBLOK QUADRIVALENT - Tier 2; QL FLUCELVAX QUADRIVALENT - Tier 2; QL FLULAVAL QUADRIVALENT - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
FLUMIST QUADRIVALENT - Tier 2; QL FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL FLUZONE QUADRIVALENT - Tier 2; QL HEPLISAV-B - Tier 2; QL HYPERTET - Tier 2; QL NOVAVAX COVID-19 VACCINE - Tier 2; QL PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL PREVNAR 13 - Tier 2; QL PREVNAR 20 - Tier 2; QL	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
balsalazide disodium (generic for COLAZAL) - Tier 1; QL *mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - Tier 1; QL* *mesalamine rectal (generic for CANASA) - Tier 1; QL* SFROWASA - Tier 2; QL *sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL; AL*	*APRISO (brand for mesalamine er) - Tier 2; PA; QL* *ASACOL HD (brand for mesalamine) - Tier 2; PA; QL* *CANASA (brand for mesalamine) - Tier 2; PA; QL* *COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL* *DELZICOL (brand for mesalamine) - Tier 2; PA; QL* DIPENTUM - Tier 2; PA; QL *LIALDA (brand for mesalamine) - Tier 2; PA; QL* *PENTASA (brand for mesalamine er) - Tier 2; PA; QL*
Glucocorticoids	
budesonide oral - Tier 1; DX2RX; 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* *proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL* *proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL*	CORTIFOAM - Tier 2; PA; QL *UCERIS (brand for budesonide er) - Tier 2; PA; QL*
Metabolic Bone Disease Agents	

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Preferred Agents	Non-Preferred 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; QL; AL* *cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL* TYMLOS - Tier 2; PA; SP; QL	*ACTONEL (brand for risedronate sodium) - Tier 2; PA; QL* *ATELVIA (brand for risedronate sodium) - Tier 2; PA; QL* FORTEO - Tier 2; PA; SP; QL *FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL* FOSAMAX PLUS D - Tier 2; PA; QL RAYALDEE - Tier 2; PA; QL TERIPARATIDE (RECOMBINANT) - Tier 2; PA; SP; QL
Miscellaneous Therapeutic Agents	
acne (generic for CLEARSKIN) - Tier 1 *acne control cleanser (generic for CLEARSKIN) - Tier 1* *acne medication 10 external lotion - Tier 1; QL* *acne medication 5 external lotion - Tier 1* *adv acne spot treatment (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1* *advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1* *ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL* *ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL* *antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL* *antifungal (tolnaftate) (generic for TINACTIN) - Tier 1* *anti-fungal external powder (generic for LOTRIMIN AF) - Tier 1* *antifungal tolnaftate (generic for TINACTIN) - Tier 1* *arthritis pain relieving - Tier 1; QL* *aspirin adults (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin ec oral tablet 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin oral (generic for BAYER ASPIRIN) - Tier 1; QL* *ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for adult aspirin regimen) - Tier 2; QL* *aspirin rectal - Tier 1*	ARMONAIR DIGIHALER - Tier 2; PA; QL EMPAVELI - Tier 2; PA; SP; QL GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL *INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL* *INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL* INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML - Tier 2; PA; QL *INSULIN SYRINGES 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 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* MOUNJARO - Tier 2; PA; QL OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL ORLADEYO - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
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* *athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1* *bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL* *bacitracin zinc external - Tier 1; QL* *bacitracin zinc first aid - Tier 1; QL* *bacitracin zinc-aloe - Tier 1; QL* *BAYER ASPIRIN (brand for aspirin) - Tier 2; QL* *BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL* *BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL* BETASEPT SURGICAL SCRUB - Tier 2 *BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at-home test) - Tier 2; QL* *bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL* *bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *bisacodyl oral 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 ORAL TABLET - Tier 2; PA; SP; QL *capsaicin external cream (generic for DERMACINRX PENETRAL) - Tier 1; QL* *capsaicin hp (generic for ZOSTRIX HP) - Tier 1; QL* *capsaicin pain relief (generic for ZOSTRIX HP) - Tier 1; QL* *capzix (generic for ZOSTRIX HP) - Tier 1; QL* *CARESTART COVID-19 HOME TEST (brand for covid-19 at-home test) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for hypodermic needle) - Tier 2; QL CASTIVA WARMING - Tier 2; QL CAYA - 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* *CLEARDETECT COVID-19 AG HOME (brand for covid-19 at-home test) - Tier 2; QL* *clearskin (generic for CLEARSKIN) - Tier 1* *CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at-home test) - Tier 2* *CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at-home test) - Tier 2; QL* *COMIRNATY (brand for pfizer-biont covid-19 vac-tris) - 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 TEST KIT (brand for covid-19 at-home test) - Tier 2* *COVID-19 AT-HOME TEST (brand for covid-19 at-home test) - Tier 2; QL* *daily acne wash (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1* *DERMACINRX ATRIX ANTIBAC WASH (brand for cvs adv acne spot treatment) - Tier 2* *DERMACINRX ATRIX CLARIFY TONER (brand for cvs adv acne spot treatment) - Tier 2* *DERMACINRX PENETRAL (brand for capsaicin) - Tier 2; QL* DERMELEVE ADVANCED FORMULA - Tier 2 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL *DIATRUST COVID-19 HOME TEST (brand for covid-19 at-home test) - Tier 2; QL* *double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1* *DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL *EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL* *ED-SPAZ (brand for hyoscyamine sulfate) - Tier 2; QL* *ELLUME COVID-19 HOME TEST (brand for covid-19 at-home test) - Tier 2; QL* *enteric aspirin (generic for ECOTRIN) - Tier 1; QL* *EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL* *fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL* FLEET BISACODYL - Tier 2; QL *FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at-home test) - Tier 2; QL* *folic acid oral tablet 1 mg - Tier 1; QL* *folic acid oral tablet 400 mcg, 800 mcg - Tier 1* *foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1* *FORMULA 3 THE TREATMENT (brand for tinaspore) - Tier 2* *FORMULA 7 THE SOLUTION (brand for tinaspore) - Tier 2* *fungi-guard (generic for TINACTIN) - Tier 1* *GENABIO COVID-19 RAPID TEST (brand for covid-19 at-home test) - Tier 2* *gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL* *genuine aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* HIBICLENS - Tier 2 *hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; ARL; AL* *hydromet (generic for HYCODAN) - Tier 1; QL; ARL; AL* *hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL* *hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL* *hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL* *hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
hyosyne - Tier 1; QL *IHEALTH COVID-19 RAPID TEST (brand for covid-19 at-home test) - Tier 2; QL* *INDICAID COVID-19 RAPID TEST (brand for covid-19 at-home test) - Tier 2; QL* *INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL* INSPIREASE RESERVOIR BAGS - Tier 2; QL *INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at-home test) - Tier 2; QL* *jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1* *jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1* *laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* *laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL* *LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL* *magnesium oxide (antacid) oral tablet - Tier 1* *magnesium oxide oral tablet 400 mg - Tier 1* MASK VORTEX/CHILD/FROG - Tier 2; QL MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL *medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1* *MICOTRIN AL (brand for tinaspore) - Tier 2* *mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* MODERNA COVID-19 VACC 6M-5Y - Tier 2; QL *MYCOZYL AL (brand for tinaspore) - Tier 2* NEODOT THERMOMETER - Tier 2; QL *NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2* *NULEV (brand for hyoscyamine sulfate) - Tier 2; QL* OMNIFLEX DIAPHRAGM - Tier 2; QL; GE *ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at-home test) - Tier 2; QL* *ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at-home test) - Tier 2; QL* *ONELAX (brand for bisacodyl) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2 *OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2* *PANOXYL (brand for bp wash) - Tier 2* PFIZER COVID-19 VAC BIVAL 5-11 - Tier 2 PFIZER COVID-19 VAC BIVALENT - Tier 2 PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL *PFIZER-BIONT COVID-19 VAC-TRIS (brand for pfizer-biont covid-19 vac-tris) - Tier 2; QL* *PILOT COVID-19 AT-HOME TEST (brand for covid-19 at-home test) - Tier 2* *poly bacitracin (generic for POLYSPORIN) - Tier 1* *POLYSPORIN (brand for cvs poly bacitracin) - Tier 2* *potassium iodide oral (generic for SSKI) - Tier 1; QL* PREZISTA - Tier 2; DX2RX; QL *QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at-home test) - Tier 2; QL* *sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1* *ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL* *sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1* *sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL* *the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL* *TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2* *tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1* *tolnaftate antifungal (generic for TINACTIN) - Tier 1* *tolnaftate external cream (generic for TINACTIN) - Tier 1* *tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1* VAPORIZER WARM STEAM - Tier 2; QL *wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1* *wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1* WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
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 (generic for EX-LAX ULTRA) - Tier 1; QL* *ZOSTRIX HP (brand for capsaicin) - Tier 2; QL*	
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL BOSULIF - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP; QL CABOMETYX - Tier 2; PA CALQUENCE ORAL CAPSULE - 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 *erlotinib hcl (generic for TARCEVA) - 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 IRESSA - 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	GAVRETO - Tier 2; PA; SP; QL *GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL* LORBRENA - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA TABRECTA - Tier 2; PA TAGRISSO - Tier 2; PA; SP; QL *TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL* VIZIMPRO ORAL TABLET 15 MG - Tier 2; PA VIZIMPRO ORAL TABLET 30 MG, 45 MG - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
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 SPRYCEL - Tier 2; PA; SP; QL TASIGNA - Tier 2; PA; SP; QL TURALIO - Tier 2; PA; SP; QL VOTRIENT - Tier 2; PA; SP; QL XALKORI - Tier 2; PA; SP; QL	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA; SP; QL PONVORY STARTER PACK - Tier 2; PA; SP; QL
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostamide Analogs	
latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL	LUMIGAN - Tier 2; PA; QL *TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL* VYZULTA - Tier 2; PA; QL *XALATAN (brand for latanoprost) - Tier 2; PA; QL* XELPROS - Tier 2; PA; QL *ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (brand for tafluprost (pf)) - Tier 2; PA; QL*
Ophthalmic Agents, Other	
altafrin (generic for ALTAFRIN) - Tier 1 *atropine sulfate ophthalmic ointment - Tier 1* *atropine sulfate ophthalmic solution 1 % (generic for ISOPTO ATROPINE) - Tier 1; QL* *bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL*	CEQUA - Tier 2; PA; QL *COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL* *COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL* *COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL* *RESTASIS (brand for cyclosporine) - Tier 2; PA; QL* *RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL* ROCKLATAN - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
cyclopentolate hcl ophthalmic solution 1 % (generic for CYCLOGYL) - Tier 1; QL CYSTARAN - Tier 2; DX2RX; SP; QL *dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL* *ISOPTO ATROPINE (brand for atropine sulfate) - Tier 2; 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 (generic for NEO-POLYCIN HC) - Tier 1; QL* *phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1* PRED-G S.O.P. - Tier 2 *sulfacetamide-prednisolone - Tier 1* TOBRADEX OPHTHALMIC OINTMENT - Tier 2; QL *tobramycin-dexamethasone (generic for TOBRADEX) - Tier 1; QL* XIIDRA - Tier 2; PA; QL	TOBRADEX ST - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL
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*	*BEPREVE (brand for bepotastine besilate) - Tier 2; PA; QL*
Ophthalmic Anti-Infectives	
ak-poly-bac (generic for POLYCIN) - Tier 1; QL *bacitracin ophthalmic - Tier 1; QL* *bacitracin-polymyxin b ophthalmic (generic for POLYCIN) - Tier 1; QL* *ciprofloxacin hcl ophthalmic - Tier 1; QL* *erythromycin ophthalmic - Tier 1; QL* *gentak - Tier 1; QL* *gentamicin sulfate ophthalmic - Tier 1; QL* *neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1* *neomycin-polymyxin-gramicidin - Tier 1; QL* *neo-polycin (generic for NEO-POLYCIN) - Tier 1*	AZASITE - Tier 2; PA; QL BESIVANCE - Tier 2; PA; QL CILOXAN - Tier 2; PA; QL *OCUFLOX (brand for ofloxacin) - Tier 2; PA; QL* *VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL* *ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL *polycin (generic for POLYCIN) - Tier 1; QL* *polymyxin b-trimethoprim (generic for POLYTRIM) - Tier 1; QL* *sulfacetamide sodium ophthalmic - Tier 1; QL* *tobramycin ophthalmic - Tier 1; QL* *trifluridine - Tier 1; 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 (generic for PRED FORTE) - Tier 1; QL* *prednisolone sodium phosphate ophthalmic - Tier 1*	*ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA* ACUVAIL - Tier 2; PA; QL BROMSITE - Tier 2; PA; QL *DUREZOL (brand for difluprednate) - Tier 2; PA; QL* EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA; QL FML - Tier 2; PA; QL FML FORTE - Tier 2; PA; QL ILEVRO - Tier 2; PA; QL INVELTYS - Tier 2; PA; QL *LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL* LOTEMAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL *PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL* PROLENSA - Tier 2; PA; QL
Ophthalmic Beta-Adrenergic Blocking Agents	
betaxolol hcl ophthalmic - Tier 1; QL *carteolol hcl - Tier 1; QL* *levobunolol hcl - Tier 1; QL* *timolol maleate ophthalmic solution (generic for TIMOPTIC) - Tier 1; QL*	BETIMOL - Tier 2; PA; QL BETOPTIC-S - Tier 2; PA; QL *ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL* *TIMOPTIC (brand for timolol maleate) - Tier 2; PA; QL* *TIMOPTIC OCUDOSE (brand for timolol maleate ocudose) - Tier 2; PA; QL* *TIMOPTIC-XE (brand for timolol maleate) - Tier 2; PA; QL*
Ophthalmic Intraocular Pressure Lowering Agents, Other	
apraclonidine hcl - Tier 1; QL	*ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
brimonidine tartrate ophthalmic (generic for ALPHAGAN P) - Tier 1; QL *DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC (brand for dorzolamide hcl) - Tier 2; QL* *dorzolamide hcl solution 2 % ophthalmic (generic for TRUSOPT) - Tier 1; QL* *methazolamide oral - Tier 1; QL* PHOSPHOLINE IODIDE - Tier 2 *pilocarpine hcl ophthalmic - Tier 1; QL*	*AZOPT (brand for brinzolamide) - Tier 2; PA; QL* RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL *TRUSOPT (brand for dorzolamide hcl) - 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 eye (generic for ALTALUBE) - Tier 1; QL* *artificial tears ophthalmic ointment (generic for ALTALUBE) - Tier 1; QL* *artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1* *artificial tears ophthalmic solution 1.4 % - Tier 1* *astringent eye drops (generic for VISINE-AC) - Tier 1; QL* *BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2* *carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL* *dry eye relief ophthalmic gel 0.4-0.3 % (generic for GENTEAL TEARS SEVERE DAY/NIGHT) - Tier 1; QL* *dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL* *eye drops advanced relief - Tier 1; QL* *eye drops long lasting (generic for SYSTANE) - Tier 1; QL* *eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1* *eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL* *eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL* *eye lubricant (generic for ALTALUBE) - Tier 1; QL* *for sty relief (generic for ALTALUBE) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
GENTEAL SEVERE - Tier 2; QL *GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2* *GENTEAL TEARS NIGHT-TIME (brand for artificial eye) - Tier 2; QL* *GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for sm artificial tears) - Tier 2* *GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2* *GENTEAL TEARS SEVERE DAY/NIGHT (brand for dry eye relief) - Tier 2; QL* *HYPOTEARS (brand for artificial eye) - Tier 2; QL* *lubricant drops fast act (generic for SYSTANE) - Tier 1; QL* *lubricant drops long last (generic for SYSTANE) - Tier 1; QL* *lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL* *lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL* *lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL* *lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1* *lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL* *lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL* *lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL* *lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1* *lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL* *lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL* *lubricant eye pm (generic for ALTALUBE) - Tier 1; QL* *lubricant pm (generic for ALTALUBE) - Tier 1; QL* *lubricating eye drop (generic for BIOLLE TEARS) - Tier 1* *lubricating eye drops (generic for SYSTANE) - Tier 1; QL* *lubricating eye/overnight (generic for ALTALUBE) - Tier 1; QL* *lubricating plus (generic for BIOLLE TEARS) - Tier 1* *lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1* *lubricating tears (generic for SYSTANE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
lubricating tears eye drops (generic for GENTEAL TEARS) - Tier 1 *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 GENTEAL TEARS MODERATE PF) - Tier 1* *nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL* *polyvinyl alcohol ophthalmic - Tier 1* *pure & gentle lubricant - Tier 1* *REFRESH LACRI-LUBE (brand for artificial eye) - Tier 2; QL* *REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2* *REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL* *relief eye drops (generic for VISINE-AC) - Tier 1; QL* *restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1* *restore pm (generic for ALTALUBE) - Tier 1; QL* *sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL* *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 sm artificial tears) - Tier 2* *SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *SYSTANE NIGHTTIME (brand for artificial eye) - 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*	

Preferred Agents	Non-Preferred Agents
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* *redness relief ophthalmic solution 0.012-0.2 % (generic for CLEAR EYES REDNESS RELIEF)* - *Tier 1; QL* *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* *CLARITIN EYE (brand for cvs allergy eye drops)* - *Tier 2; QL* *eye itch relief ophthalmic solution 0.025 % (generic for ALAWAY)* - *Tier 1; QL* *ketotifen fumarate ophthalmic (generic for ALAWAY)* - *Tier 1; QL* *ZADITOR (brand for cvs allergy eye drops)* - *Tier 2; QL*	
Otic Agents	
acetic acid otic - *Tier 1; QL* *ciprofloxacin-dexamethasone (generic for CIPRODEX)* - *Tier 1; DX2RX; QL* *hydrocortisone-acetic acid (generic for ACETASOL HC)* - *Tier 1; QL*	*CETRAXAL (brand for ciprofloxacin hcl)* - *Tier 2; PA; QL* CIPRO HC - Tier 2; PA; QL *CIPRODEX (brand for ciprofloxacin-dexamethasone)* - *Tier 2; DX2RX; QL* *ciprofloxacin hcl otic (generic for CETRAXAL)* - *Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
neomycin-polymyxin-hc otic - Tier 1; QL *ofloxacin otic - Tier 1; QL*	*OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL*
Otic Agents - Drugs to Treat Ear Conditions	
Otic Agents - Drugs for the Ear	
CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2 *CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2* *ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*	
Respiratory Tract/Pulmonary Agents	
Antihistamines	
all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL *allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL* *allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL* *allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *allergy medication (generic for BANOPHEN) - Tier 1; QL* *allergy 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*	*DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
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* *allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL* *allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL* *allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL* *aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL* *anti-hist allergy (generic for BANOPHEN) - Tier 1; QL* *azelastine hcl nasal solution 137 mcg/spray - Tier 1; QL* *azelastine hcl solution 0.1 % 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 1 mg/ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL *childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *clemastine fumarate oral tablet 2.68 mg - Tier 1; QL* *complete allergy (generic for BANOPHEN) - Tier 1; QL* *complete allergy medicine oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL* *complete allergy relief (generic for BANOPHEN) - Tier 1; QL* *cyproheptadine hcl oral - Tier 1; QL* *DAYHIST ALLERGY 12 HOUR RELIEF (brand for clemastine fumarate) - Tier 2; QL* *diphedryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *diphen (generic for BANOPHEN) - Tier 1; QL* *diphenhist (generic for BANOPHEN) - Tier 1; QL* *diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL* *geri-dryl (generic for BANOPHEN) - Tier 1; QL* *h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL* *levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL* *liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *MM ALLER-BEN (brand for allergy relief) - Tier 2; QL* *NARAMIN (brand for allergy childrens) - Tier 2; QL* *pharbedryl (generic for BANOPHEN) - Tier 1; QL* *siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *SOMINEX NIGHTTIME SLEEP-AID (brand for allergy relief) - Tier 2; 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	
ARNUITY ELLIPTA - Tier 2; QL	ALVESCO - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
ASMANEX (120 METERED DOSES) - Tier 2; QL ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL ASMANEX HFA - Tier 2; QL *budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL* *FLUTICASONE PROPIONATE HFA (brand for fluticasone propionate hfa) - Tier 2; QL* *fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL*	BECONASE AQ - Tier 2; PA; QL FLOVENT DISKUS - Tier 2; PA; QL *FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2; PA; QL* OMNARIS - Tier 2; PA; QL PULMICORT FLEXHALER - Tier 2; PA; QL *PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA; QL; AL* QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL QVAR REDIHALER - Tier 2; PA; QL XHANCE - Tier 2; PA; QL ZETONNA - Tier 2; PA; QL
Antileukotrienes	
montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL	*ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL* *SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL* *zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL* ZYFLO - Tier 2; PA; QL
Bronchodilators, Anticholinergic	
ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL *ipratropium bromide inhalation - Tier 1; QL* *ipratropium bromide nasal - Tier 1; QL*	LONHALA MAGNAIR REFILL KIT - Tier 2; PA; QL LONHALA MAGNAIR STARTER KIT - Tier 2; PA; QL SPIRIVA HANDIHALER - Tier 2; PA; QL SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL
Bronchodilators, Sympathomimetic	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA) - Tier 1; QL *ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL* *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL*	*AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (brand for epinephrine) - Tier 2; PA; QL* *BROVANA (brand for arformoterol tartrate) - 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

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Preferred Agents	Non-Preferred Agents
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 2; QL *albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL* *albuterol sulfate oral syrup - Tier 1; QL* *epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL* *levalbuterol hcl inhalation (generic for XOPENEX) - Tier 1; ST; QL* STRIVERDI RESPIMAT - Tier 2; QL SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML - Tier 2; DX2RX; QL SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML - Tier 2; QL	*PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL* SEREVENT DISKUS - Tier 2; PA; QL *VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL* *XOPENEX NEB (brand for levalbuterol hcl) - Tier 2; PA; ST; 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; DX2RX; SP; QL SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG - Tier 2; PA; SP; QL SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG - Tier 2; SP; QL *tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL* TRIKAFTA - Tier 2; PA; SP; QL	*BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL* TOBI PODHALER - Tier 2; PA; SP; QL
Mast Cell Stabilizers	
cromolyn sodium inhalation - Tier 1; QL	
Phosphodiesterase Inhibitors, Airways Disease	

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Preferred Agents	Non-Preferred Agents
elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL THEO-24 - Tier 2; QL *theophylline (generic for ELIXOPHYLLIN) - Tier 1; QL* *theophylline er - Tier 1; QL*	
Pulmonary Antihypertensives	
ADEMPAS - Tier 2; DX2RX; SP; QL *ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL* *bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL* OPSUMIT - Tier 2; DX2RX; SP; QL *sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; DX2RX; SP; QL* *sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL*	*ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA* *LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL* ORENITRAM - Tier 2; PA; SP; QL *REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL* *tadalafil (pah) (generic for ADCIRCA) - Tier 1; PA* *TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL* UPTRAVI ORAL TABLET - Tier 2; PA; SP; QL
Pulmonary Fibrosis Agents	
ESBRIET ORAL CAPSULE - Tier 2; PA; SP; QL OFEV - Tier 2; PA; SP; QL *pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA*	*ESBRIET ORAL TABLET (brand for pirfenidone) - Tier 2; PA*
Respiratory Tract Agents, Other	
acetylcysteine inhalation solution 10 % - Tier 1; QL *acetylcysteine inhalation solution 20 % - Tier 1* FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL *promethazine vc - Tier 1; QL; AL* *promethazine-phenylephrine - Tier 1; QL; AL*	

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Preferred Agents	Non-Preferred Agents
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
4-WAY FAST ACTING (brand for cvs sinus relief ext st) - Tier 2 *4-WAY MENTHOL (brand for cvs sinus relief ext st) - Tier 2* *AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2; QL* *altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *altarussin (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *AYR (brand for altamist spray) - Tier 2; QL* AYR SALINE NASAL DROPS - Tier 2 *BABY AYR SALINE (brand for altamist spray) - Tier 2; QL* *BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL* *chest congestion childrens (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *chest congestion relief oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *chest congestion relief oral tablet (generic for XPECT) - Tier 1* *CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL* *cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *ed bron gp - Tier 1; AL* *ephrine nose drops (generic for 4-WAY FAST ACTING) - Tier 1* *geri-tussin (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *guaifenesin oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1* *maxi-tuss pe max - Tier 1; AL*	

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Preferred Agents	Non-Preferred Agents
medifin 400 (generic for XPECT) - Tier 1 *medifin mucus relief child (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL; AL* *MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL* *mucus & chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1* *mucus relief childrens oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1* *mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus+chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nasal four (generic for 4-WAY FAST ACTING) - Tier 1* *nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1*	

Preferred Agents	Non-Preferred Agents
NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2; QL *nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1* *nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs sinus relief ext st) - Tier 2* *non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1* *nose drops nasal decongest (generic for 4-WAY FAST ACTING) - Tier 1* *nose drops nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1* *OCEAN FOR KIDS (brand for altamist spray) - Tier 2; QL* *OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2; QL* *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* *robafen mucus/chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *sb mucus relief (generic for XPECT) - Tier 1* *siltussin sa (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *sinus relief ext st (generic for 4-WAY FAST ACTING) - 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*	

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Preferred Agents	Non-Preferred Agents
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs nasal decongestant pe) - Tier 2 *SUDAFED PE SINUS CONGESTION (brand for cvs nasal decongestant pe) - Tier 2* *tab tussin (generic for XPECT) - Tier 1* *tusnel-ex (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin adult chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin chest congestion oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *tussin cough long-acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *tussin expectorant adult (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *tussin mucus & chest cong (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus & chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus/chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus/congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congest sf (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*	

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

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Preferred Agents	Non-Preferred Agents
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* *allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL* *aller-ease (generic for KLS ALLER-FEX) - Tier 1; QL* *aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL* *allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL* *allergy childrens oral syrup (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief (loratadine) (generic for KLS ALLERCLEAR) - Tier 1; QL* *allergy relief childrens oral syrup 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL* *allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL* *allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - 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* *chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL* *CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; QL* *CHLOR-TRIMETON ORAL SYRUP (brand for ed chlorped jr) - Tier 2; QL* *CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL* *CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2; QL *ed chlorped jr (generic for CHLOR-TRIMETON) - Tier 1; QL* *fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL* *loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL* *loratadine childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine childrens oral syrup (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine oral syrup (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL* *TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL*	
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
24 hour nasal allergy (generic for KLS ALLER-CORT) - Tier 1; QL *aller-cort (generic for KLS ALLER-CORT) - Tier 1; QL* *allergy spray 24 hour nasal aerosol (generic for KLS ALLER-CORT) - Tier 1; QL* *NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL* *nasal allergy 24 hour (generic for KLS ALLER-CORT) - Tier 1; QL* *nasal allergy nasal aerosol 55 mcg/act (generic for KLS ALLER-CORT) - Tier 1; QL* *nasal allergy spray (generic for KLS ALLER-CORT) - Tier 1; QL*	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
ANORO ELLIPTA - Tier 2; QL	*ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL* ADVAIR HFA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
BUDESONIDE-FORMOTEROL FUMARATE (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL COMBIVENT RESPIMAT - Tier 2; 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; PA; 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; PA; QL*	BEVESPI AEROSPHERE - Tier 2; PA; QL *BREO ELLIPTA (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* BREZTRI AEROSPHERE - Tier 2; PA; QL DUAKLIR PRESSAIR - Tier 2; PA DULERA - Tier 2; PA; QL *SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; 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*	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1 *12 hour nasal decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1* *12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL* *AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2* *ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; QL; AL* *allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
allergy & congestion (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 relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *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 - Tier 1; AL* *benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL* *chest congest/cough child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *childrens cold & allergy - Tier 1; AL* *childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL*	

Preferred Agents	Non-Preferred Agents
cold & allergy - Tier 1; AL *cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL* *cold & cough childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL* *cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *cough dm childrens (generic for DELSYM) - Tier 1; QL; AL* *cough dm er (generic for DELSYM) - Tier 1; QL; AL* *cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL* *DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2* *DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL* *DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2* *DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL* *dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL* *dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1 *ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL* *g tussin ac - Tier 1; QL; AL* *geri-tussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1* *guaiatussin ac - Tier 1; QL; AL* *guaicon dms (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *guaifenesin ac - Tier 1; QL; AL* *guaifenesin/pseudoephedrine (generic for MUCINEX D) - Tier 1; AL* *guaifenesin-codeine - Tier 1; QL; AL* *guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *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* *lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *maxi-tuss ac - Tier 1; QL; AL* *maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL* *m-clear wc - Tier 1; QL; AL*	

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Preferred Agents	Non-Preferred Agents
meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL *MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (brand for childrens cough) - Tier 2* *MUCINEX CHILDRENS STUFFY NOSE (brand for 12 hour decongestant) - Tier 2* *MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2* *MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL* *MUCINEX D MAX STRENGTH (brand for cvs mucus d max 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 childrens cough) - 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 cough children oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus relief cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *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*	

Preferred Agents	Non-Preferred Agents
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1 *mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL* *mucus-d (generic for MUCINEX D) - Tier 1; AL* *mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL* *nasal decongestant 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant max st (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1* *nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1* *no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1* *no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *promethazine vc/codeine - Tier 1; QL; ARL; AL* *promethazine-codeine - Tier 1; QL; ARL; AL* *promethazine-dm - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
promethazine-phenyleph-codeine - Tier 1; QL; ARL; 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* *ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL* *ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL* *ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2* *rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *rynex pe - Tier 1; AL* *rynex pse - Tier 1; AL* *siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL* *sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *sodium chloride inhalation nebulization solution 0.9 % - Tier 1* *SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL* SUDAFED CHILDRENS - Tier 2; QL *SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL* *SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2* *sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL* *sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1 *suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *tussin cf oral liquid 30-10-100 mg/5ml - Tier 1* *tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL* *tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *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*	*AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL* *LORZONE (brand for chlorzoxazone) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL *orphenadrine citrate er - Tier 1; QL*	
Sleep Disorder Agents	
Sleep Promoting Agents	
eszopiclone oral tablet 1 mg (generic for LUNESTA) - Tier 1; QL *eszopiclone oral tablet 2 mg, 3 mg (generic for LUNESTA) - Tier 1* *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 oral (generic for AMBIEN) - Tier 1; QL*	*AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL* *AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA* BELSOMRA - Tier 2; PA DAYVIGO - Tier 2; PA *doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL* EDLUAR - Tier 2; PA; QL *estazolam - Tier 1; PA; QL* *HALCION (brand for triazolam) - Tier 2; PA; QL* *LUNESTA ORAL TABLET 1 MG (brand for eszopiclone) - Tier 2; PA; QL* *LUNESTA ORAL TABLET 2 MG, 3 MG (brand for eszopiclone) - Tier 2; PA* *ramelteon (generic for ROZEREM) - Tier 1; PA; QL* *RESTORIL (brand for temazepam) - Tier 2; PA; QL* *ROZEREM (brand for ramelteon) - Tier 2; PA; QL* *SILENOR (brand for doxepin hcl) - Tier 2; PA; QL* *temazepam oral capsule 22.5 mg, 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL*
Wakefulness Promoting Agents	
armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL *modafinil (generic for PROVIGIL) - Tier 1; DX2RX; QL*	*NUVIGIL (brand for armodafinil) - Tier 2; DX2RX; QL* *PROVIGIL (brand for modafinil) - Tier 2; DX2RX; QL* SUNOSI - Tier 2; PA; QL WAKIX - Tier 2; PA XYREM - Tier 2; PA; SP; QL
Sleep Disorder Agents - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Drugs for Sleeping	
nighttime sleep aid max st (generic for UNISOM SLEEPGELS) - Tier 1	

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Preferred Agents	Non-Preferred Agents
sleep aid max st (generic for UNISOM SLEEPGELS) - Tier 1 *sleep aid oral capsule 50 mg (generic for UNISOM SLEEPGELS) - Tier 1* *sleep-aid max st (generic for UNISOM SLEEPGELS) - Tier 1* *sleep-aid nighttime oral capsule 50 mg (generic for UNISOM SLEEPGELS) - Tier 1* *sleep-aid oral capsule 50 mg (generic for UNISOM SLEEPGELS) - Tier 1*	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
adc/f (0.5mg/ml) - Tier 1; QL *animal shapes complete (generic for CEROVITE JR) - Tier 1; QL; AL* *animal shapes kids first (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL; AL* *ascorbic acid oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL* *biocel (generic for LYSIPLEX PLUS) - Tier 1; QL; AL* *b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL; AL* *BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vita/fe drop) - Tier 2; QL; AL* *BPROTECTED VITAMIN C (brand for liquid c) - Tier 2; QL* *calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL* *calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL* *calcium fast dissolution - Tier 1; QL* *calcium high potency - Tier 1; QL* *calcium oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL* *calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1* *CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL; AL* *CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL; AL*	

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Preferred Agents	Non-Preferred Agents
cerovite jr (generic for CEROVITE JR) - Tier 1; QL; AL *chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL* *chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL* *chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL; AL* *childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL; AL* *childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL; AL* *childrens chewables/ex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL; AL* *childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL; AL* *childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL; AL* *childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL; AL* *childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL; AL* *daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *daily vitamin formula+iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *effer-k oral tablet effervescent 25 meq - Tier 1; QL* *ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL* *fruity c - Tier 1; QL* *gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL; AL* *gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL; AL* *klor-con/ef - Tier 1; QL* *k-prime - Tier 1; QL* *liquid c (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL; AL* *lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL; AL* *multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL *nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL; AL* OBSTETRIX EC - Tier 2; QL; AL OBTREX - Tier 2; QL; AL *one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *oyster shell calcium 500 + d - Tier 1; QL* *oyster shell calcium oral tablet 500 mg - Tier 1; QL* *oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1* *stress formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *tri-vite/fluoride oral solution 0.25 mg/ml - Tier 1; QL; AL* *tri-vite/fluoride oral solution 0.5 mg/ml - Tier 1; QL* *vit c/rose hips - Tier 1; QL* *vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL; AL* *vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL; AL* *vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL; AL* *vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL* *vitamin c er oral tablet extended release 1500 mg - Tier 1; QL* *vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL* *vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL* *vitamin c/rose hips oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL*	

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
vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; QL *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL* *vitamins acd-fluoride - Tier 1; QL; AL* *vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL; AL* *zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL*	
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	
b-1 - Tier 1; QL *b6 - Tier 1; QL* *cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL* *DODEX (brand for cyanocobalamin) - Tier 2; QL* *e-400-clear - Tier 1; QL* NASCOBAL - Tier 2; QL *natural vitamin e - Tier 1; QL* *pyridoxine hcl oral - Tier 1; QL* *thiamine hcl oral - Tier 1; QL* *vitamin b1 - Tier 1; QL* *vitamin b-1 oral tablet 250 mg - Tier 1; QL* *vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1* *vitamin b12 oral tablet extended release 1000 mcg - Tier 1* *vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1* *vitamin b-6 - Tier 1; QL* *vitamin b-6 er - Tier 1; QL* *vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit) - Tier 1; QL*	
Vaccines	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
JANSSEN COVID-19 VACCINE - Tier 2; QL	

Prior Authorization / Class Criteria

Title	Drugs Impacted	Prior Authorization Criteria / Class Criteria

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

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