Preferred Drug List (PDL)

Maryland

Effective Date: October 1, 2026

United Healthcare Community Plan

NOTICE TO THE PUBLIC

NON-DISCRIMINATION STATEMENT AND ACCESSIBILITY REQUIREMENTS

UnitedHealthcare Community Plan and The Maryland Department of Health (the Department) comply with applicable Federal civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, or sex.

UnitedHealthcare Community Plan, upon request:

- Provides free aids and services to people with disabilities to communicate effectively with Department staff, such as, but not limited to:
  - Qualified sign language interpreters
  - Writing information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides **NO COST, FREE** language services to people whose primary language is not English, such as, but not limited to:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please contact the Department's health program, service, local health department or health insurance marketplace directly.

If you believe that the Department has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UTAH 84130, 1-800-318-8821, TTY 711, **UHC_Civil_Rights@uhc.com** or The Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU), 201 West Preston Street, Room 422, Baltimore, Maryland 21201, 410-767-6600 (Voice) 410-333-5337 (Fax), **mdh.oeop@maryland.gov** (email). Deaf and hard of hearing individuals may use MD Relay 7-1-1.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, staff 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/smartscreen/main.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-868-1019, 800-537-7697(TDD).

Complaint forms are available at **https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf**.

AVISO AL PÚBLICO

DECLARACIÓN DE NO DISCRIMINACIÓN Y REQUISITOS DE ACCESIBILIDAD

UnitedHealthcare Community Plan y el Departamento de Salud de Maryland (el Departamento) cumplen con las leyes federales de derechos civiles aplicables y no discriminan, excluyen ni tratan a las personas de forma diferente por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

UnitedHealthcare Community Plan, previa solicitud:

- Proporciona ayuda y servicios gratuitos a personas con discapacidades para que puedan comunicarse de manera efectiva con el personal del Departamento, como los siguientes:
  - Intérpretes de lenguaje de señas calificados
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos)
- Proporciona servicios de idioma **SIN COSTO (GRATUITOS)** a las personas cuyo idioma principal no es el inglés, como los siguientes:
  - Intérpretes calificados
  - Información escrita en otros idiomas

Si necesita estos servicios, comuníquese directamente con el programa o servicio de salud del Departamento, su departamento de salud local o el mercado de seguros de salud.

Si considera que el Departamento no ha proporcionado estos servicios o que ha discriminado de otro modo por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja formal ante el coordinador de derechos civiles escribiendo a Civil Rights Coordinator, UnitedHealthcare Civil Rights Grievance, P.O. Box 30608, Salt Lake City, UTAH 84130, llamando al 1-800-318-8821, TTY 711, o enviando un correo electrónico a **UHC_Civil_Rights@uhc.com**; o ante la Unidad de Cumplimiento de Acceso Igualitario de la Oficina de Programas de Igualdad de Oportunidades del Departamento de Salud de Maryland, escribiendo a The Maryland Department of Health, Office of Equal Opportunity Programs, Equal Access Compliance Unit (EACU), 201 West Preston Street, Room 422, Baltimore, Maryland 21201, llamando al 410-767-6600 (voz), enviando un fax al 410-333-5337 o enviando un correo electrónico a **mdh.oeop@maryland.gov**. Las personas sordas y con dificultades auditivas pueden usar el servicio de retransmisión de Maryland llamando al 7-1-1.

Puede presentar una queja formal en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja formal, hay personal disponible para ayudarle.

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 reclamos de la Oficina de Derechos Civiles, disponible en **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, o por correo postal a U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, o por teléfono al 1-800-868-1019, 800-537-7697 (TDD).

Los formularios de reclamos están disponibles en **https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf**.

Language Accessibility Statement

If you speak English, language assistance services, free of charge, are available to you.

Call: 1-877-463-3464 (TTY: 7-1-1).

Español/Spanish
Si habla español, dene a su disposición servicios gratuitos de asistencia lingüísdca. Llame al: 877-463-3464 (TTY: 7-1-1).

አማርኛ/Amharic
የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 877-463-3464 (መስማትለተሳናቸው: TTY: 7-1-1).

Adi/ﻲﺑ XW الا
877-463-3464 برقم اتـ ل .ةالمجان تتواغفر الا ةة اهلـ سع المدةخر تـم اصفإن ،الا اذ تتحد اث كنت :إمذلـ ظة جوكلآ
قم(لاتمهاصر والآ: (7-1-1: TTY).

Ɓàsɔɔ̂ -wùɖù-po-nyɔ̀(Bassa)
Dè ɖɛ nìà kɛ dyéɖé gbo: Ɔ jǔ ké m̀ [Ɓàsɔɔ̂ -wùɖù-po-nyɔ̀] jǔ ní, nìí, à wuɖu kà kò ɖò po-poɔ̀bɛìń m̀ gbo kpáa. Đá 877-463-3464 (TTY: 7-1-1)

中文/Chinese
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 877-463-3464 (TTY: 7-1-1)

Farsi/ fارﻓ

Français/French
Si vous parlez français, des services d'aide linguisdque vous sont proposés gratuitement. Appelez le: 877-463-3464 (ATS: 7-1-1).

ગુજરાતી/Gujarati
જો તમે ગુજરાતી બોલો છો, તો તમારા માટે ભાષા સહાય સેવાઓ મફતમાં ઉપલ;ધ છે. કોલ કરો: 877-463-3464 (TTY: 711).

kreyòl ayisyen/Hailan Creole
Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib grads pou ou. Rele 877-463-3464 (TTY: 7-1-1).

Igbo
O buru na asu Ibo asusu, enyemaka diri gi site na call 877-463-3464 (TTY: 7-1-1)

한국어/Korean

한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다.

877-463-3464 (TTY: 7-1-1) 번으로 전화해 주십시오.

Português/Portuguese

Se fala português, encontram-se disponíveis serviços linguísdcos, gráds. Ligue para 877-463-3464 (TTY: 7-1-1)

Русский/Russian

Помощь доступна на вашем языке: 877-463-3464 (TTY: 7-1-1). Эти услуги предоставляются бесплатно.

Tagalog

Makakakuha kayo ng tulong sa iyong wika: 877-463-3464 (TTY: 7-1-1). Ang mga serbisyong ito ay libre.

/ار

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877-463-3464. (7-1-1: TTY)

Tiếng Việt/Vietnamese

Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-463-3464 (TTY: 7-1-1).

Yorùbá/Yoruba

Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 877-463-3464 (TTY: 7-1-1)

Listing of preferred drugs

Introduction

UnitedHealthcare Community Plan is pleased to provide this **Listing of Preferred Drugs** to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this Listing of Preferred Drugs 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 Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice.

Notice

The information contained in this Listing of Preferred Drugs 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 Listing of Preferred Drugs is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

Preface

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.

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 Listing of Preferred Drugs. Generics should be considered the first line of prescribing.

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 preferred drug listing. Preferred drug listing 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 POL inclusion, it will be reviewed relative to similar drugs currently included in the UnitedHealthcare Community Plan POL. 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 POL is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

Listing of preferred drugs product descriptions

To assist in understanding which specific strengths and dosage forms are covered on the Listing of Preferred Drugs, 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/ Cortisporin
Hydrocortisone

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

When a strength or dosage form is specified, only the specified strength and dosage form is on the Listing of Preferred Drugs. Other strengths/dosage forms of the reference product are not. cefixime (400mg tabs only) SUPRAX

Drug tiers

The drugs listed in the POL 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 Listing of Preferred Drugs **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 POL 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 Listing of Preferred Drugs 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 Listing of Preferred Drugs.

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

Days supply dispensing limitations

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

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

Mandatory generic substitution

The UnitedHealthcare Community Plan 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 Listing of Preferred 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 that there may be occasions where an unlisted drug is desired for the proper medical management of a specific patient. In those infrequent instances, the prior authorization process reviews requests for unlisted medications the physician may consider medically necessary for patient management.

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

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

Community Plan Pharmacy Prior Authorization for Prescribers | UHCprovider.com

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

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

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

Non-preferred drugs 3-day temporary supply overrides

To ensure the use of POL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 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.**

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 Listing of Preferred Drugs 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 POL.

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 preferred 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 preferred alternatives may be appropriate in many instances, other non-preferred 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
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/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
Optivar	14-day trial of ketotifen within previous 90 days required first.
STEP Drug	**First-Line Agent(s)**
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)

Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long-acting nitrates
Renvela	8-week trial of calcium acetate
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.

Listing of preferred drugs suggestions

Providers who wish to propose Listing of Preferred Drugs 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 Listing of Preferred Drugs addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current Listing of Preferred Drugs 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 Listing of Preferred Drugs are encouraged. Your input is vital to this Listing of Preferred Drugs' continued success. All responses will be reviewed and considered. Please send your comments to:

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

Legend

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

Notice

The information contained in this document is proprietary information. The information may not be copied in whole or in part without the written permission of UnitedHealthcare Community Plan. All rights reserved. The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare Community Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare Community Plan and such third-party pharmaceutical companies.

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

There are certain medications which are carved out of the UnitedHealthcare Community Plan drug benefit and are pain by the Maryland Department of Health Pharmacy Program. Some examples of these medications are:

- **Mental health agents**
- **Specific anticonvulsants**
- **Nicotine replacement products**
- **Parkinson's agents - benztropine and trihexyphenidyl**
- **Substance use disorder**

For a complete listing, refer to the Maryland Medicaid Mental Health Formulary at **mmcp.health.maryland.gov/pap/Pages/paphome.aspx.**

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United Healthcare Community Plan

UnitedHealthcare Community Plan of Maryland

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Preferred Agents	Non-Preferred Agents
Alkylating Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
cyclophosphamide oral capsule - Tier 1 CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 *lomustine (generic for GLEOSTINE) - Tier 1* MATULANE - Tier 2; SP; QL *temozolomide oral capsule 100 mg - Tier 1; SP* *temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; SP; QL*	
Alpha-adrenergic Agonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg - Tier 1; QL* *guanfacine hcl - Tier 1; QL* *methyldopa - Tier 1; QL* *midodrine hcl - Tier 1; QL*	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL *prazosin hcl oral - Tier 1; QL*	
Aminoglycosides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
gentamicin sulfate external - Tier 1; QL *neomycin sulfate oral - Tier 1; QL* *streptomycin sulfate intramuscular - Tier 1; QL* TOBRADEX - Tier 2; QL ZEMDRI - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Aminosalicylates - Inflammatory Bowel Disease Drugs	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
balsalazide disodium - Tier 1; QL *mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL* *mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL* *mesalamine rectal suppository (generic for CANASA) - Tier 1; QL*	DIPENTUM - Tier 2; PA; QL *LIALDA (brand for mesalamine) - Tier 2; PA; QL* *PENTASA (brand for mesalamine er) - Tier 2; PA; QL*
Analgesics - Miscellaneous Analgesics	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL *8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen childrens oral liquid 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen childrens oral solution - Tier 1; QL*	

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

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

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

Preferred Agents	Non-Preferred Agents
non-aspirin childrens oral tablet chewable 80 mg (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* *pain & fever child (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain & fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain & fever childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain & fever infants oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief extra strength oral capsule 500 mg - Tier 1; QL* *pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *pain relief regular strength (generic for PHARBETOL) - Tier 1; QL* *pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever adults - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL *VANQUISH EXTRA STRENGTH (brand for aspirin-acetaminophen-caffeine) - Tier 2* *VICKS PAINQUIL (brand for acetaminophen extra strength) - Tier 2*	
Androgens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
danazol oral - Tier 1; QL *testosterone cypionate intramuscular solution 100 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; QL; AL* *testosterone cypionate solution 200 mg/ml intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; DX2RX; QL; AL* *TESTOSTERONE CYPIONATE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; DX2RX; QL; AL* *testosterone enanthate intramuscular - Tier 1; PA; QL; AL* *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL; AL* *testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL; AL* *testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL; AL* *testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA; AL* *testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL; AL*	*DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML (brand for testosterone cypionate) - Tier 2; PA; QL; AL* *DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; DX2RX; QL; AL* NATESTO - Tier 2; PA; QL *TESTIM (brand for testosterone) - Tier 2; PA; QL; AL* *VOGELXO (brand for testosterone) - Tier 2; PA; QL; AL* XYOSTED - Tier 2; PA; QL
Angioedema Agents	
Immunological Agents	
	ORLADEYO ORAL CAPSULE - 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
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
HAEGARDA - Tier 2; PA; SP; QL *icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL* RUCONEST - Tier 2; PA; SP; QL	
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
irbesartan (generic for AVAPRO) - Tier 1; QL *losartan potassium oral (generic for COZAAR) - Tier 1; QL* *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*	*COZAAR (brand for losartan potassium) - Tier 2; PA; QL* *EDARBI (brand for azilsartan medoxomil) - Tier 2; PA; QL*
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL *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 - Tier 1; QL* *ramipril - Tier 1; QL* *trandolapril - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Anthelmintics - Worm Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
albendazole oral - Tier 1; DX2RX; QL BENZNIDAZOLE - Tier 2; DX2RX; QL *BILTRICIDE (brand for praziquantel) - Tier 2; QL* *ivermectin oral tablet 3 mg (generic for STROMECTOL) - Tier 1; DX2RX; QL* *praziquantel oral (generic for BILTRICIDE) - Tier 1; QL*	EMVERM - Tier 2; PA; QL
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
abiraterone acetate oral tablet 250 mg (generic for ABIRTEGA) - Tier 1; SP; QL *abirtega (generic for ABIRTEGA) - Tier 1; SP; QL* *bicalutamide (generic for CASODEX) - Tier 1; QL* ERLEADA - Tier 2; PA; SP; QL	ORGOVYX - Tier 2; PA; SP; QL XTANDI - Tier 2; PA; SP; QL *YONSA (brand for abiraterone acetate micronized) - Tier 2; PA; SP; QL* *ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL*
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)	
NUBEQA - Tier 2; PA; SP; QL	
Antiangiogenic Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
lenalidomide (generic for REVLIMID) - Tier 1; SP; QL *pomalidomide (generic for POMALYST) - Tier 1; PA; SP; QL* THALOMID - Tier 2; PA; SP; QL	*POMALYST ORAL CAPSULE 1 MG (brand for pomalidomide) - Tier 2; PA; SP; QL* *REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL*

Preferred Agents	Non-Preferred Agents
Antiarrhythmics - Heart Regulation Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiodarone hcl oral tablet 200 mg (generic for PACERONE) - Tier 1; QL *amiodarone hcl oral tablet 400 mg - Tier 1; QL* *dofetilide (generic for TIKOSYN) - Tier 1; QL* *flecainide acetate - Tier 1; QL* *mexiletine hcl oral - Tier 1; QL* *propafenone hcl - Tier 1; QL* *quinidine sulfate - Tier 1; QL* *sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL* *sotalol hcl oral (generic for BETAPACE) - Tier 1; QL*	MULTAQ - Tier 2; PA; QL *NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL* *PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL* *TIKOSYN (brand for dofetilide) - Tier 2; PA; QL*
Antibacterials, Other	
Antibacterials	
	VOWST - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antibacterials, Other - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL *antibiotic external ointment 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL* *bacitracin zinc external - Tier 1; QL* *bacitracin zinc-aloe - Tier 1; QL* *BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2* *chloramphenicol sod succinate - Tier 1; QL* *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* *daptomycin - Tier 1; QL* *double antibiotic (generic for POLYSPORIN) - Tier 1* *first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL*	CLINDESSE - Tier 2; PA NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL *VANDAZOLE (brand for metronidazole) - Tier 2; PA; QL* XACIATO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1 *FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL* *lincomycin hcl injection (generic for LINCOCIN) - Tier 1; QL* *linezolid in sodium chloride - Tier 1; QL* *linezolid intravenous (generic for ZYVOX) - Tier 1; QL* *linezolid oral suspension reconstituted - Tier 1; QL; AL* *linezolid oral tablet - Tier 1* *medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *methenamine hippurate - Tier 1; QL* *metronidazole external cream - Tier 1; QL* *metronidazole external gel - Tier 1; QL* *metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL* *metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL* *mupirocin ointment - Tier 1; QL* *NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL* *nitrofurantoin macrocrystal - Tier 1; QL* *nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL* *poly bacitracin (generic for POLYSPORIN) - Tier 1* *polymyxin b sulfate injection - Tier 1; QL* *POLYSPORIN (brand for double antibiotic) - Tier 2* *povidone-iodine external solution (generic for BETADINE) - Tier 1* *SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2* *silver sulfadiazine external (generic for SSD) - Tier 1; QL* SIVEXTRO INTRAVENOUS - Tier 2; QL *ssd (generic for SSD) - Tier 1; QL* *tigecycline (generic for TYGACIL) - Tier 1; QL* *tinidazole oral tablet 250 mg - Tier 1* *tinidazole oral tablet 500 mg - Tier 1; QL* *trimethoprim oral - Tier 1; QL* *triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 500 mg/100ml, 750 mg/150ml (generic for TYZAVAN) - Tier 1 *vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; QL* *vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL*	
Anticoagulants - Blood Thinners	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL ELIQUIS ORAL TABLET - Tier 2; QL *enoxaparin sodium (generic for LOVENOX) - Tier 1; QL* *heparin sodium (porcine) +rfid - 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 injection solution 1000 unit/ml - Tier 1; QL* *heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml - Tier 1* *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg - Tier 1; QL* *warfarin sodium oral tablet 6 mg - Tier 1*	*PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL* PRADAXA ORAL PACKET - Tier 2; PA; QL; AL SAVAYSA - Tier 2; PA; QL *XARELTO (brand for rivaroxaban) - Tier 2; PA; QL* XARELTO STARTER PACK - Tier 2; PA; QL
Anticonvulsants, Other - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
phenobarbital oral elixir 20 mg/5ml - Tier 1; QL *phenobarbital oral tablet - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
Antivirals - Drugs to Treat Viral Infections	
valganciclovir hcl oral tablet - Tier 1; QL	LIVTENCITY - Tier 2; PA; QL
Antidiabetic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
acarbose oral - Tier 1; QL ALOGLIPTIN BENZOATE - Tier 2; DX2RX; QL ALOGLIPTIN-METFORMIN HCL - Tier 2; DX2RX; QL ALOGLIPTIN-PIOGLITAZONE - Tier 2; DX2RX; QL *dapaglifloz base-metformin er (generic for XIGDUO XR) - Tier 1; PA; QL; AL* *dapagliflozin (generic for FARXIGA) - Tier 1; QL; AL* *glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL* *glipizide er (generic for GLUCOTROL XL) - Tier 1; QL* *glipizide oral tablet 10 mg, 5 mg - Tier 1; QL* *glyburide - Tier 1; QL* *glyburide-metformin - Tier 1; QL* *liraglutide (generic for VICTOZA) - Tier 1; PA; 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* MOUNJARO - Tier 2; PA; QL *nateglinide - Tier 1; QL*	CYCLOSET - Tier 2; PA; QL *FARXIGA (brand for dapagliflozin) - Tier 2; PA; QL; AL* GLYXAMBI - Tier 2; PA; QL INVOKAMET - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL *JANUMET (brand for sitagliptin phos-metformin hcl) - Tier 2; PA; QL* *JANUMET XR (brand for sitaglip phos-metformin hcl er) - Tier 2; PA; QL* *JANUVIA (brand for sitagliptin phosphate) - Tier 2; PA; QL* JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL SEGLUROMET - Tier 2; PA; QL STEGLATRO - 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; QL

Preferred Agents	Non-Preferred Agents
OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL *pioglitazone hcl (generic for ACTOS) - Tier 1; QL* *repaglinide - Tier 1; QL* RYBELSUS - Tier 2; PA; QL *saxagliptin hcl - Tier 1; DX2RX; QL* *VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; QL* *VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; ST; QL* XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG - Tier 2; PA; QL	*XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-1000 MG, 5-500 MG (brand for dapagliflozin base-metformin er) - Tier 2; PA; QL; AL* XULTOPHY - Tier 2; PA; QL
Antiemetics, Other - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
anti-nausea (generic for EMETROL) - Tier 1 *anti-nausea relief (generic for EMETROL) - Tier 1* *BONINE (brand for cvs motion sickness relief) - Tier 2* *driminate tablet 50 mg oral (generic for DRIMINATE) - Tier 1* *DRIMINATE TABLET 50 MG ORAL (brand for cvs motion sickness) - Tier 2* *EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2* *meclizine hcl oral tablet 12.5 mg - Tier 1; QL* *meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL* *meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1* *metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL* *metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL* *motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness oral tablet chewable 25 mg (generic for BONINE) - Tier 1* *motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1*	

Preferred Agents	Non-Preferred Agents
motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1 *motion-time (generic for BONINE) - Tier 1* *nausea control (generic for EMETROL) - Tier 1* *nausea relief (generic for EMETROL) - Tier 1* *prochlorperazine (generic for COMPRO) - Tier 1; QL* *prochlorperazine maleate oral - Tier 1; QL* *travel ease (generic for BONINE) - Tier 1* *travel-ease oral tablet chewable (generic for BONINE) - Tier 1*	
Antiestrogens/Modifiers - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
tamoxifen citrate oral - Tier 1; QL *toremifene citrate (generic for FARESTON) - Tier 1; QL*	
Antifungals - Fungal Infection Drugs	
Antifungals - Drugs to Treat Fungal Infections	
3 day vaginal - Tier 1 *7 day vaginal (generic for MONISTAT 7) - Tier 1; QL* *antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL* *anti-fungal external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1* *antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL* *antifungal external cream 2 % (generic for DERMACINRX LASOLEX AC) - Tier 1* *antifungal external powder 2 % (generic for MICRO GUARD) - Tier 1; QL* *athlete's foot (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1* *athletes foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *athletes foot (tolnaftate) external aerosol powder 1 % (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1* *athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL*	CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL GYNAZOLE-1 - Tier 2; PA; QL NOXAFIL - Tier 2; PA; QL; AL *VFEND (brand for voriconazole) - Tier 2; PA; QL* VIVJOA - 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
athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1 *athletes foot external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *athletes foot external powder 2 % (generic for MICRO GUARD) - Tier 1; QL* *athletes foot powder spray (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1* *athletes foot relief (generic for TINACTIN) - Tier 1* *athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1* *baza antifungal (generic for DERMACINRX LASOLEX AC) - Tier 1* *ciclodan (generic for CICLODAN) - Tier 1; QL* *ciclopirox external solution (generic for CICLODAN) - Tier 1; QL* *clotrimazole 3 - Tier 1* *clotrimazole external cream 1 % (generic for LOTRIMIN AF) - Tier 1; QL* *clotrimazole external solution 1 % (generic for LASOLEX) - Tier 1; QL* *clotrimazole mouth/throat troche 10 mg - Tier 1; QL* *clotrimazole vaginal cream 1 % - Tier 1; QL* *CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2* *DERMACINRX LASOLEX AC (brand for antifungal) - Tier 2* *DESENEX (brand for antifungal) - Tier 2* *DR SCHOLLS ODOR-X ATHLETE FOOT (brand for athlete's foot) - Tier 2* *fluconazole oral (generic for DIFLUCAN) - Tier 1; QL* *foot & sneaker (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1* *ft 7 day vaginal - Tier 1; QL* *fungi-guard (generic for TINACTIN) - Tier 1; QL* *griseofulvin microsize oral - Tier 1; QL* *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; QL* *itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL* *jock itch external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - 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
ketoconazole external cream - Tier 1; QL *ketoconazole external shampoo - Tier 1; QL* *ketoconazole oral - Tier 1; QL* *klayesta (generic for KLAYESTA) - Tier 1; QL* *LAMISIL AT ATHLETES FOOT (brand for athletes foot (terbinafine)) - Tier 2; QL* *LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL* *LOTRIMIN AF EXTERNAL AEROSOL POWDER (brand for athletes foot powder spray) - Tier 2* *MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2* *micaderm (generic for DERMACINRX LASOLEX AC) - Tier 1* *miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *miconazole 3 vaginal suppository - Tier 1; QL* *miconazole 7 vaginal cream (generic for MONISTAT 7) - Tier 1; QL* *miconazole antifungal (generic for DERMACINRX LASOLEX AC) - Tier 1* *miconazole nitrate external cream (generic for DERMACINRX LASOLEX AC) - Tier 1* *miconazorb af (generic for MICRO GUARD) - Tier 1; QL* *MICRO GUARD (brand for antifungal) - Tier 2; QL* *MONISTAT 3 (brand for miconazole 3) - Tier 2* *MONISTAT 3 COMBO PACK APP (brand for cvs miconazole 3 combo pack) - Tier 2; QL* *MONISTAT 7 (brand for 7 day vaginal) - Tier 2; QL* *nystatin external (generic for KLAYESTA) - Tier 1; QL* *nystatin mouth/throat suspension 100000 unit/ml - Tier 1; QL* *nystatin oral - Tier 1; QL* *nystatin-triamcinolone - Tier 1; QL; AL* *nystop (generic for KLAYESTA) - Tier 1; QL* *SECURA ANTIFUNGAL EXTRA THICK (brand for antifungal) - Tier 2* *terbinafine hcl external (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *terbinafine hcl oral - Tier 1; QL*	

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
terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL *terconazole vaginal cream - Tier 1; QL* *TINACTIN EXTERNAL CREAM (brand for cvs athletes foot (tolnaftate)) - Tier 2; QL* *tolnaftate external cream (generic for TINACTIN) - Tier 1; QL* *tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1* *voriconazole oral tablet - Tier 1; PA; QL*	
Antigout Agents - Gout Drugs	
Antigout Agents - Drugs to Treat Gout	
allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL *colchicine oral tablet - Tier 1; QL* *febuxostat (generic for ULORIC) - Tier 1; QL* *probenecid - Tier 1; QL*	*MITIGARE (brand for colchicine) - Tier 2; PA; QL*
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	
Antivirals - Drugs to Treat Viral Infections	
BARACLUDE ORAL SOLUTION - Tier 2; QL *entecavir (generic for BARACLUDE) - Tier 1; QL* *lamivudine oral tablet 100 mg - Tier 1; QL*	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
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 *SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL*	*EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL* *HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* *LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* SOVALDI - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
PEGASYS - Tier 2; PA; SP; QL *ribavirin oral - Tier 1; QL*	
Antiherpetic Agents - Herpes Drugs	
Antivirals - Drugs to Treat Viral Infections	
acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL *acyclovir oral capsule - Tier 1; QL* *acyclovir oral suspension 200 mg/5ml - Tier 1; QL* *acyclovir oral tablet - Tier 1; QL* *valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL*	
Antihistamines - Allergy Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
12 hour allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*	

Preferred Agents	Non-Preferred Agents
allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *allergy relief d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief/nasal decongest (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief-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 oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *aller-tec d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *cetirizine-pseudoephedrine er (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL* *CLARITIN-D 24 HOUR (brand for allergy relief d) - Tier 2; QL; AL*	

Preferred Agents	Non-Preferred Agents
DESGEN DM (brand for ft tussin cf adult) - Tier 2; AL ED A-HIST ORAL LIQUID - Tier 2; 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* *ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL* *ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL* *tussin cf adult (generic for DESGEN DM) - Tier 1; AL* *ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL* *ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL*	

Preferred Agents	Non-Preferred Agents
Antihistamines - Drugs to Treat Allergies	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL *24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL* *ALAVERT (brand for cvs allergy relief) - Tier 2; QL* *all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL* *all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL* *all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL* *ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL* *ALLER-BEN ORAL TABLET 25 MG (brand for allergy relief) - Tier 2; QL* *allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL* *aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL* *allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*	RYALTRIS - Tier 2; PA; QL; AL

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

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

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Preferred Agents	Non-Preferred Agents
childrens allergy oral liquid 12.5 mg/5ml (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL *childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *CLARITIN CHILDRENS (brand for cvs allergy relief childrens) - Tier 2; QL* *CLARITIN ORAL TABLET CHEWABLE 5 MG (brand for cvs allergy relief childrens) - Tier 2; QL* *complete allergy medicine (generic for BANOPHEN) - Tier 1; QL* *complete allergy relief (generic for BANOPHEN) - Tier 1; QL* *CURELIEF (brand for allergy childrens) - Tier 2; QL* *cyproheptadine hcl oral syrup 2 mg/5ml - Tier 1; QL* *cyproheptadine hcl oral tablet - Tier 1; QL* *DIMETANE ALLERGY RELIEF (brand for allergy) - Tier 2; QL* *DIMETANE ALLERGY RELIEF EX ST (brand for diphenhydramine hcl) - Tier 2; QL* *DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL* *diphen (generic for BANOPHEN) - Tier 1; QL* *diphenhydramine hcl childrens (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *diphenhydramine hcl oral capsule (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *diphenhydramine hcl oral liquid (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; QL* *ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL* *fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL* *geri-dryl (generic for BANOPHEN) - Tier 1; QL* *indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL* *levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL* *liquid allergy relief (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine childrens (generic for CLARITIN) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL *loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL* *loratadine oral tablet dispersible (generic for ALAVERT) - Tier 1; QL* *MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL* *m-dryl (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *NARAMIN (brand for allergy childrens) - Tier 2; QL* *night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; QL* *nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL* *pharbedryl (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *promethazine hcl oral - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* *qc nighttime sleep aid (generic for SIMPLY SLEEP) - Tier 1; QL* *rest simply (generic for SIMPLY SLEEP) - Tier 1; QL* *SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; QL* *sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep tabs (generic for SIMPLY SLEEP) - Tier 1; QL* *total allergy (generic for BANOPHEN) - Tier 1; QL* *total allergy medicine (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL*	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
Antivirals - Drugs to Treat Viral Infections	
DOVATO - Tier 2; DX2RX; 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
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
BIKTARVY - Tier 2; DX2RX; QL CABENUVA - Tier 2; PA; QL GENVOYA - Tier 2; DX2RX; QL ISENTRESS HD - Tier 2; DX2RX; QL ISENTRESS ORAL PACKET - Tier 2; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL TRIUMEQ - Tier 2; DX2RX; QL TRIUMEQ PD - Tier 2; QL	STRIBILD - Tier 2; PA; QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
DELSTRIGO - Tier 2; DX2RX; QL EDURANT PED - Tier 2; QL; AL *efavirenz - Tier 1; DX2RX; QL* *efavirenz-emtricitab-tenofo df - Tier 1; DX2RX; QL* *efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; DX2RX; QL* *emtricitab-rilpivir-tenofov df (generic for COMPLERA) - Tier 1; DX2RX; QL* *etravirine (generic for INTELENCE) - Tier 1; DX2RX; QL* INTELENCE ORAL TABLET 25 MG - Tier 2; DX2RX; QL JULUCA - Tier 2; DX2RX; QL *nevirapine - Tier 1; DX2RX; QL* *nevirapine er - Tier 1; DX2RX; QL* ODEFSEY - Tier 2; DX2RX; QL *rilpivirine hcl (generic for EDURANT) - Tier 1; DX2RX; QL*	*COMPLERA (brand for emtricitab-rilpivir-tenofov df) - Tier 2; DX2RX; QL* *EDURANT (brand for rilpivirine hcl) - Tier 2; DX2RX; QL* PIFELTRO - Tier 2; PA; QL *SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; QL*

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
Antivirals - Drugs to Treat Viral Infections	
SUNLENCA - Tier 2; QL; AL YEZTUGO - Tier 2; QL; AL	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
abacavir sulfate (generic for ZIAGEN) - Tier 1; DX2RX; QL *abacavir sulfate-lamivudine - Tier 1; DX2RX; QL* DESCOVY - Tier 2; QL *emtricitabine (generic for EMTRIVA) - Tier 1; DX2RX; QL* *emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL* EMTRIVA ORAL SOLUTION - Tier 2; DX2RX; QL *lamivudine oral solution 10 mg/ml (generic for EPIVIR) - Tier 1; DX2RX; QL* *lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; DX2RX; QL* *lamivudine-zidovudine - Tier 1; DX2RX; QL* *tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; 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; PA; QL *TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL*
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
APRETUDE - Tier 2; QL; AL *maraviroc (generic for SELZENTRY) - Tier 1; DX2RX; QL*	

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
APTIVUS - Tier 2; DX2RX; QL *atazanavir sulfate (generic for REYATAZ) - Tier 1; DX2RX; QL* *darunavir (generic for PREZISTA) - Tier 1; DX2RX; QL* EVOTAZ - Tier 2; DX2RX; QL *fosamprenavir calcium - Tier 1; DX2RX; QL* KALETRA ORAL SOLUTION - Tier 2; DX2RX; QL *lopinavir-ritonavir (generic for KALETRA) - Tier 1; DX2RX; QL* NORVIR ORAL PACKET - Tier 2; DX2RX; QL PREZCOBIX ORAL TABLET 675-150 MG - Tier 2; QL PREZCOBIX ORAL TABLET 800-150 MG - Tier 2; DX2RX; QL REYATAZ ORAL PACKET - Tier 2; DX2RX; QL; AL *ritonavir (generic for NORVIR) - Tier 1; DX2RX; QL* VIRACEPT - Tier 2; DX2RX; QL	*PREZISTA (brand for darunavir) - Tier 2; DX2RX; QL* *REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; DX2RX; QL* SYMTUZA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
24 hour nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL *allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* ASMANEX (120 METERED DOSES) - Tier 2; QL ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL ASMANEX HFA - Tier 2; Members >= 8 years of age will require PA; QL *budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL* FLUTICASONE PROPIONATE DISKUS - Tier 2; QL FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT - Tier 2; QL *fluticasone propionate hfa inhalation aerosol 44 mcg/act - Tier 1; QL* *fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL* *mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST; QL* *NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL* *nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL*	ALVESCO - Tier 2; PA; QL *ARNUITY ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; PA; QL* NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; 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

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Preferred Agents	Non-Preferred Agents
Anti-Influenza Agents - Flu Drugs	
Antivirals - Drugs to Treat Viral Infections	
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
Antileukotrienes - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; QL; AL *montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL* *montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1; QL*	
Antimetabolites - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
capecitabine - Tier 1; SP; QL DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL *hydroxyurea oral (generic for HYDREA) - Tier 1; QL* *mercaptopurine oral tablet - Tier 1; QL*	SIKLOS - Tier 2; PA; QL
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
Antimycobacterials - Drugs to Treat Infections	
dapsone oral - Tier 1; QL *rifabutin - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
lederle leucovorin (generic for LEDERLE LEUCOVORIN) - Tier 1; QL *leucovorin calcium oral tablet 10 mg - Tier 1* *leucovorin calcium oral tablet 15 mg, 25 mg - Tier 1; QL* *leucovorin calcium oral tablet 5 mg (generic for LEDERLE LEUCOVORIN) - Tier 1; QL* LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; SP; QL; AL VERZENIO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL	BESREMI - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO ORAL CAPSULE - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY SUBCUTANEOUS - Tier 2; PA; QL; AL
Antiparkinson Agents - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
	NOURIANZ - Tier 2; PA; QL
Antiparkinson Agents, Other - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
amantadine hcl oral capsule - Tier 1; QL *amantadine hcl oral solution 50 mg/5ml - Tier 1; QL* *entacapone - Tier 1; QL* *tolcapone (generic for TASMAR) - Tier 1; QL*	ONGENTYS - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antiprotozoals - Protozoal Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
atovaquone (generic for MEPRON) - Tier 1; PA; QL *atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL* *chloroquine phosphate oral - Tier 1; QL* *hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1; QL* KRINTAFEL - Tier 2; QL *mefloquine hcl - Tier 1; QL* *nitazoxanide oral - Tier 1; DX2RX; QL* *pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1; PA* *pentamidine isethionate injection (generic for PENTAM) - Tier 1; QL* *primaquine phosphate - Tier 1* *pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL* *SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; QL*	
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
dicyclomine hcl oral capsule - Tier 1; QL *dicyclomine hcl oral tablet 20 mg - Tier 1; QL* *glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1* *hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL* *hyoscyamine sulfate oral (generic for DERMACINRX DIGENYX) - Tier 1; QL* *hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL* *hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL* *hyosyne - Tier 1; QL* *LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL* *NULEV (brand for hyoscyamine sulfate) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
darifenacin hydrobromide er - Tier 1; QL *oxybutynin chloride er - Tier 1; QL* *oxybutynin chloride oral solution - Tier 1; QL* *oxybutynin chloride oral tablet 5 mg - Tier 1; QL* OXYTROL FOR WOMEN - Tier 2; QL *solifenacin succinate - Tier 1; QL* *tolterodine tartrate - Tier 1; ST; QL* *tolterodine tartrate er - Tier 1; ST; QL* *trospium chloride - Tier 1; QL*	GEMTESA - Tier 2; PA; QL *MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (brand for mirabegron er) - Tier 2; PA; QL; AL* *MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL* *TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL* *VESICARE ORAL TABLET 10 MG, 5 MG (brand for solifenacin succinate) - Tier 2; PA; QL*
Antithyroid Agents - Thyroid Suppressing Drugs	
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones	
methimazole oral - Tier 1; QL *propylthiouracil oral - Tier 1; QL*	
Antituberculars - Tuberculosis Drugs	
Antimycobacterials - Drugs to Treat Infections	
cycloserine oral - Tier 1; QL *ethambutol hcl oral tablet 100 mg - Tier 1* *ethambutol hcl oral tablet 400 mg - Tier 1; QL* *isoniazid oral - Tier 1; QL* *pyrazinamide oral - Tier 1; QL* *rifampin oral - Tier 1; QL*	
Antivirals - Drugs to Treat Viral Infections	
PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100 & 150/100) - Tier 2; QL; AL PAXLOVID (300/100) - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
anastrozole oral (generic for ARIMIDEX) - Tier 1; QL *exemestane (generic for AROMASIN) - Tier 1; QL* *letrozole oral (generic for FEMARA) - Tier 1; QL*	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
clonidine hcl er - Tier 1; QL; AL *guanfacine hcl er (generic for INTUNIV) - Tier 1; PA, for recipients 6-17 years of age, Intuniv is part of the Mental Health Formulary and billed fee-for-service For individuals not in this age range, Intuniv continues to be part of the MCO pharmacy benefit; QL*	
Benign Prostatic Hypertrophy Agents - Prostate Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL *dutasteride oral (generic for AVODART) - Tier 1; QL* *finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; PA; QL* *tamsulosin hcl - Tier 1; QL* *terazosin hcl - Tier 1; QL*	*tadalafil oral tablet 2.5 mg - Tier 1; PA; GE* *tadalafil oral tablet 5 mg (generic for CIALIS) - Tier 1; PA; QL; GE*

Preferred Agents	Non-Preferred Agents
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
atenolol oral (generic for TENORMIN) - Tier 1; QL *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, 37.5 mg, 75 mg - Tier 1; QL* *nadolol oral - Tier 1; QL* *nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL* *pindolol - Tier 1; QL* *propranolol hcl er (generic for INDERAL LA) - Tier 1; QL* *propranolol hcl oral - Tier 1; QL*	HEMANGEOL - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Beta-Lactam, Cephalosporins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
cefaclor oral capsule - Tier 1; QL *cefadroxil - Tier 1; QL* *cefazolin sodium injection solution reconstituted 1 gm, 10 gm - Tier 1; QL* *cefdinir - Tier 1; QL* *cefepime hcl intravenous solution reconstituted 2 gm - Tier 1; QL* *cefixime oral capsule - Tier 1; QL* *cefotetan disodium (generic for CEFOTAN) - Tier 1; QL* *cefpodoxime proxetil oral suspension reconstituted - Tier 1; QL; AL* *cefpodoxime proxetil oral tablet - Tier 1; QL* *cefprozil - Tier 1; QL* *ceftaroline fosamil intravenous solution reconstituted 600 mg (generic for TEFLARO) - Tier 1; QL* *ceftazidime injection (generic for TAZICEF) - Tier 1; QL* *ceftazidime intravenous (generic for TAZICEF) - Tier 1; QL* *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg - Tier 1; QL* *cefuroxime axetil - Tier 1; QL* *cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL* *cephalexin oral suspension reconstituted - Tier 1; QL* *tazicef injection (generic for TAZICEF) - Tier 1; QL* *tazicef intravenous solution reconstituted 2 gm (generic for TAZICEF) - Tier 1; QL*	
Beta-Lactam, Other - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
ertapenem sodium - Tier 1; QL *imipenem-cilastatin intravenous solution reconstituted 250 mg - Tier 1; QL* *meropenem intravenous solution reconstituted 500 mg - Tier 1; QL* VABOMERE - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Beta-Lactam, Penicillins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
amoxicillin - Tier 1; QL *amoxicillin trihydrate oral - Tier 1; QL* *amoxicillin-potassium clavulanate (generic for AUGMENTIN ES-600) - Tier 1; QL* *ampicillin - Tier 1; QL* *ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm (generic for UNASYN) - Tier 1; QL* BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML - Tier 2; QL *dicloxacillin sodium - Tier 1; QL* *nafcillin sodium injection solution reconstituted 1 gm - Tier 1; QL* *nafcillin sodium intravenous - Tier 1; QL* *oxacillin sodium injection solution reconstituted 1 gm - Tier 1; QL* *oxacillin sodium intravenous - Tier 1; QL* *penicillin g potassium injection solution reconstituted 5000000 unit (generic for PFIZERPEN) - Tier 1; QL* *penicillin g sodium - Tier 1; QL* *penicillin v potassium - Tier 1; QL* *piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - Tier 1; QL* RECARBRIO - Tier 2	
Blood Formation Modifiers - Blood Formation Drugs	
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
	EMPAVELI - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
anagrelide hcl (generic for AGRYLIN) - Tier 1 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL *eltrombopag olamine (generic for PROMACTA) - Tier 1; PA; SP; QL* LEUKINE - Tier 2; PA; SP; QL MULPLETA - Tier 2; PA; SP; QL NEULASTA ONPRO - Tier 2; PA; SP; QL NEULASTA SUBCUTANEOUS SOLUTION - Tier 2; PA; SP NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL *plerixafor (generic for MOZOBIL) - Tier 1; 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 UDENYCA ONBODY - Tier 2; PA; SP UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL ZARXIO - Tier 2; PA; SP; QL	DOPTELET - Tier 2; PA; SP; QL EPOGEN - Tier 2; PA; SP; QL FULPHILA - Tier 2; PA; SP; QL FYLNETRA - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP; QL NIVESTYM - Tier 2; PA; SP; QL NYVEPRIA - Tier 2; PA; SP PROCRIT - Tier 2; PA; SP; QL *PROMACTA (brand for eltrombopag olamine) - Tier 2; PA; SP; QL* RELEUKO - Tier 2; PA; SP STIMUFEND - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
	GIVLAARI - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
AJOVY - Tier 2; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL NURTEC - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	AIMOVIG - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL
Calcium Channel Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amlodipine besylate oral (generic for NORVASC) - Tier 1; QL *cartia xt (generic for CARTIA XT) - Tier 1; QL* *diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL* *diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL* *diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL* *diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL* *dilt-xr - Tier 1; QL* *felodipine er - Tier 1; QL* *nifedipine er - Tier 1; QL* *nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL* *nifedipine oral - Tier 1; QL* *nimodipine oral capsule - Tier 1; QL* NIMODIPINE ORAL SOLUTION - Tier 2; QL NYMALIZE - Tier 2; QL *tiadylt er (generic for TIADYLT ER) - Tier 1; QL* *verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg - Tier 1; QL* *verapamil hcl er oral tablet extended release - Tier 1; QL* *verapamil hcl oral - Tier 1; QL*	NORLIQVA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Calcium Channel Modifying Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
ethosuximide oral (generic for ZARONTIN) - Tier 1; QL	
Cardiovascular Agents, Other	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	CAMZYOS ORAL CAPSULE 2.5 MG - Tier 2; PA; SP; QL WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG - Tier 2; PA; SP; QL
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride-hydrochlorothiazide - Tier 1; QL *amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL* *amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1; QL* *amlodipine-olmesartan (generic for AZOR) - Tier 1; QL* *atenolol-chlorthalidone - Tier 1; QL* *benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL* *bisoprolol-hydrochlorothiazide - Tier 1; QL* *captopril-hydrochlorothiazide - Tier 1; QL* *digoxin oral solution - Tier 1; QL* *digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL* *enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL* *fosinopril sodium-hctz - Tier 1; QL* *irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL* *lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL* *losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL* *olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL* *pentoxifylline er - Tier 1; QL*	*droxidopa oral capsule 100 mg (generic for NORTHERA) - Tier 1; PA; SP; QL* EDARBYCLOR - Tier 2; PA; QL OPSYNVI ORAL TABLET 10-20 MG - Tier 2; PA; SP; QL *TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL* VERQUVO - Tier 2; PA; QL VYNDAMAX - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
quinapril-hydrochlorothiazide - Tier 1; QL *ranolazine er - Tier 1; QL* *sacubitril-valsartan (generic for ENTRESTO) - Tier 1; PA; QL* *spironolactone-hctz - Tier 1; QL* *triamterene-hctz - Tier 1; QL* *valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL*	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
AUSTEDO - Tier 2; PA; SP; QL *caffeine citrate oral - Tier 1; QL; AL* *dextromethorphan-quinidine (generic for NUEDEXTA) - Tier 1; DX2RX; QL* *riluzole - Tier 1; QL* *tetrabenazine (generic for XENAZINE) - Tier 1; SP; QL*	AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG - Tier 2; PA; SP; QL *GRALISE ORAL TABLET 300 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL* HORIZANT - Tier 2; PA; QL; AL RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL TIGLUTIK - Tier 2; PA; QL
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL; AL *galantamine hydrobromide er - Tier 1; QL; AL* *galantamine hydrobromide oral solution - Tier 1; QL; AL* *galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL* *galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; QL; AL* *rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL; AL* *rivastigmine tartrate - Tier 1; QL; AL*	

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Preferred Agents	Non-Preferred Agents
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
CAYSTON - Tier 2; DX2RX; SP; QL KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL KALYDECO ORAL PACKET 5.8 MG - Tier 2; SP; QL *KITABIS PAK (W/ NEBULIZER) (brand for tobramycin) - Tier 2; PA; SP; QL* ORKAMBI - Tier 2; PA; SP; QL SYMDEKO - Tier 2; PA; SP; QL *tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (W/ NEBULIZER)) - Tier 1; PA; SP; QL* *TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION (brand for tobramycin) - Tier 2; PA; SP; QL* TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL	TOBI PODHALER - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL *DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *DENTAGEL (brand for sf) - Tier 2* EASYGEL - Tier 2 *periogard (generic for PERIOGARD) - Tier 1; QL* *pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL* *PREVIDENT (brand for sf) - Tier 2* *PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2* *PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *sf gel 1.1% (generic for PREVIDENT) - Tier 1* *sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 ppm dental gel (generic for PREVIDENT) - Tier 1* *sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride dental gel (generic for PREVIDENT) - Tier 1* *sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1* *triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL*	
Dermatitis and Pruitus Agents	
Dermatological Agents	
	HYFTOR - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Dermatological Agents - Drugs to Treat Skin Conditions	
acitretin - Tier 1; PA; QL *acne control cleanser external cream (generic for CLEARSKIN) - Tier 1* *acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1* ADBRY - Tier 2; PA; SP; QL *advanced healing external ointment (generic for HYDROLATUM) - Tier 1* *ammonium lactate external (generic for AL12) - Tier 1; QL* *amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL* *astringent (generic for DOMEBORO) - Tier 1* *astringent solution (generic for DOMEBORO) - Tier 1* *AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2* *azelaic acid external (generic for FINACEA) - Tier 1; QL* *baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* *beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1*	*ABSORICA (brand for isotretinoin) - Tier 2; PA; QL* ABSORICA LD - Tier 2; PA; QL AKLIEF - Tier 2; PA; QL *BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL* *DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL* EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL; AL ENSTILAR - Tier 2; PA; QL *EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* FINACEA EXTERNAL FOAM - Tier 2; PA; QL ILUMYA - Tier 2; PA; SP; QL LITFULO - Tier 2; PA *MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL* NEMLUVIO - Tier 2; PA; SP; QL; AL *ONEXTON (brand for clindamycin phos-benzoyl perox) - 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*

Preferred Agents	Non-Preferred Agents
BENZAC AC WASH (brand for benzoyl peroxide acne wash) - Tier 2; QL *benzoyl peroxide external gel 2.5 % - Tier 1; QL* *boro-packs (generic for DOMEBORO) - Tier 1* *BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL* *bp 10-1 - Tier 1* *bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1* *calamine external - Tier 1* *calamine external lotion - Tier 1* *calamine-zinc oxide external lotion - Tier 1* *calcipotriene external cream - Tier 1; QL* *calcipotriene external ointment (generic for CALCITRENE) - Tier 1; QL* *calcipotriene external solution (generic for PELLIX) - Tier 1; QL* *claravis (generic for AMNESTEEM) - Tier 1; PA; QL* *clearskin (generic for CLEARSKIN) - Tier 1* *clindamycin phos (once-daily) (generic for CLINDAGEL) - Tier 1; QL* *clindamycin phos (twice-daily) - 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-betamethasone - Tier 1; QL* COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL DERMELEVE ENHANCED FORMULA - Tier 2 *diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* DR SMITHS DIAPER - Tier 2; QL DUPIXENT - Tier 2; PA; SP; QL *erythromycin external - Tier 1; QL*	*RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL* *RHOFADE (brand for oxymetazoline hcl) - Tier 2; PA* *SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL* *SORILUX (brand for calcipotriene) - Tier 2; PA; QL* SOTYKTU - Tier 2; PA; SP; QL *TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL* TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL *TAZORAC (brand for tazarotene) - Tier 2; PA; QL* TREMFYA SUBCUTANEOUS - Tier 2; PA; SP; QL *VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL* VTAMA - Tier 2; PA; QL WINLEVI - Tier 2; PA; QL *ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL* ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL

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Preferred Agents	Non-Preferred Agents
EUCRISA - Tier 2; ST; QL *fluorouracil external cream 5 % - Tier 1; QL* *fluorouracil external solution - Tier 1* *hydrating ointment (generic for HYDROLATUM) - Tier 1* *hydrolatum (generic for HYDROLATUM) - Tier 1* *hydrophor (generic for HYDROLATUM) - Tier 1* *imiquimod external cream 5 % - Tier 1; QL* *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL* LAC-HYDRIN FIVE - Tier 2; QL *MEDPURA BENZOYL PEROXIDE (brand for acne foaming wash) - Tier 2; QL* *methoxsalen rapid - Tier 1* *ointment base (generic for HYDROLATUM) - Tier 1* OTULFI SUBCUTANEOUS SOLUTION - Tier 2; SP; QL; AL *OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for ustekinumab-aauz) - Tier 2; PA; SP; QL; AL* *PANOXYL (brand for bp wash) - Tier 2* *pimecrolimus - Tier 1; Minimum age of 2 years; QL; AL* *podofilox external solution - Tier 1; QL* *selenium sulfide external lotion - Tier 1; QL* *sodium sulfacetamide wash - Tier 1* *sss 10-5 (generic for AVAR-E EMOLLIENT) - Tier 1* STARJEMZA SUBCUTANEOUS - Tier 2; PA; SP; QL; AL *sulfacetamide sodium external - Tier 1* *sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1* *sulfacetamide sodium-sulfur external emulsion - Tier 1* *sulfacetamide sodium-sulfur external liquid 9-4.5 % - Tier 1; QL* *sulfacetamide sod-sulfur wash external liquid 9-4.5 % - Tier 1; QL* *tacrolimus external ointment 0.03 % - Tier 1; Minimum age of 2 years; QL; AL* *tacrolimus external ointment 0.1 % - Tier 1; Minimum age of 16 years; QL; AL* *tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL*	

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Preferred Agents	Non-Preferred Agents
USTEKINUMAB-AAUZ (brand for ustekinumab-aauz) - Tier 2; PA; SP; QL; AL YESINTEK SUBCUTANEOUS - Tier 2; PA; SP; QL; AL *zenatane (generic for AMNESTEEM) - Tier 1; PA; QL* *zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL*	
Dermatological Agents - Skin Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
ABREVA (brand for docosanol) - Tier 2; QL *beauty 360 pure glycerin - Tier 1; QL* *DERMACINRX URACIN (brand for gormel) - Tier 2; QL* *docosanol external (generic for ABREVA) - Tier 1; QL* *glycerin external - Tier 1; QL* *glycerin external liquid 99.5 % - Tier 1; QL* *gormel (generic for DERMACINRX URACIN) - Tier 1; QL* *gormel 10 (generic for NUTRAPLUS) - Tier 1; QL* *NUTRAPLUS (brand for gormel 10) - Tier 2; QL* *urea 20 intensive hydrating (generic for DERMACINRX URACIN) - Tier 1; QL* *urea external cream 20 % (generic for DERMACINRX URACIN) - Tier 1; QL* *ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL* *ureacin-20 (generic for DERMACINRX URACIN) - Tier 1; QL* *UREVEX (brand for gormel) - Tier 2; QL* XERAC AC - Tier 2	CIBINQO - Tier 2; PA; SP; QL OPZELURA - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL	*ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA*
ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; QL	*ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA*
ACCU-CHEK GUIDE (brand for blood glucose monitor system) - Tier 2; QL	*BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL*
ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL	*BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
ACCU-CHEK GUIDE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL	*CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose test) - Tier 2; QL	*CONTOUR NEXT GEN MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; QL	*CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*
ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL	CONTOUR NEXT ONE KIT - Tier 2; PA
ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL	*CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL*
ASSURE CONTROL SOLUTION 2/3 (brand for element compact control 2) - Tier 2; QL	*CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL*
BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL	*FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL*
BD PEN NEEDLE MICRO ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL	*FREESTYLE PRECISION NEO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL	*FREESTYLE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL	*GLUCOCARD EXPRESSION TEST (brand for blood glucose test) - Tier 2; PA; QL*
CARESENS S CONTROL SOLN A/B (brand for element compact control 2) - Tier 2; QL	*GLUCOCARD SHINE TEST (brand for blood glucose test) - Tier 2; PA; QL*
CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL	*GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL*
CHEMSTRIP 10 MD - Tier 2	*GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL*
CHEMSTRIP 10/SG - Tier 2	INSULIN PEN NEEDLES - Tier 2; PA; QL
CHEMSTRIP 2 GP - Tier 2	*INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL*
CHEMSTRIP 5 OB - Tier 2	
CHEMSTRIP 7 - Tier 2	

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Preferred Agents	Non-Preferred Agents
CHEMSTRIP 9 - Tier 2 *CHEMSTRIP K (brand for ketone test) - Tier 2; QL* CHEMSTRIP UGK - Tier 2; QL *CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *CONTOUR NEXT GEN MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *CONTOUR NEXT ONE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL* *CONTOUR PLUS BLUE KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *CONTOUR PLUS CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* *CONTOUR PLUS TEST STRIP (brand for blood glucose test) - Tier 2; QL* *CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL* DEXCOM G6 RECEIVER - Tier 2; PA; QL *DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *DEXCOM G7 15 DAY SENSOR (brand for guardian sensor 3) - Tier 2; QL* DEXCOM G7 RECEIVER - Tier 2; PA; QL *DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL* *EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL* *EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL* *GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL* *EMBECTA PEN NEEDLE NANO (brand for 1st tier unifine pentips) - Tier 2; QL*	*ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL for non-insulin dependent members: allow twice daily testing; QL* *ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; ST; QL* *ONETOUCH VERIO FLEX SYSTEM KIT (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* *ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL for non-insulin dependent members: allow twice daily testing; QL* *ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; ST; QL* *PRECISION XTRA BLOOD GLUCOSE STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *TRUE METRIX AIR GLUCOSE METER KIT (brand for blood glucose monitor system) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
EMBECTA PEN NEEDLE NANO 2 GEN (brand for 1st tier unifine pentips) - Tier 2; QL *EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; QL* FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL *FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *FREESTYLE LIBRE 2 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* FREESTYLE LIBRE 2 READER - Tier 2; PA; QL *FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *FREESTYLE LIBRE 3 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* FREESTYLE LIBRE 3 READER - Tier 2; PA; QL *IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* KETO-DIASTIX - Tier 2; QL KETONE CARE - Tier 2; QL *KETONE TEST (brand for ketone test) - Tier 2; QL* *KETOSTIX (brand for ketone test) - Tier 2; QL* *LANCETS (brand for cvs lancets original) - Tier 2; QL* *LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL* *LANCETS ULTRATHIN 30G (brand for cvs lancets original) - Tier 2; QL* *MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *MICROLET NEXT LANCETS (brand for cvs lancets original) - Tier 2; QL* *NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL *PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* *PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL* *VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL*	
Diuretics, Loop - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
bumetanide oral (generic for BUMEX) - Tier 1; QL *furosemide oral solution 10 mg/ml - Tier 1; QL* *furosemide oral tablet (generic for LASIX) - Tier 1; QL* *torsemide - Tier 1; QL*	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride hcl oral - Tier 1; QL *eplerenone - Tier 1; QL* *spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL*	
Diuretics, Thiazide - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
chlorthalidone - Tier 1; QL *hydrochlorothiazide oral - Tier 1; QL* *indapamide - Tier 1; QL* *metolazone - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Dopamine Agonists - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
pramipexole dihydrochloride - Tier 1; QL *ropinirole hcl - Tier 1; QL*	NEUPRO - Tier 2; PA; QL
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
carbidopa-levodopa er oral tablet extended release - Tier 1; QL *carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL*	*DHIVY (brand for carbidopa-levodopa) - Tier 2; PA; QL* *RYTARY (brand for carbidopa-levodopa er) - Tier 2; PA; QL*
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL *fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL* *fenofibrate oral tablet (generic for TRICOR) - Tier 1; QL* *gemfibrozil oral (generic for LOPID) - Tier 1; QL*	
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL *lovastatin oral - Tier 1; QL; AL* *pravastatin sodium - Tier 1; QL* *rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL* *simvastatin oral (generic for ZOCOR) - Tier 1; QL*	ATORVALIQ - Tier 2; PA; QL *CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL* *LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL* *ZOCOR (brand for simvastatin) - Tier 2; PA; QL* ZYPITAMAG - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
cholestyramine light oral 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 oral (generic for ZETIA) - Tier 1; QL* *niacin (antihyperlipidemic) (generic for NIACOR) - Tier 1; QL* *niacin er (antihyperlipidemic) - Tier 1; QL* *niacor (generic for NIACOR) - Tier 1; QL* *omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL* *prevalite oral powder (generic for PREVALITE) - Tier 1; QL* REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; SP; QL *VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL* *VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
calcium carbonate oral tablet 1500 (600 ca) mg (generic for ONE VITE CALCIUM) - Tier 1; QL *calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL* *calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate oral tablet 950 (200 ca) mg - Tier 1* *calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL* *calcium fast dissolution (generic for ONE VITE CALCIUM) - Tier 1; QL* *calcium high potency (generic for ONE VITE CALCIUM) - Tier 1; QL* *calcium high potency/vitamin d (generic for ONEVITE CALCIUM+D3) - Tier 1; QL* *calcium oral tablet 1500 (600 ca) mg (generic for ONE VITE CALCIUM) - Tier 1; QL* *calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL* *calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL* *calcium/minerals/vitamin d oral tablet 600-400 mg-unit - Tier 1* *calcium-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg - Tier 1; QL* *calcium-vitamin d3 oral tablet (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; QL* *effer-k oral tablet effervescent 25 meq - Tier 1; QL* *electrolyte (generic for ORALYTE) - Tier 1; QL* *electrolyte adv care (generic for ORALYTE) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
electrolyte solution (generic for ORALYTE) - Tier 1; QL *ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL* EZFE 200 - Tier 2 *FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL* *ferosul (generic for FEROSUL) - Tier 1; QL* *ferretts - Tier 1* *ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1* *FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2* *FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2* *ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1* *ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL* *ferrous sulfate oral tablet delayed release - Tier 1; QL* *fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iferex 150 (generic for FERREX 150) - Tier 1* *iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron oral tablet 325 (65 fe) mg, 325 mg (generic for FEROSUL) - Tier 1; QL* *klor-con (generic for KLOR-CON) - Tier 1; QL* *klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL* *klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL* *klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL* K-PHOS - Tier 2; QL *magnesium oral tablet 500 mg - Tier 1* *magnesium oxide -mg supplement oral tablet 500 mg - Tier 1* *NU-IRON (brand for polysaccharide iron complex) - Tier 2* *ONE VITE CALCIUM (brand for calcium 600) - Tier 2; QL* *ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
ONE VITE FERROUS SULFATE ORAL TABLET (brand for cvs iron) - Tier 2; QL *ONEVITE CALCIUM+D3 ORAL TABLET 500-5 MG-MCG (brand for calcium + vitamin d3) - Tier 2; QL* *ONEVITE CALCIUM+D3 ORAL TABLET 600-200 MG-UNIT (brand for calcium carb-cholecalciferol) - Tier 2; QL* *oralyte (generic for ORALYTE) - Tier 1; QL* *oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium oral tablet 1250 (500 ca) mg - Tier 1; QL* *oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium-vit d - Tier 1; QL* *ped electrolyte freeze pop (generic for ORALYTE) - Tier 1; QL* *PEDIALYTE ADVANCED CARE (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL* *PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL* *pediatric electrolyte oral solution (generic for ORALYTE) - 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 chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL* *potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
potassium chloride er oral capsule extended release 10 meq - Tier 1; QL *potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL* *potassium chloride er oral tablet extended release 20 meq - Tier 1; QL* *potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL* *potassium chloride oral packet 20 meq (generic for KLOR-CON) - Tier 1; QL* *potassium chloride oral solution - Tier 1; QL* *potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL* *potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1* *potassium citrate er oral tablet extended release 5 meq (540 mg) - Tier 1* *REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL* *sodium fluoride oral solution 1.1 (0.5 f) mg/ml - Tier 1; QL* *sodium fluoride oral tablet chewable - Tier 1; QL* TRUE FERROUS SULFATE - Tier 2; QL TRUE MAGNESIUM OXIDE ORAL TABLET 500 MG - Tier 2 *true oyster shell calcium - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL *ascorbic acid oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL* *BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL* *BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; QL* BRAIN BUILDER KIDS - Tier 2; QL *c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *c gummies - Tier 1; QL* *calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL* *calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1*	ACCRUFER - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL *childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens chewables/ex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL* *childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL* *childrens/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *cholecalciferol oral (generic for THERA-D 2000) - Tier 1; QL* *d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) - Tier 1* *d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *d3 max st (generic for IS-D 10,000) - Tier 1* *d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL* *d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3 oral capsule 25 mcg (1000 ut) - Tier 1* *d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3-50 (generic for D3-50) - Tier 1; QL* *daily gummies (generic for ADEK GUMMIES PLUS ZN) - Tier 1; QL* *daily multivitamins/iron (generic for DERMACINRX BOOSTERVITE) - Tier 1; QL* *DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL* DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2 *DEPLIN MA (brand for v-c forte) - Tier 2; QL* *DEPLINPRO MOOD HEALTH (brand for v-c forte) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
destress-iron (generic for DERMACINRX BOOSTERVITE) - Tier 1; QL *DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2* *D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL* *d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL* *ferate (generic for FERATE) - Tier 1* *ferrous gluconate - Tier 1* *ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1* *ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1* *ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL* INFED - Tier 2; QL *INFUVITE PEDIATRIC (brand for multiple vitamins pediatric) - Tier 2* *iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1* *little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL* *multivitamin infants/toddlers oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL* *multi-vitamin/iron (generic for DERMACINRX BOOSTERVITE) - Tier 1; QL* OBTREX - Tier 2 *one-daily multi-vitamin/iron (generic for DERMACINRX BOOSTERVITE) - Tier 1; QL* *one-daily/iron (generic for DERMACINRX BOOSTERVITE) - Tier 1; QL* *oyster shell calcium oral tablet 500 mg - Tier 1; QL* *oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL* *phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL *POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL* *POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL* *potassium citrate-citric acid - Tier 1* *prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1; QL* *radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1* *stress formula/iron (generic for DERMACINRX BOOSTERVITE) - Tier 1; QL* *stress formula/iron/energy (generic for DERMACINRX BOOSTERVITE) - Tier 1; QL* *sv vitamin d3 oral capsule 25 mcg - Tier 1* *sv vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *tri-vite/fluoride oral solution 0.25 mg/ml (generic for SOLUVITA ACD WITH FLUORIDE) - Tier 1; QL* *tri-vite/fluoride oral solution 0.5 mg/ml - Tier 1* *TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *TRUE VITAMIN D3 CAPSULE 125 MCG (5000 UT) ORAL (brand for cvs d3) - Tier 2* TRUE VITAMIN D3 CAPSULE 50 MCG (2000 UT) ORAL - Tier 2; QL *TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL* TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; QL TRUE VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT), 250 MCG (10000 UT) - Tier 2 TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL *TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2* *v-c forte (generic for VIC-FORTE) - Tier 1; QL* *vic-forte (generic for VIC-FORTE) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1 *vitamin c oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL* *vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d high potency oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d oral capsule 125 mcg (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d oral capsule 25 mcg (1000 ut) - Tier 1* *vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1* *vitamin d3 max (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1 *vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d-3 oral tablet (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d3 oral tablet 50 mcg, 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL* *vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1* *vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *vitamin d3 rapid release (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL* *weekly-d (generic for D3-50) - Tier 1; QL* *WELL VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT) (brand for cvs d3) - Tier 2* WELL VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) - Tier 2 WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL *zinc chelated oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL* *zinc gluconate oral tablet 50 mg - Tier 1; QL* *zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral/Metal Modifiers	
Electrolytes/Minerals/Metals/Vitamins	
CHEMET - Tier 2; QL *deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL* *deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL* LOKELMA - Tier 2; PA; QL *sodium polystyrene sulfonate combination (generic for SPS (SODIUM POLYSTYRENE SULF)) - Tier 1; QL* *sodium polystyrene sulfonate oral - Tier 1* *SPS (SODIUM POLYSTYRENE SULF) (brand for sodium polystyrene sulfonate) - Tier 2; QL* *trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP; QL* VELTASSA ORAL PACKET 1 GM - Tier 2; PA; QL; AL VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM - Tier 2; PA; QL	*JYNARQUE (brand for tolvaptan) - Tier 2; PA; SP; QL*
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
aprepitant (generic for EMEND BIPACK) - Tier 1; QL *dronabinol oral capsule (generic for MARINOL) - Tier 1; PA; QL* *ondansetron hcl oral solution 4 mg/5ml - Tier 1; QL* *ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL* *ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL*	EMEND ORAL - Tier 2; PA; QL
Enzyme Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
BALVERSA - Tier 2; PA; SP; QL *etoposide oral - Tier 1* HYCAMTIN ORAL - Tier 2; PA; SP; QL ZYDELIG ORAL TABLET 150 MG - Tier 2; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
Ergot Alkaloids - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
dihydroergotamine mesylate injection - Tier 1; QL *ergotamine-caffeine (generic for CAFERGOT) - Tier 1; QL* MIGERGOT - Tier 2; QL	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
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 (28)) - Tier 1; QL; GE* *alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE* *apri - Tier 1; QL; GE* *aranelle - Tier 1; QL; GE* *ashlyna - Tier 1; QL; GE* *aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE* *aurovela 1.5/30 - Tier 1; QL; GE* *aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE* *aurovela 24 fe - Tier 1; QL; GE* *aurovela fe 1.5/30 - Tier 1; QL; GE* *aurovela fe 1/20 - Tier 1; QL; GE* *aviane (generic for AFIRMELLE) - Tier 1; QL; GE* *ayuna (generic for ALTAVERA) - Tier 1; QL; GE* *azurette (generic for AZURETTE) - Tier 1; QL; GE* *balziva (generic for BALZIVA) - Tier 1; QL; GE*	ANGELIQ - Tier 2; PA; QL ANNOVERA - Tier 2; PA; QL; GE *BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL; GE* BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL CLIMARA PRO - Tier 2; PA; QL *DIVIGEL (brand for estradiol) - Tier 2; PA; QL* DUAVEE - Tier 2; PA; QL ELESTRIN - Tier 2; PA *ESTROGEL (brand for estradiol) - Tier 2; PA; QL* EVAMIST - Tier 2; PA; QL FEMRING - Tier 2; PA; QL LO LOESTRIN FE - Tier 2; PA; QL; GE MYFEMBREE - Tier 2; PA; QL NATAZIA - Tier 2; PA; QL; GE NEXTSTELLIS - Tier 2; PA; QL; GE *PREMARIN ORAL (brand for estrogens conjugated) - Tier 2; PA; QL* PREMARIN VAGINAL - Tier 2; PA; QL PREMPHASE - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
blisovi 24 fe - Tier 1; QL; GE *blisovi fe 1.5/30 - Tier 1; QL; GE* *blisovi fe 1/20 - Tier 1; QL; GE* *briellyn (generic for BALZIVA) - Tier 1; QL; GE* *camrese - Tier 1; QL; GE* *camrese lo - Tier 1; QL; GE* *charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE* *chateal eq (generic for ALTAVERA) - Tier 1; QL; GE* *CLIMARA (brand for estradiol) - Tier 2; QL* COMBIPATCH - Tier 2; QL *COVARYX (brand for est estrogens-methyltest) - Tier 2; QL* *COVARYX HS (brand for est estrogens-methyltest hs) - Tier 2; QL* *cryselle - Tier 1; QL; GE* *cyred eq - Tier 1; QL; GE* *dasetta 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE* *dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE* *daysee - Tier 1; QL; GE* *delyla (generic for AFIRMELLE) - Tier 1; QL; GE* DEPO-ESTRADIOL - Tier 2; QL *dotti (generic for DOTTI) - Tier 1; QL* *drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL; GE* *EEMT (brand for est estrogens-methyltest) - Tier 2; QL* *elinest - Tier 1; QL; GE* *eluryng (generic for ELURYNG) - Tier 1; QL; GE* *enilloring (generic for ELURYNG) - Tier 1; QL; GE* *enskyce - Tier 1; QL; GE* *est estrogens-methyltest (generic for COVARYX) - Tier 1; QL* *est estrogens-methyltest ds (generic for COVARYX) - Tier 1; QL* *est estrogens-methyltest hs (generic for COVARYX HS) - Tier 1; QL* *estarylla (generic for ESTARYLLA) - Tier 1; QL; GE* *estradiol oral - 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*	PREMPRO - Tier 2; PA; QL *SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL; GE* *VAGIFEM (brand for estradiol) - Tier 2; PA; QL* *VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL* *YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL; GE* *YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL; GE*

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Preferred Agents	Non-Preferred Agents
estradiol valerate intramuscular (generic for DELESTROGEN) - Tier 1; QL	
estradiol-norethindrone acet (generic for ABIGALE) - Tier 1; QL	
ESTRATEST H.S. (brand for est estrogens-methyltest hs) - Tier 2; QL	
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE	
falmina (generic for AFIRMELLE) - Tier 1; QL; GE	
feirza 1.5/30 - Tier 1; QL; GE	
feirza 1/20 - Tier 1; QL; GE	
finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE	
hailey 1.5/30 - Tier 1; QL; GE	
hailey 24 fe - Tier 1; QL; GE	
hailey fe 1.5/30 - Tier 1; QL; GE	
hailey fe 1/20 - Tier 1; QL; GE	
iclevia (generic for ICLEVIA) - Tier 1; QL; GE	
introvale (generic for ICLEVIA) - Tier 1; QL; GE	
isibloom - Tier 1; QL; GE	
jaimiess - Tier 1; QL; GE	
jasmiel (generic for JASMIEL) - Tier 1; QL; GE	
jolessa (generic for ICLEVIA) - Tier 1; QL; GE	
juleber - Tier 1; QL; GE	
junel 1.5/30 - Tier 1; QL; GE	
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE	
junel fe - Tier 1; QL; GE	
kalliga - Tier 1; QL; GE	
kariva (generic for AZURETTE) - Tier 1; QL; GE	
kelnor 1/35 - Tier 1; QL; GE	
kurvelo (generic for ALTAVERA) - Tier 1; QL; GE	
larin 1.5/30 - Tier 1; QL; GE	
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE	
larin 24 fe - Tier 1; QL; GE	
larin fe 1.5/30 - Tier 1; QL; GE	
larin fe 1/20 - Tier 1; QL; GE	
lessina (generic for AFIRMELLE) - Tier 1; QL; GE	
levonest (generic for LEVONEST) - Tier 1; QL; GE	
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for ICLEVIA) - Tier 1; QL; GE	

Preferred Agents	Non-Preferred Agents
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE *levonorg-eth estrad triphasic (generic for LEVONEST) - Tier 1; QL; GE* *lojaimiess - Tier 1; QL; GE* *loryna (generic for JASMIEL) - Tier 1; QL; GE* *low-ogestrel - Tier 1; QL; GE* *lo-zumandimine (generic for JASMIEL) - Tier 1; QL; GE* *luizza 1.5/30 - Tier 1; QL; GE* *luizza 1/20 (generic for AUROVELA 1/20) - 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 *mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE* *microgestin 1.5/30 - Tier 1; QL; GE* *microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE* *microgestin fe 1.5/30 - Tier 1; QL; GE* *microgestin fe 1/20 - Tier 1; QL; GE* *mili (generic for ESTARYLLA) - Tier 1; QL; GE* *MINIVELLE (brand for estradiol) - Tier 2; QL* *mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE* *necon 0.5/35 (28) - Tier 1; QL; GE* *nikki (generic for JASMIEL) - Tier 1; QL; GE* *norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL; GE* *norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE* *norethindrone acet-ethinyl est (generic for AUROVELA 1/20) - Tier 1; QL; GE* *norethindrone-eth estradiol (generic for FYAVOLV) - Tier 1; QL* *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (generic for ESTARYLLA) - Tier 1; QL; GE* *norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL; GE* *nortrel 0.5/35 (28) - Tier 1; QL; GE* *nortrel 1/35 (21) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE*	

Preferred Agents	Non-Preferred Agents
nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - *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 (28)) - *Tier 1; QL; GE*	
nylia 7/7/7 (generic for DASETTA 7/7/7) - *Tier 1; QL; GE*	
philith (generic for BALZIVA) - *Tier 1; QL; GE*	
pimtrea (generic for AZURETTE) - *Tier 1; QL; GE*	
portia-28 (generic for ALTAVERA) - *Tier 1; QL; GE*	
reclipsen - *Tier 1; QL; GE*	
setlakin (generic for ICLEVIA) - *Tier 1; QL; GE*	
simliya (generic for AZURETTE) - *Tier 1; QL; GE*	
simpesse - *Tier 1; QL; GE*	
sprintec 28 (generic for ESTARYLLA) - *Tier 1; QL; GE*	
syeda (generic for SYEDA) - *Tier 1; QL; GE*	
tarina 24 fe - *Tier 1; QL; GE*	
tarina fe 1/20 eq - *Tier 1; QL; GE*	
tilia fe - *Tier 1; QL; GE*	
tri-estarylla (generic for TRI-ESTARYLLA) - *Tier 1; QL; GE*	
tri-legest fe - *Tier 1; QL; GE*	
tri-linyah (generic for TRI-ESTARYLLA) - *Tier 1; QL; GE*	
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - *Tier 1; QL; GE*	
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - *Tier 1; QL; GE*	
tri-lo-mili (generic for TRI-LO-ESTARYLLA) - *Tier 1; QL; GE*	
tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - *Tier 1; QL; GE*	
tri-mili (generic for TRI-ESTARYLLA) - *Tier 1; QL; GE*	
tri-sprintec (generic for TRI-ESTARYLLA) - *Tier 1; QL; GE*	
tri-vylibra (generic for TRI-ESTARYLLA) - *Tier 1; QL; GE*	
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - *Tier 1; QL; GE*	
turqoz - *Tier 1; QL; GE*	
TYBLUME - Tier 2; QL; GE	
valtya 1/35 - *Tier 1; QL; GE*	
valtya 1/50 - *Tier 1; QL; GE*	
velivet - *Tier 1; QL; GE*	
vestura (generic for JASMIEL) - *Tier 1; QL; GE*	
vienva (generic for AFIRMELLE) - *Tier 1; QL; GE*	
viorele (generic for AZURETTE) - *Tier 1; QL; GE*	
volnea (generic for AZURETTE) - *Tier 1; QL; GE*	

Preferred Agents	Non-Preferred Agents
vyfemla (generic for BALZIVA) - Tier 1; QL; GE *vylibra (generic for ESTARYLLA) - Tier 1; QL; GE* *wera - Tier 1; QL; GE* *wymzya fe - Tier 1; QL; GE* *xarah fe - Tier 1; QL; GE* *xelria fe - Tier 1; QL; GE* *xulane (generic for XULANE) - Tier 1; QL; GE* *yuvafem (generic for YUVAFEM) - Tier 1; QL* *zafemy (generic for XULANE) - Tier 1; QL; GE* *zovia 1/35 (28) - Tier 1; QL; GE* *zumandimine (generic for SYEDA) - Tier 1; QL; GE*	
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
ABATINEX (brand for acidophilus) - Tier 2 ACID GONE ORAL SUSPENSION - Tier 2 *acid gone oral tablet chewable (generic for ACID GONE) - Tier 1* *ACIDOBALANCE (brand for cvs acidophilus probiotic) - Tier 2* *acidophilus capsule oral (generic for INTESTINEX) - Tier 1* *acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1* *acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1* *acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1* *adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL* *adult probiotic (generic for FLORA VANCE) - Tier 1; QL* *advanced antacid (generic for MINTOX) - Tier 1; QL* *almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *alum & mag hydroxide-simeth (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*	*MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA; ST; QL* *PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA* REZDIFFRA ORAL TABLET 60 MG - Tier 2; PA; SP; QL SYMPROIC - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL *antacid & anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & antigas oral suspension 1200-1200-120 mg/30ml (generic for MINTOX) - Tier 1; QL* *antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid advanced (generic for MINTOX) - Tier 1; QL* *antacid anti-gas (generic for MINTOX) - Tier 1; QL* *antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid calcium (generic for CAL-GEST ANTACID) - Tier 1* *antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1* *antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid fast relief (generic for MINTOX) - Tier 1; QL* *antacid i (generic for MINTOX) - Tier 1; QL* *antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid liquid (generic for MINTOX) - Tier 1; QL* *antacid m (generic for MINTOX) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1 *antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL* *antacid oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1* *antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid regular strength oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1* *antacid ultra strength (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid/antigas (generic for MINTOX) - Tier 1; QL* *antacid/anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1*	

Preferred Agents	Non-Preferred Agents
anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1 *anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1* *anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1* *AZO VAGINAL HEALTH PROBIOTIC (brand for acidophilus) - Tier 2* *BIOGAIA GASTRUS ORAL CAPSULE (brand for acidophilus) - Tier 2* *BIOSYNC (brand for cvs probiotic (lactobacillus)) - Tier 2; QL* *BIOTINEX (brand for acidophilus) - Tier 2* *bismuth (generic for SOOTHE) - Tier 1; QL* *bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL* *calcium antacid (generic for CAL-GEST ANTACID) - Tier 1* *calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *calcium carbonate antacid oral suspension - Tier 1; QL* *calcium carbonate antacid oral tablet - Tier 1* *calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1* *cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1* *chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *childrens soothe - Tier 1* *comfort gel (generic for MINTOX) - Tier 1; QL* *comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2* *CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2* *CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2* *CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2*	

Preferred Agents	Non-Preferred Agents
CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2 *CULTURELLE WOMENS 4 IN 1 (brand for acidophilus) - Tier 2* *daily probiotic supplement (generic for FLORASTOR) - Tier 1* *diamode (generic for IMODIUM A-D) - Tier 1* *diarrhea (generic for SOOTHE) - Tier 1* *digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL* *digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1* *diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL* *FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *floranex tablet oral (generic for FLORANEX) - Tier 1* *FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2; QL* FREE + PURE DAILY PROBIOTIC - Tier 2 *freeze dried acidophilus (generic for INTESTINEX) - Tier 1* *gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief oral tablet chewable - Tier 1* *gas relief ultra strength oral capsule 180 mg (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* GATTEX - 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
GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2 GELUSIL - Tier 2 *gentle laxative oral suspension (generic for DULCOLAX) - Tier 1* *geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *geri-mox (generic for MINTOX) - Tier 1; QL* *geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *heartburn antacid (generic for ACID GONE) - Tier 1* *heartburn antacid ex st (generic for ACID GONE) - Tier 1* *heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - Tier 1* *heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *heartland gas relief - Tier 1* *IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2* *IMODIUM MULTI-SYMPTOM RELIEF (brand for eql anti-diarrheal anti-gas) - Tier 2* *infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *intestinex (generic for INTESTINEX) - Tier 1* *KAOPECTATE MAX (brand for cvs stomach relief) - Tier 2* *KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2* *KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - Tier 2* *KAOPECTATE ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL* *lactobacillus oral tablet (generic for FLORANEX) - Tier 1* *lactobacillus probiotic (generic for FLORANEX) - Tier 1* *lacto-pectin (generic for FLORA VANCE) - Tier 1; QL* *long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1*	

Preferred Agents	Non-Preferred Agents
loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL *loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1* *loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *mag-al plus oral liquid (generic for MINTOX) - Tier 1; QL* *mag-al plus xs oral liquid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1* *magnesium oxide oral tablet 400 (240 mg) mg, 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1* *magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1* *magnesium-aluminum-simethicone (generic for MINTOX) - Tier 1; QL* *magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1* *MAOX (brand for magnesium oxide) - Tier 2* *mega probiotic (generic for FLORA VANCE) - 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 FLORA VANCE) - Tier 1; QL* MOVANTIK - Tier 2; DX2RX; ST; QL *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2* MYTESI - Tier 2; DX2RX; QL *PEPTO BISMOL ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2* *PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2* *PEPTO-BISMOL ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL* *PHAZYME (brand for cvs gas relief extra strength) - Tier 2*	

Preferred Agents	Non-Preferred Agents
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2 *pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *pink bismuth oral tablet 262 mg (generic for SOOTHE) - Tier 1* *pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *primadophilus (generic for INTESTINEX) - Tier 1* *probiotic acidophilus oral capsule (generic for INTESTINEX) - Tier 1* *probiotic blend (generic for FLORA VANCE) - Tier 1; QL* *probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1* *probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL* *probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL* *probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1* *probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL* *PROBIOVEX (brand for acidophilus) - Tier 2* *prucalopride succinate (generic for MOTEGRITY) - Tier 1; ST; QL* *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* *senior probiotic (generic for FLORA VANCE) - Tier 1; QL* *simethicone drops childrens (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone oral tablet chewable (generic for GAS-X EXTRA STRENGTH) - Tier 1*	

Preferred Agents	Non-Preferred Agents
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1 *smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *sodium bicarbonate oral tablet - Tier 1* *soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *soothe oral suspension (generic for SOOTHE) - Tier 1* *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 oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *SYMBIONEX (brand for acidophilus) - Tier 2* *TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2* *TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2* *TRUEBALANCE (brand for probiotic digestive support) - Tier 2* *TRUEBIOME (brand for cvs probiotic (lactobacillus)) - Tier 2; QL* *tum-ease (generic for CAL-GEST ANTACID) - Tier 1* *TUMS (brand for antacid) - Tier 2*	

Preferred Agents	Non-Preferred Agents
TUMS CHEWY BITES (brand for antacid) - Tier 2 *TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2* *TUMS E-X 750 (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2* *TUMS LASTING EFFECTS (brand for antacid) - Tier 2* *TUMS SMOOTHIES (brand for antacid) - Tier 2* *TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2* *TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2* *ursodiol oral capsule 300 mg - Tier 1; QL* *ursodiol oral tablet (generic for URSO FORTE) - Tier 1* *VIREX (brand for cvs acidophilus probiotic) - Tier 2* *VISBIOME GI CARE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2*	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
BUPHENYL ORAL POWDER (brand for sodium phenylbutyrate) - Tier 2; DX2RX; SP; QL CHOLBAM - Tier 2; PA; SP; QL CREON - Tier 2; QL CYSTAGON - Tier 2; SP; QL *glycerol phenylbutyrate (generic for RAVICTI) - Tier 1; PA; SP; QL* NITYR - Tier 2; DX2RX; 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 WAINUA - Tier 2; PA; SP; QL; AL *zelvysia (generic for ZELVYSIA) - Tier 1; DX2RX; SP; QL*	CERDELGA - Tier 2; PA; SP; QL *ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL* PERTZYE - Tier 2; PA; QL PHEBURANE - Tier 2; PA; SP; QL *RAVICTI (brand for glycerol phenylbutyrate) - Tier 2; PA; SP; QL* VIOKACE - Tier 2; PA; QL XPHOZAH ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL YORVIPATH SUBCUTANEOUS SOLUTION PEN-INJECTOR 294 MCG/0.98ML - Tier 2; PA; SP; QL; AL *ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL* ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2; PA; QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
ATTRUBY - 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
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
bethanechol chloride oral - Tier 1 ENCARE - Tier 2; QL OPTIONS GYNOL II CONTRACEPTIVE - Tier 2; QL *penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL* *phenazo (generic for PHENAZO) - Tier 1* *phenazopyridine hcl oral tablet 100 mg, 200 mg (generic for PYRIDIUM) - Tier 1; QL* *phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1* TODAY SPONGE - Tier 2; QL *urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1* VCF VAGINAL CONTRACEPTIVE - Tier 2; QL	FILSPARI - Tier 2; PA; SP; QL; AL *THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL* *THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL*
Glucocorticoids - Drugs to Treat Inflammation	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
budesonide oral - Tier 1; DX2RX; QL *hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL* *hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL* *procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL*	CORTIFOAM - Tier 2; PA; QL PROCTOFOAM HC - Tier 2; PA TARPEYO - Tier 2; PA; QL *UCERIS (brand for budesonide) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL *ft glucose (generic for FT GLUCOSE) - Tier 1; QL* *glucagon emergency injection solution reconstituted 1 mg - Tier 1; QL* GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML - Tier 2; QL *GLUCO TO GO (brand for cvs glucose) - Tier 2; QL* *glucose oral tablet chewable 4 gm (generic for FT GLUCOSE) - Tier 1; QL* GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL *soft glucose (generic for FT GLUCOSE) - Tier 1; QL* *TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL*	
Hemostasis Agents - Drugs to Stop Bleeding	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
aminocaproic acid oral - Tier 1; QL HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML - Tier 2; PA; SP; QL HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML - Tier 2; SP; QL *tranexamic acid oral - Tier 1; DX2RX; QL*	TAVALISSE - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
acid controller (generic for PEPCID AC) - Tier 1; QL *acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; QL* *cimetidine hcl - Tier 1; QL* *cimetidine oral (generic for TAGAMET HB 200) - 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 200) - Tier 1; QL* *PEPCID AC (brand for acid controller) - Tier 2; QL* *TAGAMET HB 200 (brand for cimetidine) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	
ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL *alclometasone dipropionate external ointment - Tier 1; QL* *anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL* *betamethasone dipropionate external lotion - Tier 1* *betamethasone dipropionate external ointment - Tier 1; QL* *betamethasone valerate external cream - Tier 1; QL* *betamethasone valerate external lotion - Tier 1; QL* *betamethasone valerate external ointment - Tier 1; QL* *clobetasol prop emollient base - Tier 1; QL* *clobetasol propionate e - Tier 1; QL* *clobetasol propionate external cream 0.05 % - Tier 1; QL*	ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL *EMFLAZA ORAL TABLET 36 MG (brand for deflazacort) - Tier 2; PA; SP; QL* *VANOS EXTERNAL CREAM 0.1 % (brand for fluocinonide) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
clobetasol propionate external ointment - Tier 1; QL *clobetasol propionate external solution - Tier 1; QL* *cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *dexamethasone intensol - Tier 1* *dexamethasone oral elixir - Tier 1; QL* *dexamethasone oral solution - Tier 1; QL* *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1* *dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL* *fludrocortisone acetate oral - Tier 1; QL* *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 - Tier 1; QL* *fluocinolone acetonide scalp (generic for DERMA-SMOOTHE/FS SCALP) - Tier 1; QL* *fluocinonide emulsified base - Tier 1; QL* *fluocinonide external cream - 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 MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone butyrate external ointment - Tier 1; QL* *hydrocortisone butyrate external solution - Tier 1; QL* *hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL* *hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone external lotion 2.5 % - Tier 1; QL* *hydrocortisone external ointment 0.5 % - Tier 1*	

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

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
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*	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
SOGROYA - Tier 2; PA; SP; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; PA *desmopressin ace spray refrig - Tier 1; QL* *desmopressin acetate oral (generic for DDAVP) - Tier 1; QL* *desmopressin acetate spray - Tier 1; QL* EGRIFTA SV - Tier 2; DX2RX; SP; QL FOLLISTIM AQ - Tier 2; PA GONAL-F - Tier 2; PA GONAL-F RFF REDIJECT - Tier 2; PA INCRELEX - Tier 2; PA; SP; QL MENOPUR - Tier 2; PA NORDITROPIN FLEXPRO - Tier 2; PA; SP; QL NOVAREL - Tier 2; PA OMNITROPE - Tier 2; PA; SP; QL OVIDREL - Tier 2; PA *PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA*	GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUICK - Tier 2; PA; SP; QL HUMATROPE - Tier 2; PA; SP; QL SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG - Tier 2; PA; SP; QL ZOMACTON - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
levothyroxine sodium oral tablet (generic for LEVOXYL) - Tier 1; QL *levoxyl (generic for LEVOXYL) - Tier 1; QL* *liomny (generic for LIOMNY) - Tier 1; QL* *liothyronine sodium oral (generic for LIOMNY) - Tier 1; QL*	*ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL* *SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL* *unithroid (generic for LEVOXYL) - Tier 1; PA; QL*
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants	
LYSODREN - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
cabergoline - Tier 1; QL FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL; AL *ganirelix acetate (generic for FYREMADEL) - Tier 1; PA* *leuprolide acetate injection - Tier 1; SP; QL; AL* LUPRON DEPOT (1-MONTH) - Tier 2; SP; QL; AL LUPRON DEPOT (3-MONTH) - Tier 2; SP; QL; AL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; SP; QL; AL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; SP; QL; AL LUPRON DEPOT-PED (1-MONTH) - Tier 2; SP; QL; AL LUPRON DEPOT-PED (3-MONTH) - Tier 2; SP; QL; AL LUTRATE DEPOT - Tier 2; SP; QL; AL *octreotide acetate injection (generic for SANDOSTATIN) - Tier 1; SP; QL* *octreotide acetate subcutaneous - Tier 1; SP; QL* ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL TRIPTODUR - Tier 2; PA; SP; QL	ELIGARD SUBCUTANEOUS KIT 45 MG - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL *SANDOSTATIN (brand for octreotide acetate) - Tier 2; PA; SP; QL* SYNAREL - Tier 2; PA
Immune Suppressants	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL *mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL* *mycophenolic acid (generic for MYFORTIC) - Tier 1; QL* OLUMIANT ORAL TABLET 1 MG - Tier 2; SP; QL OLUMIANT ORAL TABLET 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP *SIMLANDI (1 PEN) (brand for adalimumab-ryvk (1 pen)) - Tier 2; SP; QL* *SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; SP; QL* SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML - Tier 2; SP; QL *SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL* *sirolimus oral solution - Tier 1; QL* *sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL* *sirolimus oral tablet 2 mg - Tier 1* *tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1* *tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL* *tofacitinib citrate er (generic for XELJANZ XR) - Tier 1; PA; SP; QL* *tofacitinib citrate oral (generic for XELJANZ) - Tier 1; PA; SP; QL*	RASUVO - Tier 2; PA; QL SIMPONI - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL *STELARA SUBCUTANEOUS (brand for ustekinumab) - Tier 2; PA; SP; QL; AL* TREXALL - Tier 2; PA *XELJANZ (brand for tofacitinib citrate) - Tier 2; PA; SP; QL* *XELJANZ XR (brand for tofacitinib citrate er) - Tier 2; PA; SP; QL*
Immunizing Agents, Passive - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
HYPERTET - Tier 2; QL	
Immunological Agents, Other	
Immunological Agents	
	BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS - Tier 2; PA BIMZELX SOLUTION AUTO-INJECTOR 160 MG/ML SUBCUTANEOUS - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Immunomodulators - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ACTIMMUNE - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL *leflunomide oral (generic for ARAVA) - Tier 1; QL* OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG - Tier 2; PA; SP; QL TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ARCALYST - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
BD BLUNT FILL NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL	*ADMELOG (brand for insulin lispro) - Tier 2; PA; QL*
CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL	*ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL*
HUMULIN 70/30 VIAL - Tier 2; QL	AFREZZA - Tier 2; PA; QL
HUMULIN N VIAL - Tier 2; QL	APIDRA SOLOSTAR - Tier 2; PA; QL
HUMULIN R VIAL - Tier 2; QL	APIDRA VIAL - Tier 2; PA; QL
INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL	BASAGLAR KWIKPEN - Tier 2; PA; QL
INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL	FIASP - Tier 2; PA; QL
INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; ST; QL	FIASP FLEXTOUCH - Tier 2; PA; QL
INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL	FIASP PENFILL - Tier 2; PA; QL
LANTUS SOLOSTAR - Tier 2; QL	*HUMALOG (brand for insulin lispro) - Tier 2; PA; QL*
LANTUS U-100 VIAL - Tier 2; QL	*HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; ST; QL*
MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL	*HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL*
	HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL
	HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - 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* REZVOGLAR KWIKPEN - Tier 2; QL SOLIQUA - Tier 2; PA; QL	HUMALOG MIX 75/25 - Tier 2; PA; QL *HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL* HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL HUMULIN N KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL *INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL* LYUMJEV - Tier 2; PA; QL LYUMJEV KWIKPEN - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL NOVOLIN N FLEXPEN - Tier 2; PA; QL NOVOLIN R FLEXPEN - Tier 2; PA; QL *NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL* NOVOLOG MIX 70/30 VIAL - Tier 2; PA; QL NOVOLOG PENFILL - Tier 2; PA; QL *NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL* *SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL* *TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL* *TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL* TRESIBA - Tier 2; PA; QL *TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL*
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
lubiprostone (generic for AMITIZA) - Tier 1; DX2RX; ST; QL	LINZESS - Tier 2; PA; QL TALICIA - Tier 2; PA; QL VIBERZI - Tier 2; PA; QL

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL *PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2* *PROCTOZONE-B (brand for bisacodyl) - Tier 2; QL* *PROCTOZONE-G CHILDRENS (brand for glycerin (child)) - Tier 2* *PROCTOZONE-GMAX ADULT (brand for cvs glycerin adult) - Tier 2* *ready-to-use enema rectal enema 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1* *senexon-s (generic for SENOKOT S) - Tier 1* *senna lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna oral liquid 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral syrup 176 mg/5ml - Tier 1* *senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna plus oral tablet 8.6-50 mg (generic for SENOKOT S) - Tier 1* *senna s (generic for SENOKOT S) - Tier 1* *senna smooth (generic for SENNA SMOOTH) - Tier 1* *senna-docusate sodium (generic for SENOKOT S) - Tier 1* *senna-lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-plus (generic for SENOKOT S) - Tier 1* *senna-s oral tablet (generic for SENOKOT S) - Tier 1* *senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-time s (generic for SENOKOT S) - Tier 1* *SENNAZON (brand for senna) - Tier 2* *sennosides (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *sennosides-docusate sodium (generic for SENOKOT S) - Tier 1* *SENOKOT (brand for cvs senna) - Tier 2; QL* *SENOKOT S (brand for cvs senna plus) - Tier 2* *sod phos mono-sod phos dibasic (generic for FLEET ENEMA) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
Local Anesthetics	
Anesthetics - Drugs for Numbing	
ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL *ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL* *lidocaine cream 4 % external (generic for ANECREAM) - Tier 1; QL* *lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL* *lidocaine hcl external cream 3 % (generic for DERMACINRX LIDOCAINE) - Tier 1; QL* *lidocaine hcl urethral/mucosal external gel - Tier 1; QL* *lidocaine viscous hcl - Tier 1; QL* *lidocaine-prilocaine external cream - Tier 1; QL* LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL *LIDOZALL PRO (brand for lidocaine) - Tier 2; QL* *LMX 4 (brand for lidocaine) - Tier 2; QL* *TYLENOL EXTERNAL CREAM 4 % (brand for lidocaine) - Tier 2; QL* *ZYLORELIEF (brand for lidocaine) - Tier 2; QL*	
Macrolides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
azithromycin oral (generic for ZITHROMAX) - Tier 1; QL *clarithromycin er - Tier 1; QL* *clarithromycin oral - Tier 1; QL* *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL* *erythromycin base oral capsule delayed release particles - Tier 1; QL* *erythromycin base oral tablet - Tier 1; QL* *erythromycin base oral tablet delayed release 333 mg, 500 mg (generic for ERY-TAB) - Tier 1; QL* *erythromycin ethylsuccinate oral suspension reconstituted (generic for E.E.S. GRANULES) - Tier 1; QL* *erythromycin oral tablet delayed release 333 mg, 500 mg (generic for ERY-TAB) - Tier 1; QL* *fidaxomicin (generic for DIFICID) - Tier 1; PA; QL*	*DIFICID (brand for fidaxomicin) - Tier 2; PA; QL*

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

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Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
acne control cleanser external liquid (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1 *adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - 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* *ALCOHOL SWABS PAD 70 % (brand for alcohol prep) - Tier 2; QL* *AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL* AVTOZMA SUBCUTANEOUS - Tier 2; PA; SP; QL *BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *BD PEN NEEDLE MINI ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for careone insulin syringe) - Tier 2; QL* *BREATHE COMFORT HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL* *CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CAREPOINT PRECISION POLY HUB 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2* CONDOMS - Tier 2; QL (condoms does not require a prescription) *COOL MIST HUMIDIFER (brand for cool mist humidifier) - Tier 2; QL* *COOL MIST HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL* *corn & callus remover (generic for COMPOUND W) - Tier 1* *daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1*	*BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES (brand for global easy glide insulin syr) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for careone insulin syringe) - Tier 2; PA; QL* BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL CRENESSITY ORAL CAPSULE 50 MG - Tier 2; PA; SP; QL; AL INBRIJA - Tier 2; PA; SP; QL *INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 33G X 4 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL* *INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 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 (brand for careone insulin syringe) - Tier 2; PA; QL* *OMNIPOD 5 DEXCOM INTRO KIT (brand for pivot insulin pump starter kit) - Tier 2; PA; QL* OMNIPOD 5 DEXCOM PODS - Tier 2; PA; QL TWYNEO - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
DERMELEVE SCALP PSORIASIS (brand for cvs acne control cleanser) - Tier 2 DEXCOM G6 TRANSMITTER - Tier 2; PA; QL *DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL* *DROPSAFE SICURA 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; Available without a written order; QL* *DUREX TROPICAL (brand for true cover) - Tier 2; Available without a written order; QL* *EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL* *EMBECTA AUTOSHIELD DUO (brand for pen needles) - Tier 2; QL* *EMBECTA INS SYR U/F 1/2 UNIT (brand for careone insulin syringe) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE (brand for aq insulin syringe) - Tier 2; QL* EMBECTA INSULIN SYRINGE U-500 - Tier 2; QL *EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; QL* *EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; QL* *eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1* FC2 FEMALE CONDOM - Tier 2; QL FONDCIRCLE ELECTRONIC PEAK FLO - Tier 2; QL *INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL* INSPIREASE RESERVOIR BAGS - Tier 2; QL *liquid wart remover (generic for COMPOUND W) - Tier 1* *liquid wart remover max st (generic for COMPOUND W) - Tier 1* *medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL NEODOT THERMOMETER - Tier 2; QL *NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2* *nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL* NOZIN NASAL SANITIZER POPSWAB - Tier 2; QL OMNIFLEX DIAPHRAGM - Tier 2; QL; GE *PANOXYL ACNE (brand for cvs acne control cleanser) - Tier 2* *PANOXYL ACNE BANISHING BODY (brand for cvs acne control cleanser) - Tier 2* *PANOXYL CLARIFYING EXFOLIANT (brand for cvs acne control cleanser) - Tier 2* *salzix wart remover (generic for COMPOUND W) - Tier 1* *scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1* *TOP FILL HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL* *TROJAN BARESKIN (brand for true cover) - Tier 2; Available without a written order; QL* *TROJAN MAGNUM (brand for true cover) - Tier 2; Available without a written order; QL* *TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; Available without a written order; QL* *TROJAN ULTRA THIN (brand for true cover) - Tier 2; Available without a written order; QL* *TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; Available without a written order; QL* *TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; Available without a written order; QL* *TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; Available without a written order; QL* *TRUE COVER (brand for true cover) - Tier 2; Available without a written order; QL* *ULTRASONIC COOL MIST HUMIDIF (brand for cool mist humidifier) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
VAPORIZER WARM STEAM - Tier 2; QL VISTOGARD - Tier 2; QL *WARM MIST HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL* WARM STEAM VAPORIZER - Tier 2; QL *wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1* *wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1*	
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL BOSULIF ORAL CAPSULE - Tier 2; SP; QL *bosutinib (generic for BOSULIF) - Tier 1; PA; SP; QL* BRUKINSA ORAL CAPSULE - Tier 2; PA; SP; QL BRUKINSA ORAL TABLET - Tier 2; SP; QL CABOMETYX - Tier 2; PA; SP; QL CALQUENCE - 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 COTELLIC - Tier 2; PA; SP; QL *dasatinib (generic for PHYRAGO) - Tier 1; PA; SP; QL* DAURISMO - Tier 2; PA; SP; QL ERIVEDGE - Tier 2; PA; SP; QL *erlotinib hcl - Tier 1; SP; QL*	BRAFTOVI - Tier 2; PA; SP; QL *GLEEVEC ORAL TABLET 100 MG (brand for imatinib mesylate) - Tier 2; PA; SP; QL* *IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL* MEKTOVI - Tier 2; PA; SP; QL *SPRYCEL (brand for dasatinib) - Tier 2; PA; SP; QL* *SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL* TABRECTA - Tier 2; PA; SP; QL TAGRISSO - Tier 2; PA; SP; QL *TASIGNA (brand for nilotinib hcl) - Tier 2; PA; SP; QL* TEPMETKO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL *VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL* XOSPATA - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP; QL *everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL* *gefitinib (generic for IRESSA) - Tier 1; SP; QL* GILOTRIF - Tier 2; PA; SP; QL IBRANCE - Tier 2; PA; SP; QL ICLUSIG - Tier 2; PA; SP; QL IDHIFA - Tier 2; PA; SP; QL *imatinib mesylate oral (generic for GLEEVEC) - Tier 1; SP; QL* IMBRUVICA - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL JAKAFI - Tier 2; PA; SP; QL JAKAFI XR - Tier 2; PA; SP; QL; AL *lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL* LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL LYNPARZA - Tier 2; PA; SP; QL MEKINIST - Tier 2; PA; SP; QL *nilotinib hcl (generic for TASIGNA) - Tier 1; PA; SP; QL* ODOMZO - Tier 2; PA; SP; QL *pazopanib hcl oral tablet 200 mg (generic for VOTRIENT) - Tier 1; PA; SP; QL* *pazopanib hcl oral tablet 400 mg - Tier 1; SP; QL; AL* *PHYRAGO (brand for dasatinib) - 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*	

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Preferred Agents	Non-Preferred Agents
TAFINLAR - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL *torpenz (generic for TORPENZ) - Tier 1; PA; SP; QL* TURALIO - Tier 2; PA; SP; QL; AL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL XALKORI ORAL CAPSULE SPRINKLE - Tier 2; SP; QL *yulithira (generic for TORPENZ) - Tier 1; PA; SP; QL* ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG ORAL TABLET 100 MG - Tier 2; PA; SP; QL	
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
selegiline hcl oral - Tier 1; QL	
Multiple Sclerosis Agents	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	MAVENCLAD (10 TABS) (brand for cladribine (10 tabs)) - Tier 2; PA; SP; QL *MAVENCLAD (4 TABS) (brand for cladribine (4 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (5 TABS) (brand for cladribine (5 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (6 TABS) (brand for cladribine (6 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (7 TABS) (brand for cladribine (7 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (8 TABS) (brand for cladribine (8 tabs)) - Tier 2; PA; SP; QL* *MAVENCLAD (9 TABS) (brand for cladribine (9 tabs)) - Tier 2; PA; SP; QL*

Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
dalfampridine er (generic for AMPYRA) - Tier 1; 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* GILENYA ORAL CAPSULE 0.25 MG - Tier 2; 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 *teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; 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* *GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL* KESIMPTA - 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 ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL* VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
memantine hcl er - Tier 1; QL; AL *memantine hcl oral tablet - Tier 1; Members <18 years of age will require PA; QL; AL*	

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
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
addaprin (generic for ADDAPRIN) - Tier 1; QL *ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL* *ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL* *ALEVE ALL DAY STRONG (brand for all day pain relief) - Tier 2; QL* *all day pain relief (generic for ALEVE ALL DAY STRONG) - Tier 1; QL* *all day relief (generic for ALEVE ALL DAY STRONG) - Tier 1; QL* *aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*	ELYXYB - Tier 2; PA; QL *FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL* *NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG (brand for naproxen sodium er) - Tier 2; PA* *NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL *aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL* *aspirin rectal suppository 300 mg - Tier 1* *aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *BAYER ASPIRIN (brand for aspirin) - Tier 2; QL* *BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL* *celecoxib oral (generic for CELEBREX) - Tier 1; QL* *diclofenac potassium oral tablet 50 mg - Tier 1; QL* *diclofenac sodium er - Tier 1; QL* *diclofenac sodium external solution 1.5 % - Tier 1; PA; QL* *diclofenac sodium oral - Tier 1; QL* *enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *etodolac (generic for LODINE) - Tier 1; QL* *FLANAX (brand for all day pain relief) - Tier 2; QL* *ft aspirin adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *ibuprofen (generic for IBU) - Tier 1; QL* *ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen ib childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL *ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL* *ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL* *indomethacin oral capsule - Tier 1; QL* *INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL* *infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL* *ketoprofen oral capsule 50 mg - Tier 1; QL* *ketorolac tromethamine oral - Tier 1; QL* *medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL* *MEDIPROXEN (brand for all day pain relief) - Tier 2; QL* *medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *meloxicam oral tablet - Tier 1; QL* *MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL* *MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL* *MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL* *nabumetone oral - Tier 1; QL* *naproxen oral suspension - Tier 1; QL; AL* *naproxen oral tablet - Tier 1; QL* *naproxen sodium oral tablet 220 mg (generic for ALEVE ALL DAY STRONG) - Tier 1; QL* *oxaprozin oral tablet - Tier 1; QL* *piroxicam oral - Tier 1; QL* *salsalate oral - Tier 1; QL* *ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL* *sulindac oral - Tier 1; QL*	

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
acetazolamide er - Tier 1; QL *acetazolamide oral - Tier 1; QL* *brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL* *brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL* *carteolol hcl - Tier 1; QL* DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL *dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL* *dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL* *levobunolol hcl - Tier 1; QL* *methazolamide oral - Tier 1; QL* *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % - Tier 1; QL* *timolol maleate ophthalmic solution - Tier 1; QL*	*ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL* *BETIMOL (brand for timolol hemihydrate) - 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* *ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL* SIMBRINZA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
bacitra-neomycin-polymyxin-hc - Tier 1; QL *dexamethasone sodium phosphate ophthalmic - Tier 1* *diclofenac sodium ophthalmic - Tier 1; QL* *fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL* *flurbiprofen sodium - Tier 1; QL* *ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1* *ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL* *neomycin-polymyxin-dexameth (generic for MAXITROL) - Tier 1; QL* *prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL* *PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL* *prednisolone sodium phosphate ophthalmic - Tier 1* *sulfacetamide-prednisolone - Tier 1*	ACUVAIL - Tier 2; PA; QL EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA; QL ILEVRO - Tier 2; PA; QL INVELTYS - Tier 2; PA; QL *LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL* LOTEMAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL *PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL* *PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL* *ZYLET (brand for loteprednol-tobramycin) - Tier 2; PA; QL*
Ophthalmic Antivirals - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
trifluridine - Tier 1; QL	
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL	*LUMIGAN (brand for bimatoprost) - Tier 2; PA; QL* VYZULTA - Tier 2; PA; QL *ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Long-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
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* *hydrocodone bitartrate er oral capsule extended release 12 hour - Tier 1; PA; QL* *methadone hcl oral tablet - Tier 1; PA; QL* *morphine sulfate er (generic for MS CONTIN) - 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* *NUCYNTA ER (brand for tapentadol hcl er) - Tier 2; PA; QL* OXYCONTIN - Tier 2; PA; QL XTAMPZA ER - Tier 2; PA; QL
Opioid Analgesics, Short-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL; ARL *acetaminophen-codeine oral tablet - Tier 1; QL; ARL* *ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL* *butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL* *butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL* *butorphanol tartrate nasal - Tier 1; QL* *codeine sulfate - 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 liquid 1 mg/ml (generic for DILAUDID) - Tier 1; QL; ARL*	*NUCYNTA (brand for tapentadol hcl) - Tier 2; PA; QL; ARL* ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG - Tier 2; PA; QL; ARL ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
hydromorphone hcl oral tablet (generic for DILAUDID) - Tier 1; QL; ARL *hydromorphone hcl rectal - Tier 1; QL; ARL* *morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL; ARL* *morphine sulfate oral - Tier 1; QL; ARL* *morphine sulfate rectal - Tier 1; QL; ARL* *oxycodone hcl oral concentrate - Tier 1; QL; ARL* *oxycodone hcl oral solution - Tier 1; QL; ARL* *oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL; ARL* *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* *tramadol hcl oral tablet 50 mg - Tier 1; QL; ARL*	
Otic Agents - Drugs for the Ear	
Otic Agents - Drugs to Treat Ear Conditions	
acetic acid otic - Tier 1; QL *ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL* *CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2* *CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2* *ear drops earwax aid (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear drops otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*	

Preferred Agents	Non-Preferred Agents
earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1 *earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *fluocinolone acetonide otic (generic for DERMOTIC) - Tier 1; QL* *hydrocortisone-acetic acid - Tier 1; QL* *neomycin-polymyxin-hc otic - Tier 1; QL*	
Otic Agents - Drugs to Treat Ear Conditions	
ofloxacin otic - Tier 1; QL	
Parasympathomimetics - Myasthenia Gravis Drugs	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis	
pyridostigmine bromide er oral tablet extended release (generic for MESTINON) - Tier 1; QL *pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL* *pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL*	
Pediculicides/Scabicides - Scabies and Lice Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
lice killing external liquid 1 % (generic for NIX CREME RINSE) - Tier 1 *lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1* *lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1* *malathion (generic for OVIDE) - Tier 1; QL* *permethrin external - Tier 1; QL* *spinosad (generic for NATROBA) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Phosphate Binders - Phosphate-Removing Agents	
Electrolytes/Minerals/Metals/Vitamins	
calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL *calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL* *sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; QL*	
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL *roflumilast (generic for DALIRESP) - Tier 1; DX2RX; QL* THEO-24 - Tier 2; QL *theophylline er - Tier 1; QL* *theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL*	
Platelet Modifying Agents - Platelet Modifying Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
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; QL* *ticagrelor (generic for BRILINTA) - Tier 1; DX2RX; QL*	
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
ELLA - Tier 2; Emergency contraception does not require a prescription; QL	

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Preferred Agents	Non-Preferred Agents
Progestins	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
OPILL - Tier 2; QL; GE	
Progestins - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
aftera (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE *camila (generic for CAMILA) - Tier 1; QL; GE* *deblitane (generic for CAMILA) - Tier 1; QL; GE* DEPO-SUBQ PROVERA 104 - Tier 2; QL; GE *econtra one-step (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *emzahh (generic for CAMILA) - Tier 1; QL; GE* *errin (generic for CAMILA) - Tier 1; QL; GE* *gallifrey (generic for GALLIFREY) - Tier 1; QL* *heather (generic for CAMILA) - Tier 1; QL; GE* *her style (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *incassia (generic for CAMILA) - Tier 1; QL; GE* *jencycla (generic for CAMILA) - Tier 1; QL; GE* *levonorgestrel (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *lyleq (generic for CAMILA) - Tier 1; QL; GE*	*ENDOMETRIN (brand for progesterone) - Tier 2; PA* Progesterone Vag – Tier 1, PA

Preferred Agents	Non-Preferred Agents
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 20 mg - Tier 1* *megestrol acetate oral tablet 40 mg - Tier 1; QL* *meleya (generic for CAMILA) - Tier 1; QL; GE* *my choice (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *my way (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *new day (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* NEXPLANON - Tier 2; QL *nora-be (generic for CAMILA) - Tier 1; QL; GE* *norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL* *norethindrone oral (generic for CAMILA) - Tier 1; QL; GE* *norlyroc (generic for CAMILA) - Tier 1; QL; GE* *opcicon one-step (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *option 2 (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *orquidea (generic for CAMILA) - Tier 1; QL; GE* *PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; Emergency contraception does not require a prescription; QL; GE* *progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL* *sharobel (generic for CAMILA) - Tier 1; QL; GE* *shewise (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *take action (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE* *your choice (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*	

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Preferred Agents	Non-Preferred Agents
Protectants - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
misoprostol oral (generic for CYTOTEC) - Tier 1; QL *sucralfate oral suspension - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL* *sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL*	
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL *acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL* *esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; QL* *esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL* *lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL* *lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL* *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL* *omeprazole magnesium oral capsule delayed release 20 mg, 20.6 (20 base) mg, 20.6 mg - Tier 1; QL* *omeprazole oral capsule delayed release - Tier 1; QL* *pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL* *PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
Pulmonary Antihypertensives - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
ADEMPAS - Tier 2; DX2RX; SP; QL *alyq (generic for ALYQ) - Tier 1; DX2RX; SP; QL* *ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL* *bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL* *macitentan (generic for OPSUMIT) - Tier 1; DX2RX; SP; QL* *sildenafil citrate oral suspension reconstituted - Tier 1; DX2RX; SP; QL* *sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL* *tadalafil (pah) (generic for ALYQ) - Tier 1; DX2RX; SP; QL*	*LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL* *OPSUMIT (brand for macitentan) - Tier 2; DX2RX; SP; QL* ORENITRAM - Tier 2; PA; SP; QL ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL *REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL* TADLIQ - Tier 2; PA; SP; QL *TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL* TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG - Tier 2; PA; SP; QL UPTRAVI TABLET 200 MCG ORAL - Tier 2; PA; SP; QL UPTRAVI TITRATION - Tier 2; PA; SP; QL
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
nintedanib esylate (generic for OFEV) - Tier 1; PA; SP; QL *pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL*	*OFEV (brand for nintedanib esylate) - Tier 2; PA; SP; QL*

Preferred Agents	Non-Preferred Agents
Quinolones - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
BAXDELA INTRAVENOUS - Tier 2; QL CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL *ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL* *levofloxacin oral tablet - Tier 1; QL* *moxifloxacin hcl in nacl - Tier 1; QL* *moxifloxacin hcl oral - Tier 1; QL* *ofloxacin oral - Tier 1; QL*	XEPI - Tier 2; PA; QL
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL *12 hour decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2* *acetylcysteine inhalation solution 10 % - Tier 1; QL* *acetylcysteine inhalation solution 20 % - Tier 1* *ADVIL COLD/SINUS (brand for cvs cold & sinus relief) - Tier 2; AL* *altarussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *altarussin dm - Tier 1; QL; AL* *APRODINE (brand for cold & allergy d max strength) - Tier 2; AL* *breyna (generic for BREYNA) - Tier 1; QL* *BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL* *budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; ST; QL*	*ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL* *ANORO ELLIPTA (brand for umeclidinium-vilanterol) - Tier 2; PA; QL* BEVESPI AEROSPHERE - Tier 2; PA; QL *BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT - Tier 2; PA; QL COMBIVENT RESPIMAT - Tier 2; PA; QL DUAKLIR PRESSAIR - Tier 2; PA; QL DULERA - Tier 2; PA; QL *SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL* TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL TRELEGY ELLIPTA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
chest congestion relief dm oral syrup - Tier 1; QL; AL *chest congestion relief oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *chest congestion relief oral tablet (generic for XPECT) - Tier 1* *cold & allergy - Tier 1; AL* *cold & allergy d max strength (generic for APRODINE) - Tier 1; AL* *cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *cold/cough (generic for ENDACOF-DM) - Tier 1; QL; AL* *cold/cough childrens (generic for ENDACOF-DM) - Tier 1; QL; AL* *cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for ENDACOF-DM) - 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* *cough relief childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *DELSYM CGH/CHEST CONG DM CHILD (brand for cvs cough & chest congestion) - Tier 2* *DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL* *DELSYM COUGH/CHEST CONGEST DM (brand for cvs cough & chest congestion) - Tier 2* *DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL* *dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL* *dextromethorphan-guaifenesin oral syrup - Tier 1; QL; AL* *dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *ENDACOF-DM (brand for cold/cough childrens) - Tier 2; QL; AL* FASENRA PEN - Tier 2; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL* FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL *g tussin ac - Tier 1; QL; AL* *geri-tussin dm oral syrup - Tier 1; QL; AL* *geri-tussin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *guaifed (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *guaifenesin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1* *guaifenesin-codeine - Tier 1; QL; AL* *guaifenesin-dm oral syrup - Tier 1; QL; AL* *hydrocodone bit-homatrop mbr - Tier 1; QL; AL* *HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2* *ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL* *ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *ipratropium-albuterol - Tier 1; QL* KALYDECO ORAL TABLET - Tier 2; PA; SP; QL *MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL; AL* *maxi-tuss ac - Tier 1; QL; AL* *maxi-tuss dm (generic for ENDACOF-DM) - Tier 1; QL; AL* *maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL* *maxi-tuss pe - 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 BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *MUCINEX COUGH CHILDRENS (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL* *MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL* *MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL; AL* *MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL; AL* *MUCINEX FAST-MAX DM MAX (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL* *MUCOLYTE (brand for altarussin) - Tier 2; QL; AL* *mucus & chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus d (generic for MUCINEX D) - Tier 1; AL* *mucus d extended release (generic for MUCINEX D) - Tier 1; AL* *mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus d maximum strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL* *mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - 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*	

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

Preferred Agents	Non-Preferred Agents
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL *nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant max str oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant max str oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal four (generic for 4-WAY FAST ACTING) - Tier 1* *nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1* *nasal spray fast acting nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1* *nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1* *NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2* *NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2* *pharbinex (generic for XPECT) - Tier 1* *pirfenidone oral capsule - Tier 1; PA; SP; QL* *promethazine-codeine - Tier 1; QL; AL* *promethazine-phenylephrine - Tier 1; QL; AL* *pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL* *PULMOSAL (brand for sodium chloride) - Tier 2* PULMOZYME - Tier 2; DX2RX; SP; QL	

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

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Preferred Agents	Non-Preferred Agents
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* *tab tussin (generic for XPECT) - Tier 1* *tussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin adult chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin adult oral liquid 200 mg/10ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm oral syrup - 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 congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congest sf (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *UMECLIDINIUM-VILANTEROL (brand for umeclidinium-vilanterol) - Tier 2; QL* *wixela inhub (generic for WIXELA INHUB) - Tier 1; QL*	

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

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

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

Preferred Agents	Non-Preferred Agents
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
eletriptan hydrobromide (generic for RELPAX) - Tier 1; QL *frovatriptan succinate - Tier 1; QL* IMITREX STATDOSE REFILL - Tier 2; QL IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML - Tier 2; QL *naratriptan hcl - Tier 1; QL* *rizatriptan benzoate (generic for MAXALT) - Tier 1; QL* *sumatriptan nasal - Tier 1; QL* *sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL* *sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL* *zolmitriptan oral (generic for ZOMIG) - Tier 1; QL*	*IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL* *MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL* *MAXALT-MLT (brand for rizatriptan benzoate) - Tier 2; PA; QL* *TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL* *ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL*
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	
Skeletal Muscle Relaxants - Drugs to Treat Muscle Tension and Spasm	
baclofen oral tablet 10 mg, 20 mg - Tier 1; QL *chlorzoxazone oral tablet 500 mg - Tier 1; QL* *cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL* *dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL* *methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL* *orphenadrine citrate er - Tier 1; QL* *tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*	
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
baclofen oral tablet 5 mg - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Sleep Disorders, Other - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
	sodium oxybate (generic for XYREM) - Tier 1; PA; SP; QL *XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL* XYWAV - Tier 2; PA; QL
Sodium Channel Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL *phenytek (generic for PHENYTEK) - Tier 1; QL* *phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin oral suspension 125 mg/5ml (generic for DILANTIN-125) - Tier 1; QL* *phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin sodium extended oral capsule 200 mg, 300 mg (generic for PHENYTEK) - Tier 1; QL*	
Sulfonamides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL *sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL* *sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL*	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Tetracyclines - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
doxy 100 (generic for DOXY 100) - Tier 1; QL *doxycycline hyclate intravenous (generic for DOXY 100) - Tier 1; QL* *doxycycline hyclate oral capsule 100 mg, 50 mg - Tier 1; QL* *doxycycline hyclate oral tablet 100 mg - Tier 1; QL* *doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL* *doxycycline monohydrate oral capsule 50 mg - Tier 1; QL* *minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL* NUZYRA ORAL - Tier 2; PA; QL	*ORACEA (brand for doxycycline) - Tier 2; PA*
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
ONE A DAY PRENATAL ORAL TABLET CHEWABLE (brand for cvs prenatal gummy) - Tier 2; QL *prenatal gummy oral tablet chewable 0.18-25 mg (generic for ALIVE DAILY SUP PRENATAL GUMMI) - Tier 1; QL* *prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL*	
Treatment Adjuncts - Supportive Chemotherapy Drugs	
Antineoplastics - Drugs to Treat Cancer	
mesna oral (generic for MESNEX) - Tier 1; SP; QL	

Preferred Agents	Non-Preferred Agents
Vaccines	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ABRYSVO - Tier 2; QL ACTHIB - Tier 2; QL; AL ADACEL - Tier 2; QL AREXVY - Tier 2; QL; AL BCG VACCINE - Tier 2; QL; AL BEXSERO - Tier 2; QL BOOSTRIX - Tier 2; QL CAPVAXIVE - Tier 2; QL; AL DAPTACEL - Tier 2; QL DENGVAXIA - Tier 2; QL ENGERIX-B - Tier 2; QL FLUAD - Tier 2; QL FLUARIX - Tier 2; QL FLUCELVAX - Tier 2; QL FLULAVAL - Tier 2; QL FLUMIST - Tier 2; QL FLUZONE HIGH-DOSE - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL GARDASIL 9 - Tier 2; QL HAVRIX - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL HIBERIX - Tier 2; QL; AL IMOVAX RABIES - Tier 2; QL; AL INFANRIX - Tier 2; QL IXIARO - Tier 2; QL; AL MENQUADFI - Tier 2; QL MENVEO - Tier 2; QL M-M-R II - Tier 2; QL MNEXSPIKE - Tier 2; QL PEDIARIX - Tier 2; QL PEDVAXHIB - Tier 2; QL; AL PENBRAYA - Tier 2; QL PENMENVY - Tier 2; QL PENTACEL - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL PREVNAR 20 - Tier 2; QL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL RABAVERT - Tier 2; QL; AL RECOMBIVAX HB - Tier 2; QL ROTARIX - Tier 2; QL ROTATEQ - Tier 2; QL SPIKEVAX - Tier 2; QL TENIVAC - Tier 2; QL TRUMENBA - Tier 2; QL TWINRIX - Tier 2; QL TYPHIM VI - Tier 2; QL; AL VAQTA - Tier 2; QL VARIVAX - Tier 2; QL VAXCHORA - Tier 2; QL; AL VAXELIS - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
Vitamins	
Electrolytes/Minerals/Metals/Vitamins	
a-25 - Tier 1; QL *ALIVE KIDS PREMIUM (brand for emergen-c kidz immune+) - Tier 2; QL* ALIVE PREMIUM PRENATAL - Tier 2; QL AQUASOL A - Tier 2; QL *b complex vitamins - Tier 1; QL* *b complex-b12 - Tier 1* *b-1 - Tier 1; QL* *b-12 oral tablet extended release - Tier 1* *b-12 slow release - Tier 1* *b6 - Tier 1; QL* *b-complex vitamin - Tier 1* *b-complex/b-12 oral - Tier 1* *b-plex plus (generic for AFLORA) - Tier 1; QL* *CENTRUM FLAVOR BURST KIDS (brand for emergen-c kidz immune+) - Tier 2; QL* *CENTRUM KIDS (brand for emergen-c kidz immune+) - Tier 2; QL*	*NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
CENTRUM KIDS MULTIGUMMIES (brand for emergen-c kidz immune+) - Tier 2; QL *CENTRUM MENOPAUSE MIND/MOOD (brand for daily multiple vitamins) - Tier 2* CENTRUM SPECIALIST PRENATAL - Tier 2 *cerovite jr (generic for CEROVITE JR) - Tier 1; QL* *chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL* *childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL* *childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL* *classic prenatal - Tier 1; QL* COMPLETE NATAL DHA - Tier 2; QL COMPLETENATE - Tier 2; QL *cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL* *daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL* *e - Tier 1* *e-400-clear - Tier 1; QL* *EMERGEN-C KIDZ DAILY IMMUNE (brand for emergen-c kidz immune+) - Tier 2; QL* *EMERGEN-C KIDZ IMMUNE+ (brand for emergen-c kidz immune+) - Tier 2; QL* ENFAMIL EXPECTA - Tier 2; QL *ergocalciferol oral capsule - Tier 1; QL* *essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *FLINTSTONES + EXTRA IRON (brand for emergen-c kidz immune+) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
FLINTSTONES COMPLETE (brand for emergen-c kidz immune+) - Tier 2; QL *folic acid injection solution 5 mg/ml - Tier 1; QL* *folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL* *folic acid oral tablet 400 mcg - Tier 1* *full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL* *healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *INFUVITE ADULT (brand for multiple vitamins adult) - Tier 2* *M-NATAL PLUS (brand for prenatal) - Tier 2; QL* *multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multivitamin w/fluoride (generic for FLOTREX) - Tier 1; QL* *multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL* *multivitamin/fluoride oral tablet chewable (generic for FLOTREX) - Tier 1; QL* *multi-vitamin/fluoride/iron - Tier 1; QL* *MYNEPHRON (brand for triphrocaps) - Tier 2* *NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2* *NEONATAL PLUS (brand for prenatal) - Tier 2; QL* *nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL* *NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL* NESTABS - Tier 2; QL NESTABS DHA - Tier 2; QL NESTABS ONE - Tier 2; QL *niacin er oral capsule extended release 250 mg - Tier 1; QL* *niacin er oral tablet extended release 1000 mg - Tier 1* *niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1* *niacin oral tablet 100 mg, 50 mg - Tier 1* *NIVA-PLUS (brand for prenatal) - Tier 2; QL* *NUTRIBOOST (brand for triphrocaps) - Tier 2*	

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Preferred Agents	Non-Preferred Agents
NUTRICORE (brand for full spectrum b/vitamin c) - Tier 2; QL OBSTETRIX DHA - Tier 2; QL *once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2* *ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* ONE VITE WOMENS - Tier 2; QL *ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL* *one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *phytonadione injection - Tier 1; QL* *phytonadione oral - Tier 1; QL* *pnv 27-ca/fe/fa - Tier 1; QL* *pnv-dha - Tier 1; QL* *PRENATABS RX (brand for thrivite rx) - Tier 2; QL* *prenatal 19 oral tablet chewable (generic for MATRIAPRO) - Tier 1; QL* *prenatal fa + dha + choline - Tier 1; QL* *prenatal formula - Tier 1; QL* *prenatal multi+dha - Tier 1; QL* *prenatal multivit plus folate - Tier 1; QL* *prenatal multivitamin - Tier 1; QL* *prenatal multivitamins - Tier 1; QL* *prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal oral tablet 28-0.8 mg - Tier 1; QL* *prenatal plus (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal vitamins (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal/folic acid - Tier 1; QL* *prenatal/iron oral tablet - Tier 1; QL* *pyridoxine hcl oral - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
pyridoxine hcl solution 100 mg/ml injection - Tier 1; QL PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION - Tier 2; QL *RENAL (brand for triphrocaps) - Tier 2* *rena-vite (generic for DIALYVITE 800) - Tier 1; QL* *SLO-NIACIN (brand for niacin er) - Tier 2* *stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* STUART ONE - Tier 2 *tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *THERA (brand for daily multiple vitamins) - Tier 2* *thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *thiamine hcl injection - Tier 1; QL* *thiamine hcl oral - Tier 1; QL* *thiamine mononitrate oral - Tier 1; QL* *THRIVITE RX (brand for thrivite rx) - Tier 2; QL* TRINATAL RX 1 - Tier 2; QL *triphrocaps (generic for MYNEPHRON) - Tier 1* *tri-vite pediatric - Tier 1; QL* TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2 TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; QL TRUE VITAMIN A - Tier 2; QL TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG - Tier 2 TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2 *VALENTRA (brand for daily multiple vitamins) - Tier 2* *vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut), 3000 mcg - Tier 1; QL* *vitamin b complex oral capsule - Tier 1; QL* *vitamin b complex w/b-12 - Tier 1; QL* *vitamin b1 - Tier 1; QL* *vitamin b-1 oral tablet 100 mg, 250 mg - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1 *vitamin b12 oral tablet extended release 1000 mcg - Tier 1* *vitamin b-12 pr - Tier 1* *vitamin b-6 - Tier 1; QL* *vitamin b-6 er - Tier 1; QL* VITAMIN B-COMPLEX 100 - Tier 2; QL *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) - Tier 1; QL* *vitamin e oral capsule 180 mg, 180 mg (400 unit) - Tier 1; QL* *vitamin e oral capsule 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1* *vitamin k1 injection - Tier 1; QL* *vitamin-b complex - Tier 1* *wescaps (generic for MYNEPHRON) - Tier 1* *WESTAB PLUS (brand for prenatal) - Tier 2; QL* *womens prenatal+dha - Tier 1; QL*	

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