Preferred Drug List (PDL)

Lista de Medicamentos Preferidos (PDL)

Arizona Medicaid

Effective Date/Vigencia: April 1, 2026

United Healthcare Community Plan

Discrimination is against the law. Pursuant to Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) and other nondiscrimination laws and authorities, the company does not discriminate, exclude people, or treat them differently based on any of the following: race, color, national origin, sex, pregnancy, childbirth or medical conditions related to pregnancy or childbirth, political or religious affiliation or ideas, culture, creed, social origin or condition, genetic information, sexual orientation, gender identity or expression, ancestry, age, military service or veteran status, marital status, or disability.

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

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

Email: **UHC_Civil_Rights@uhc.com**

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

Online:	**hhs.gov/civil-rights/filing-a-complaint/index.html**
By mail:	U.S. Department of Health and Human Services 200 Independence Avenue SW Room 509F, HHH Building Washington, D.C. 20201
By phone:	**1-800-368-1019** (TDD **1-800-537-7697**)

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

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

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

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-800-348-4058**, TTY **711**, 8 a.m.–5 p.m., Monday–Friday.

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Apache: ATTENTION: Nn̄ēēk’ehgo yádałti’yúgo, nohwich’į’ odahiłn̄ii doleeł.
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Vietnamese: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số điện thoại miễn phí ở trên.

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French: ATTENTION : si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Composez le numéro gratuit ci-dessus.

German: HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie die oben aufgeführte kostenfreie Nummer an.

Russian: ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться помощью переводчика. Позвоните по указанному выше бесплатному номеру.

Japanese: 注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。上記のフリーダイヤル番号までお電話ください。

Croatian: POZOR: Ako govorite hrvatski jezik, usluge jezične podrške dostupne su Vam bez naknade. Nazovite gore navedeni besplatni broj telefona.

Syriac: ܟܬܒ ܟ ܠܫܘܟ ܐ ܡ ܐ ܒ ܟ ܟ ܡ ܗ ܐ ܠ ܠ ܡ ܠ ܗ ܠ ܫ ܡ ܐ ܕ ܗ ܐ , ܠ ܐ ܩ ܐ
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Farsi: توجه: اگربه زبان فارسی صحبت می‌کنید، خدمات ترجمه زبان به صورت رایگان به شما ارائه خواهد شد. با شماره رایگان بالا تماس بگیرید.

Thai: โปรดทราบ: หากคุณพูดภาษาไทยเรามีบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่ายใด ๆ โปรดโทรติดต่อหมายเลขโทรฟรีด้านบน

Preferred drug list

Introduction

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

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

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

Notice

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

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

Preface

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

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

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

Pharmacy and therapeutics (P&T) committee

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

Outpatient prescription drug benefit covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/Hydrocortisone Cortisporin

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

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

citalopram 40 mg tabs Celexa tabs

Drug tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

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

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

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

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

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

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

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

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

Drug efficacy study implementation (DESI) drugs

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

Plan exclusions

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

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

Days supply dispensing limitations

UnitedHealthcare Community Plan members may receive up to a one-month supply of a specific medication per prescription order or prescription refill. Plans refill thresholds may vary. Refill thresholds for controlled substances and non-controlled substances may also vary. Please check with your member's individual plan. Certain medications may be prescribed for extended days' supply, such as medications for chronic conditions (e.g. hypertension). Use the drug lookup tool to see which medications are eligible for an extended days' supply.

Mandatory generic substitution

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

Prior authorization of non-PDL medications

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

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

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

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

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

Please contact the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826** with questions concerning the prior authorization process.

Non-PDL drugs 3-day overrides

To ensure the use of PDL 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 5-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 5-day supply, with a PA Type of 8 and Prior Authorization number of “00000000120”. Please note that non-preferred drugs are available for a 5-day supply, however, availability is subject to the benefit design. For assistance, pharmacies may call **800-310-6826**.

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

Quantity limitations (QL)

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

Quantity limits based on efficient medication dosing

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

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

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

Controlled substances

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

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

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

Specialty pharmaceutical management program

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

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

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

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

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

PDL suggestions

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

Email: pdl_management@uhc.com

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

Editor

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

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Legend

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

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

Notice

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

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Apache: ATTENTION: Nn̄ēēk’ehgo yádałti’yúgo, nohwich’į’ odahiłn̄ii doleeł.
Ádí’ doo nahi’n̄ıı̄ł da doleeł. Call ádagołe’ ádałt’ǫ́yúgo, toll-free numberhí hadagee dahgoz’ą́ą́.

Chinese: 注意：如果您說中文，您可獲得免費語言協助服務。撥打上方免費電話。

Vietnamese: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số điện thoại miễn phí ở trên.

Arabic: تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجانًا. اتصل بالرقم المجاني أعلاه.

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Korean: 참고: 한국어를 구사하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. 상기 수신자 부담 전화번호로 전화하십시오.

French: ATTENTION : si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Composez le numéro gratuit ci-dessus.

German: HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie die oben aufgeführte kostenfreie Nummer an.

Russian: ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться помощью переводчика. Позвоните по указанному выше бесплатному номеру.

Japanese: 注意：日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。上記のフリーダイヤル番号までお電話ください。

Croatian: POZOR: Ako govorite hrvatski jezik, usluge jezične podrške dostupne su Vam bez naknade. Nazovite gore navedeni besplatni broj telefona.

Syriac: ܟܬܒ ܟܡ ܠܫܬܟ ܐ̈ ܡ ܐ ܒ ܟܡ⁘ ܟ ܡ ܗ ܥ ܠ ܡ ܠ ܫ ܣ ܐ ܪ ܗ ܬ , ܠ ܥ ܩ ܓ
ܥ ܡ ܗ ܠ ܓ ܫ ܬ ܗ ܐ ܪ ܟ ܠ ܟ ܪ ܬ ܡ ܚ ܒ ܫ ܟ ܪ ܩ ܡ ܟ ܠ ܬ ܟ ܪ

Farsi: توجه: اگربه زبان فارسی صحبت می‌کنید، خدمات ترجمه زبان به صورت رایگان به شما ارائه خواهد شد. با شماره رایگان بالا تماس بگیرید.

Thai: โปรดทราบ: หากคุณพูดภาษาไทยเรามีบริการช่วยเหลือด้านภาษาโดยไม่เสียค่าใช้จ่ายใด ๆ โปรดโทรติดต่อหมายเลขโทรฟรีด้านบน

Preferred drug list

Introducción

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

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

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

Aviso

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

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

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

Prólogo

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

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

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

Comité de farmacia y terapéutica (P&T)

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

Beneficio de medicamentos recetados para pacientes ambulatorios - medicamentos cubiertos

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

Criterios de selección de productos

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

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

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

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

Descripciones de los productos incluidos en la PDL

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

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

carvedilol Coreg

Todas las concentraciones de Coreg estarían cubiertas según esta lista.

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

diltiazem sustained release Cardizem SR

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

Neomicina/polimixina B/Hidrocortisona Cortisporin

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

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

los comprimidos de citalopram 40mg Celexa tabs

Niveles de drogas

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

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

Sustitución por genéricos

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

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

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

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

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

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

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

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

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

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

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

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

Exclusiones del plan

Las siguientes categorías de medicamentos están excluidas de la cobertura conforme al beneficio de farmacia para pacientes ambulatorios y no son parte de la PDL de UnitedHealthcare Community Plan.

- Medicamentos del programa DESI
- Agentes contra la obesidad
- Medicamentos experimentales o en investigación
- Medicamentos usados para fines cosméticos
- Agentes de vacunación
- Suplementos nutricionales/dietéticos
- Productos de sangre o plasma sanguíneo
- Medicamentos usados para promover la fertilidad
- Agentes usados para la disfunción eréctil
- Agentes usados con fines cosméticos para el crecimiento del cabello
- Medicamentos de fabricantes que no participan en el Programa de descuentos en medicamentos de Medicaid de FFS
- Productos de diagnóstico
- Suministros médicos y equipo médico duradero (durable medical equipment, DME) excepto según se menciona: jeringas, agujas, lancetas, toallitas con alcohol,

Limitaciones en la provisión de suministros de días

Los miembros de UnitedHealthcare Community Plan podrian recibir un suministro de hasta un mes de un medicamento específico por cada pedido de medicamento receta o resurtido de receta. Los umbrales de resurtido de los planes pueden variar. Los umbrales de resurtido para sustancias controladas y sustancias no controladas también peuden variar. Constulte con su plan individual de miembro. Ciertos medicamentos pueden recetarse para un suministro extendido de dias, como los medicamentos para enfermedades crónicas (p. ej. hipertensión). Use la herramienta de búsqueda de medicamentos para ver qué medicamentos han sido aprobados para un suministro ampliado de dias.

Sustitución por genéricos obligatoria

La PDL de UnitedHealthcare Community Plan PDL requiere de la sustitución por genéricos obligatoria en gran parte de los productos cuando se encuentra disponible un equivalente genérico; no obstante, los medicamentos de marca pueden estar cubiertos en determinadas situaciones al solicitar una autorización previa. La lista de autorización previa (PA) de la PDL de UnitedHealthcare Community Plan no incluye artículos de marca en los casos en que el equivalente genérico está cubierto.

Autorización previa de medicamentos no incluidos en la PDL

Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan PDL han sidoseleccionados para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estos casos poco frecuentes, el proceso de autorización previa revisa las solicitudes para los medicamentos no incluidos en la lista que el médico puede considerar médicamente necesario para el control del paciente.

El médico debe realizar las solicitudes de estas excepciones por escrito y enviarlas por fax, o bien, debe llamar a:

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

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

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

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

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

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

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

Limitaciones de cantidad (QL)

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

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

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

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

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

Sustancias controladas

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

- agentes sedantes hipnóticos
- barbitúricos
- algunos relajantes musculares

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

Programa de administración de productos farmacéuticos especiales

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

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

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

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

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

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

Sugerencias sobre la PDL

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

Email: pdl_management@uhc.com

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

Editor

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

Email: pdl_management@uhc.com

Leyenda

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

Aviso

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

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

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

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United Healthcare Community Plan

UnitedHealthcare®
Community Plan

UnitedHealthcare Community Plan does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

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

UHC_Civil_Rights@uhc.com

You must send the complaint within 60 calendar days of when you found out about it. A decision will be sent to you within 30 calendar days. If you disagree with the decision, you have 15 calendar days to ask us to look at it again.

If you need help with your complaint, please call Member Services at **1-800-348-4058**, **TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

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

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

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

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

If you need help with your complaint, please call Member Services at **1-800-348-4058**, **TTY 711**.

Services to help you communicate with us are provided at no cost to members, such as other languages or large print. Or, you can ask for an interpreter. To ask for help, please call Member Services at **1-800-348-4058**, **TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

UnitedHealthcare®
Community Plan

UnitedHealthcare Community Plan no da un tratamiento diferente a sus miembros en base a su sexo, edad, raza, color, discapacidad u origen nacional.

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad u origen nacional, puede enviar una queja a:

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

UHC_Civil_Rights@uhc.com

Usted tiene que enviar la queja dentro de los 60 días de la fecha cuando se enteró de ella. Se le enviará la decisión en un plazo de 30 días. Si no está de acuerdo con la decisión, tiene 15 días para solicitar que la consideremos de nuevo.

Si usted necesita ayuda con su queja, por favor llame al **1-800-348-4058**, **TTY 711**, de lunes a viernes, de 8:00 a.m. a 5:00 p.m.

Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

Internet:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

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

Teléfono:
Llamada gratuita, **1-800-368-1019**, **1-800-537-7697** (TDD)

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

Si necesita ayuda para presentar su queja, por favor llame a Servicios para Miembros al **1-800-348-4058**, **TTY 711**.

Se proporcionan servicios para ayudarle a comunicarse con nosotros, tales como otros idiomas o letra grande, sin costo para los miembros. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame a Servicios para Miembros del **1-800-348-4058**, **TTY 711**, de lunes a viernes, de 8:00 a.m. a 5:00 p.m.

Introduction

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

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

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

Notice

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

This PDL is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

UnitedHealthcare Community Plan assumes no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

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

Preface

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

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

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

Pharmacy and Therapeutics (P&T) Committee

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

Outpatient prescription drug benefit-covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release Cardizem SR

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

Neomycin/polymyxin B/Hydrocortisone Cortisporin

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

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

citalopram 40mg tabs Celexa tabs

Drug tiers

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

Tier name	Drug tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

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

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

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

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

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

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

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

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

Drug Efficacy Study Implementation (DESI) drugs

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962. The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of "fully

effective" was made for most of these products and they remain in the marketplace. A few DESI products remain classified as "less than fully effective" while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan's PDL does not cover DESI "less than fully effective" drug products.

Plan exclusions

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

- DESI drugs
- Antiobesity agents
- Experimental / research drugs
- Cosmetic drugs
- Immunization agents
- 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: syringes, needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, peak flow meters (Astech, Assess, Peak Air brands, max two per year), vaporizer (limit of one per three years), humidifier (limit of one per three 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. Please call the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826** with questions or for help with dosage change authorization.

Mandatory generic substitution

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

Prior Authorization of non-PDL medications

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

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

UnitedHealthcare Community Plan
Pharmacy Services Department
Fax 1-866-940-7328
Phone 1-800-310-6826

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

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

Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **1-800-310-6826** with questions concerning the prior authorization process.

Non-PDL drugs five-day temporary supply overrides

To ensure the use of PDL 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 five-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a five day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a five-day supply, however, availability is subject to the benefit design. For assistance, pharmacies may call **1-800-310-6826**.

The pharmacy should contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to UnitedHealthcare Community Plan at **1-866-940-7328**.

Quantity Limitations (QL)

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

Quantity Limits based on Efficient Medication Dosing

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

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

Additions to the QL program drug list will be made from time to time and providers notified accordingly. As always, we recognize that a number of patient-specific variables must be taken into consideration when drug therapy is prescribed and therefore overrides will be available through the medical exception (prior authorization) process. Please contact the UnitedHealthcare Community Plan Pharmacy Prior Notification Service at **1-800-310-6826** with questions.

Controlled substances

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

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

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

Specialty Pharmaceutical Management Program

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

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at **1-866-940-7328**.

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

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

Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan Pharmacy Department at **1-800-310-6826**.

Step Therapy (ST)

The following PDL drugs are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. These medications may also be requested through the Prior authorization process.

While lower cost PDL alternatives may be appropriate in many instances, other non-PDL alternatives are available with prior authorization (PA).

STEP drug	First-Line agent(s)
Advair HFA	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR (2) 30 day trial of a long acting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Atrovent, Spiriva).
Aricept 23mg	90-day trial of Aricept 10mg daily.
calcipotriene cream & oint 0.005%	Trial of two medium to high potency corticosteroid topical treatments.
calcitriol 3mcg/gm	Trial of two topical corticosteroids.
Dulera	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR).
Elidel	Minimum age of 2. Trial of one topical corticosteroid.
Eucrisa	Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment.
fenofibrate	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
Optivar	14 day trial of ketotifen within previous 90 days required first.
Ranexa	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates.
Rozerem	Trial of Two Preferred Medications
Symbicort	(1) 30 day trial of one inhaled corticosteroid (e.g. Asmanex Twisthaler, Flovent HFA, QVAR) OR (2) 30 day trial of a long acting beta2- agonist (e.g. Arcapta, Striverdi) OR 30 day trial of an orally inhaled anticholinergic agent (e.g. Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
tacrolimus 0.03%	Minimum age of 2. Trial of one topical corticosteroid.

STEP drug	First-Line agent(s)
tacrolimus 0.1%	Minimum age of 16. Trial of one topical corticosteroid.
Uloric	8-week trial of up to 600mg of allopurinol required first.
Vancocin	One fill of metronidazole tabs or caps.

PDL suggestions

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

Attn: Director of Pharmacy Services
UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **1-866-940-7328**

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

Editor

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

UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **1-866-940-7328**

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 viii - ix for details
SP	Specialty Pharmaceuticals; see page vii for details

Notice

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

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

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

Introducción

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

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

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

Aviso

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

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

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

Las pautas nacionales pueden encontrarse en los sitios web que se enumeran en la sección del sitio web, o bien, visite el sitio del Centro de Intercambio de Información de Pautas Nacionales en **http://www.guideline.gov.**

Prólogo

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

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

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

Comité de Farmacia y Terapéutica (P&T)

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

Beneficio de medicamentos recetados para pacientes ambulatorios - medicamentos cubiertos

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

Criterios de selección de productos

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

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

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

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

Descripciones de los productos incluidos en la PDL

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

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

carvedilol Coreg

Todas las concentraciones de Coreg estarían cubiertas según esta lista.

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

diltiazem de liberación Cardizem SR

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

Neomicina/polimixina B/Hidrocortisona Cortisporin

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

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

los comprimidos de citalopram 40mg Celexa tabs

Niveles de drogas

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

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

Sustitución por genéricos

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

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

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

La lista del Consejo de Apelaciones de Medicare (Medicare Appeals Council, MAC) de UnitedHealthcare Community Plan establece un precio máximo para el reembolso de ciertos medicamentos recetados de múltiples fuentes. Este precio por lo general cubrirá la adquisición de la mayoría de los medicamentos genéricos pero no las versiones de marca del mismo medicamento. Los productos seleccionados para su inclusión en la lista del MAC son recetados y dispensados comúnmente, y por lo general han pasado por el proceso de revisión y aprobación de la Administración de Alimentos y Medicamentos (FDA).

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

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

En los casos en que se cumpla con los dos criterios mencionados, un medicamento genérico puede sustituirse con la total expectativa de que el producto sustituido producirá el mismo efecto clínico y tendrá el mismo perfil de seguridad que el producto recetado. Los productos farmacéuticos que tengan un índice terapéutico estrecho (NTI) también pueden ser guiados por estos principios. No es necesario que el proveedor de atención médica se aproxime a cualquier clase terapéutica de los productos farmacéuticos (por ejemplo, medicamentos con NTI) de forma diferente a la de cualquier otra clase, cuando la FDA ha determinado la equivalencia terapéutica de los productos farmacéuticos en cuestión. Además, no es necesario que los médicos realicen pruebas clínicas o exámenes adicionales cuando un producto farmacológico genérico equivalente desde el punto de vista terapéutico se sustituye por el producto de marca.

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

Medicamentos del Programa Implementación del Estudio Sobre Eficacia de Medicamentos (DESI)

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

Exclusiones del plan

Las siguientes categorías de medicamentos están excluidas de la cobertura conforme al beneficio de farmacia para pacientes ambulatorios y no son parte de la PDL de UnitedHealthcare Community Plan.

- Medicamentos del programa DESI
- Agentes contra la obesidad
- Medicamentos experimentales o en investigación
- Medicamentos usados para fines cosméticos
- Agentes de vacunación
- Suplementos nutricionales/dietéticos
- Productos de sangre o plasma sanguíneo
- Medicamentos usados para promover la fertilidad
- Agentes usados para la disfunción eréctil
- Agentes usados con fines cosméticos para el crecimiento del cabello
- Medicamentos de fabricantes que no participan en el Programa de descuentos en medicamentos de Medicaid de FFS
- Productos de diagnóstico
- Suministros médicos y equipo médico duradero (durable medical equipment, DME) excepto según se menciona: jeringas, agujas, lancetas, toallitas con alcohol, espaciadores, tiras reactivas para medir la glucosa, medidores de flujo máximo (marcas Astech, Assess, Peak Air, máx. dos por año), vaporizador (límite de 1 por cada 3 años), humidificador (límite de 1 por cada 3 años)

Limitaciones en la provisión de suministros de días

Los miembros de UnitedHealthcare Community Plan pueden recibir hasta un suministro de un mes de un medicamento específico por pedido de receta o resurtido de un medicamento recetado. Un medicamento puede volver a pedirse o reponerse cuando se ha utilizado el noventa por ciento (90%) para una sustancia controlada y el ochenta y cinco por ciento (85%) para una sustancia no controlada. Si se presenta una reclamación antes de haberse utilizado el noventa por ciento (90%) para una sustancia controlada u ochenta y cinco por ciento (85%) para una sustancia no controlada, según los días de suministro original presentado en la reclamación, esta será rechazada con un mensaje de “demasiado pronto para una recarga”. Por favor llame al Departamento de Farmacias de UnitedHealthcare Community Plan al **800-310-6826** si tiene preguntas o necesita ayuda con una autorización para cambiar la dosis.

Sustitución por genéricos obligatoria

La PDL de UnitedHealthcare Community Plan PDL requiere de la sustitución por genéricos obligatoria en gran parte de los productos cuando se encuentra disponible un equivalente genérico; no obstante, los medicamentos de marca pueden estar cubiertos en determinadas situaciones al solicitar una autorización previa. La lista de autorización previa (PA) de la PDL de UnitedHealthcare Community Plan no incluye artículos de marca en los casos en que el equivalente genérico está cubierto.

Autorización previa de medicamentos no incluidos en la PDL

Los medicamentos incluidos en la PDL de UnitedHealthcare Community Plan PDL han sido seleccionados para ofrecer los medicamentos más apropiados desde el punto de vista clínico y más asequibles para los pacientes que tienen su beneficio de medicamentos administrado a través de UnitedHealthcare Community Plan. También se reconoce que puede haber ocasiones en que un medicamento no incluido en la lista se requiere para el control médico adecuado de un paciente específico. En estos casos poco frecuentes, el proceso de autorización previa revisa las solicitudes para los medicamentos no incluidos en la lista que el médico puede considerar médicamente necesario para el control del paciente.

El médico debe realizar las solicitudes de estas excepciones por escrito y enviarlas por fax, o bien, debe llamar a:

UnitedHealthcare Community Plan
Pharmacy Services Department
Fax 1-866-940-7328
Teléfono 1-800-310-6826

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

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

Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **1-800-310-6826** si tiene preguntas relacionadas con el proceso de autorización previa.

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

Para garantizar el uso de medicamentos incluidos en la PDL, debe consultar al médico que realiza la receta acerca de todos los medicamentos que no están incluidos en la PDL. **Si no puede hablar con el médico de inmediato y necesita el medicamento de forma urgente, el sistema de procesamiento de reclamaciones aceptará una sustitución para permitir una provisión por única vez de un suministro de 5 días del medicamento recientemente recetado que no está incluido en la PDL.** La farmacia debe enviar una reclamación para un suministro de 5 días, con el

tipo 8 de PA y el número de autorización previa “00000000120”. Tenga en cuenta que los medicamentos no preferidos están disponibles para un suministro de 5 días, no obstante, la disponibilidad está sujeta al esquema de beneficios. Para obtener ayuda, las farmacias pueden llamar al **1-800-310-6826**.

La farmacia debe comunicarse con el médico para analizar el medicamento de la PDL o si se justifica la solicitud de una autorización previa. Si el médico que realiza la receta considera que un medicamento es médicamente necesario, el médico puede enviar por fax una solicitud de autorización previa a UnitedHealthcare Community Plan al **1-866-940-7328**.

Limitaciones de Cantidad (QL)

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

Límites de cantidad basados en la dosificación de medicamentos eficaces

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

Los límites del programa se establecen conforme a la aprobación de la FDA en cuanto a la dosificación y la disponibilidad de la dosis diaria total con la menor cantidad de comprimidos o cápsulas diarias. Los límites de cantidad en el sistema de procesamiento de reclamaciones de recetas limitará la provisión para consolidar la dosificación. El sistema de procesamiento de reclamaciones de farmacia indicará al farmacéutico que solicite un nuevo pedido de receta del médico.

Las adiciones a la lista de medicamentos del programa de nivel de cantidad (QL) se realizarán de vez en cuando y se notificará a los proveedores al respecto. Como siempre, reconocemos que deben tenerse en cuenta diversas variables específicas del paciente cuando se indica un tratamiento con medicamentos y, por consiguiente, las sustituciones estarán disponibles a través del proceso de excepción médica (PA). Comuníquese con el Servicio de Notificación Previa de Farmacia de UnitedHealthcare Community Plan al **1-800-310-6826** si tiene preguntas.

Sustancias controladas

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

- agentes sedantes hipnóticos
- barbitúricos
- algunos relajantes musculares

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

Programa de administración de productos farmacéuticos especiales

UnitedHealthcare Community Plan busca continuamente formas de ofrecer una atención asequible de alta calidad para los miembros del plan. El Programa de administración de productos farmacéuticos especiales ayuda a UnitedHealthcare Community Plan a lograr estos objetivos. Los medicamentos inyectables que forman parte de este programa requieren de la autorización del plan y no están disponibles a través de la red de farmacias minoristas.

Para obtener la autorización, el proveedor debe enviar por fax el formulario de autorización previa correspondiente al Departamento de Farmacia de UnitedHealthcare Community Plan al **1-866-940-7328**.

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

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

Los formularios de solicitud de autorización previa pueden solicitarse llamando al Departamento de Farmacia de UnitedHealthcare Community Plan al 1-800-310-6826.

Terapia Escalonada (Step Therapy, ST)

Los siguientes medicamentos de la PDL se cubren rutinariamente solo después de un estudio suficiente de un agente de primera línea indicado que se haya estudiado adecuadamente y se haya desaprobado. Estos medicamentos también pueden solicitarse a través del proceso de autorización previa.

Si bien las alternativas de menor costo que se incluyen en la PDL pueden ser apropiadas en muchos casos, otras alternativas que no se incluyen en la PDL se encuentran disponibles con autorización previa (prior authorization, PA).

Medicamento para TERAPIA ESCALONADA	Agentes de primera línea
Advair HFA	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR) O (2) un estudio de 30 días de un agonista beta2 de acción prolongada (por ejemplo Arcapta, Striverdi) O un estudio de 30 días de un agente anticolinérgico inhalado por vía oral (por ejemplo, Atrovent, Spiriva).
Aricept 23mg	Estudio de 90 días de Aricept de 10 mg diario.
calcipotriene crema y ungüento 0.005%	Estudio de dos tratamientos tópicos con corticosteroides de potencia media a alta.

Medicamento para TERAPIA ESCALONADA	Agentes de primera línea
calcitriol 3mcg/gm	Estudio de dos corticosteroides tópicos.
Dulera	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR).
Elidel	Edad mínima de 2 años. Estudio de un corticosteroide tópico.
Eucrisa	Estudio de un corticosteroide tópico Y uno de los siguientes: Elidel o ungüento de tacrolimus.
fenofibrato	Surtido de una estatina o 90 días de Gemfibrozil dentro de los 180 días previos.
Optivar	Se requiere primero un estudio de 14 días de ketotifen dentro de los 90 días anteriores.
Ranexa	Estudio de un medicamento de las siguientes categorías: bloqueadores beta, antagonistas del calcio, nitratos de acción prolongada.
Rozerem	(1) Estudio de zolpidem tartrate Y (2) Estudio de temazepam.
Symbicort	(1) Un estudio de 30 días de un corticoesteroide inhalado (por ejemplo Asmanex Twisthaler, Flovent HFA, QVAR) O (2) un estudio de 30 días de un agonista beta2 de acción prolongada (por ejemplo Arcapta, Striverdi) O un estudio de 30 días de un agente anticolinérgico inhalado por vía oral (por ejemplo, Incruse Ellipta, Atrovent, Combivent, Anoro Ellipta).
tacrolimus 0.03%	Edad mínima de 2 años. Prueba de un corticosteroide tópico.
tacrolimus 0.1%	Edad mínima de 16 años. Prueba de un corticosteroide tópico.
Uloric	Primero se requiere un estudio de 8 semanas de hasta 600 mg de alopurinol.
Vancocin	Un surtido de comprimidos o cápsulas de metronidazol.

Sugerencias sobre la PDL

Los proveedores que deseen hacer sugerencias sobre la PDL deben enviar la información por correo o fax al Director de Servicios de Farmacia de UnitedHealthcare Community Plan.

Attn: Director of Pharmacy Services
UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **1-866-940-7328**

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

Editor

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

UnitedHealthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Fax: **1-866-940-7328**

Leyenda

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

Aviso

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

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

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

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Arizona Medicaid

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Preferred Agents	Non-Preferred Agents
1st Generation/Typical - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
*chlorpromazine hcl oral tablet - Tier 1; *; QL; AL* *fluphenazine decanoate injection - Tier 1; PA; *; QL; AL* *fluphenazine hcl injection - Tier 1; AL* *fluphenazine hcl oral - Tier 1; *; QL; AL* *haloperidol decanoate intramuscular - Tier 1; PA; *; QL; AL* *haloperidol lactate oral concentrate 2 mg/ml - Tier 1; *; QL; AL* *haloperidol oral - Tier 1; *; QL; AL* *loxapine succinate - Tier 1; *; QL; AL* *pimozide - Tier 1; QL; AL* *thioridazine hcl oral - Tier 1; *; QL; AL* *thiothixene - Tier 1; *; QL; AL* *trifluoperazine hcl - Tier 1; *; QL; AL*	

Preferred Agents	Non-Preferred Agents
2nd Generation/Atypical - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
ABILIFY ASIMTUFII - Tier 2; PA; *; QL; AL ABILIFY MAINTENA - Tier 2; ST; *; QL; AL *aripiprazole oral tablet (generic for ABILIFY) - Tier 1; *; QL; AL* *aripiprazole solution 1 mg/ml oral - Tier 1; *; QL; AL* ARISTADA - Tier 2; ST; *; QL; AL ARISTADA INITIO - Tier 2; PA; *; QL; AL *clozapine oral tablet dispersible - Tier 1; PA; *; QL; AL* INVEGA HAFYERA - Tier 2; PA; *; QL; AL INVEGA SUSTENNA - Tier 2; DX2RX; ST; *; QL; AL INVEGA TRINZA - Tier 2; PA; *; QL; AL *lurasidone hcl (generic for LATUDA) - Tier 1; *; QL; AL* *olanzapine oral (generic for ZYPREXA) - Tier 1; *; QL; AL* PERSERIS - Tier 2; ST; *; QL; AL *quetiapine fumarate oral tablet 150 mg - Tier 1; *; QL; AL* *quetiapine fumarate tablet 100 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL* *quetiapine fumarate tablet 200 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL*	*aripiprazole solution 1 mg/ml oral - Tier 1; PA; *; QL; AL* CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG - Tier 2; DX2RX; QL; AL CAPLYTA ORAL CAPSULE 42 MG - Tier 2; DX2RX; QL FANAPT - Tier 2; DX2RX; QL; AL *GEODON ORAL (brand for ziprasidone hcl) - Tier 2; DX2RX; *; QL; AL* *INVEGA (brand for paliperidone er) - Tier 2; DX2RX; QL; AL* *LATUDA (brand for lurasidone hcl) - Tier 2; PA; *; QL; AL* REXULTI - Tier 2; DX2RX; QL; AL *RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Members >= 8 years of age will require PA||Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician, or other behavioral health provider; *; QL; AL* *RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG (brand for risperidone) - Tier 2; PA; *; QL; AL* *RISPERDAL ORAL TABLET 4 MG (brand for risperidone) - Tier 2; DX2RX; *; QL; AL*

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

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
acetaminophen childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL *acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen extra strength oral liquid (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *acetaminophen extra strength oral tablet (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen oral liquid 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL* *acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 650 mg - Tier 1; QL* *aminofen (generic for PHARBETOL) - Tier 1; QL* *apra - Tier 1; QL* *arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL*	

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

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

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

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Preferred Agents	Non-Preferred Agents
pain relief regular strength (generic for PHARBETOL) - Tier 1; QL *pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever adults - Tier 1; QL* *pain reliever children (generic for FEVERALL CHILDRENS) - Tier 1; QL* *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* *sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL* *TENCON (brand for butalbital-acetaminophen) - Tier 2; QL* *TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL *TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL* *VANQUISH EXTRA STRENGTH (brand for aspirin-acetaminophen-caffeine) - Tier 2* *VICKS PAINQUIL (brand for acetaminophen extra strength) - Tier 2*	
Androgens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL *danazol oral - Tier 1; QL* *DEPO-TESTOSTERONE (brand for testosterone cypionate) - Tier 2; PA; QL* *testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL* *testosterone cypionate intramuscular solution 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL* *testosterone enanthate intramuscular - Tier 1; PA; QL* *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL*	KYZATREX ORAL CAPSULE 200 MG - Tier 2; PA; QL NATESTO - Tier 2; PA; QL *TESTIM (brand for testosterone) - Tier 2; PA; QL* TLANDO - Tier 2; PA; QL *VOGELXO (brand for testosterone) - Tier 2; PA; QL* XYOSTED - Tier 2; PA; QL
Angioedema Agents	
Immunological Agents	
	ORLADEYO ORAL CAPSULE - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP HAEGARDA - Tier 2; SP; QL *icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL* KALBITOR - Tier 2; PA	RUCONEST - Tier 2; PA; SP; QL
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
irbesartan (generic for AVAPRO) - Tier 1; QL *losartan potassium oral (generic for COZAAR) - Tier 1; QL* *telmisartan (generic for MICARDIS) - Tier 1; QL* *valsartan oral tablet (generic for DIOVAN) - Tier 1; QL*	EDARBI - Tier 2; PA; QL *valsartan oral solution - Tier 1; PA; QL*
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL *enalapril maleate oral solution (generic for EPANED) - Tier 1; Members >= 8 years of age will require PA; QL; AL* *enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL* *lisinopril oral (generic for ZESTRIL) - Tier 1; QL* *ramipril - Tier 1; QL*	

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; PA; SP; QL *abirtega (generic for ABIRTEGA) - Tier 1; PA; SP; QL* *bicalutamide (generic for CASODEX) - Tier 1; QL* ERLEADA - Tier 2; PA; SP; QL	ORGOVYX - Tier 2; PA; SP; QL XTANDI - Tier 2; PA; SP; QL *YONSA (brand for abiraterone acetate micronized) - Tier 2; PA; SP; QL* *ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL*
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)	
NUBEQA - Tier 2; PA; SP; QL	
Antiangiogenic Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
REVLIMID (brand for lenalidomide) - Tier 2; SP; QL	*lenalidomide oral capsule 5 mg (generic for REVLIMID) - Tier 1; PA; SP; QL*

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

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
Antidiabetic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
acarbose oral - Tier 1; QL	*ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL*
ALOGLIPTIN BENZOATE - Tier 2; QL	CYCLOSET - Tier 2; PA
ALOGLIPTIN-METFORMIN HCL - Tier 2; QL	*DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL*
ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL	GLYXAMBI - Tier 2; PA; QL
DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; PA; QL	INVOKAMET - Tier 2; PA; QL
EXENATIDE - Tier 2; PA; QL	INVOKANA - Tier 2; PA; QL
FARXIGA (brand for dapagliflozin propanediol) - Tier 2; PA; QL	JENTADUETO XR - Tier 2; PA; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL	*ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL*
glipizide er (generic for GLUCOTROL XL) - Tier 1; QL	OZEMPIC - Tier 2; PA; QL
glipizide oral tablet 10 mg, 5 mg - Tier 1; QL	OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL
glyburide - Tier 1; QL	RYBELSUS - Tier 2; PA; QL
JANUMET - Tier 2; PA; QL	SEGLUROMET - Tier 2; PA; QL
JANUMET XR - Tier 2; PA; QL	STEGLATRO - Tier 2; PA; QL
JANUVIA - Tier 2; PA; QL	STEGLUJAN - Tier 2; PA; QL
JARDIANCE - Tier 2; PA; QL	SYNJARDY XR - Tier 2; PA; QL
JENTADUETO - Tier 2; PA; QL	*VICTOZA (brand for liraglutide) - Tier 2; PA; QL*
liraglutide (generic for VICTOZA) - Tier 1; PA; QL	XULTOPHY - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL *metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1* *metformin hcl tablet 1000 mg oral - Tier 1; QL* *metformin hcl tablet 500 mg oral - Tier 1; QL* *metformin hcl tablet 850 mg oral - Tier 1; QL* *nateglinide - Tier 1; QL* *pioglitazone hcl (generic for ACTOS) - Tier 1; QL* *pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; QL* *repaglinide - Tier 1; QL* SYNJARDY - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL TRULICITY - Tier 2; PA; QL *XIGDUO XR (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL*	

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

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Preferred Agents	Non-Preferred Agents
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* *antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL* *antifungal external cream 2 % (generic for DESENEX) - Tier 1* *antifungal external powder 2 % (generic for MICRO GUARD) - Tier 1; QL* *athletes foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *athletes foot (tolnaftate) external aerosol powder 1 % (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1* *athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL* *athletes foot external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *athletes foot external powder 2 % (generic for MICRO GUARD) - Tier 1; QL*	CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL GYNAZOLE-1 - Tier 2; PA; QL NOXAFIL ORAL - Tier 2; PA; QL; AL VIVJOA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
athletes foot powder spray external aerosol powder 1 % (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1 *baza antifungal (generic for DESENEX) - Tier 1* *ciclodan (generic for CICLODAN) - Tier 1; QL* *ciclopirox external solution (generic for CICLODAN) - Tier 1; QL* *ciclopirox olamine external cream - Tier 1; QL* *clotrimazole 3 vaginal cream 2 % - Tier 1* *clotrimazole external cream (generic for LOTRIMIN AF) - Tier 1; QL* *clotrimazole mouth/throat - Tier 1; QL* *clotrimazole vaginal - Tier 1; QL* *DESENEX (brand for antifungal) - Tier 2* *fluconazole oral (generic for DIFLUCAN) - Tier 1; QL* *foot & sneaker (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1* *ft 7 day vaginal - Tier 1; QL* *ft miconazole 1 (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *fungi-guard (generic for TINACTIN) - Tier 1; QL* *griseofulvin microsize oral - Tier 1; QL* *jock itch external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL* *ketoconazole external cream - Tier 1; QL* *ketoconazole external shampoo - Tier 1; QL* *klayesta (generic for KLAYESTA) - Tier 1; QL* *MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2* *micaderm (generic for DESENEX) - Tier 1* *miconazole 1 combo pack (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *miconazole 1 vaginal kit 1200 & 2 mg & % (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL* *miconazole 3 vaginal suppository - Tier 1; QL* *miconazole 7 vaginal cream (generic for MONISTAT 7) - Tier 1; QL* *miconazole antifungal (generic for DESENEX) - Tier 1* *miconazole nitrate external cream (generic for DESENEX) - Tier 1*	

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

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

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

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

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

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Preferred Agents	Non-Preferred Agents
cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL *childrens allergy oral liquid 12.5 mg/5ml (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *chlor-pheniramine (generic for WAL-FINATE) - Tier 1; QL* *chlorpheniramine maleate oral (generic for WAL-FINATE) - Tier 1; QL* *CLARITIN CHILDRENS (brand for cvs allergy relief childrens) - Tier 2; QL* *CLARITIN ORAL TABLET CHEWABLE 5 MG (brand for cvs allergy relief childrens) - Tier 2; QL* *clemastine fumarate oral (generic for CLEMSZA) - Tier 1; QL* *complete allergy medicine (generic for BANOPHEN) - Tier 1; QL* *complete allergy medicine oral capsule (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *complete allergy relief (generic for BANOPHEN) - Tier 1; QL* *CORPHENA (brand for corphena) - Tier 2; QL* *CURELIEF (brand for allergy childrens) - Tier 2; QL* *cyproheptadine hcl oral - Tier 1; QL* DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL *DIMETANE ALLERGY RELIEF (brand for allergy) - Tier 2; QL* *DIMETANE ALLERGY RELIEF EX ST (brand for diphenhydramine hcl) - Tier 2; QL* *DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL* *diphen (generic for BANOPHEN) - Tier 1; QL* *diphenhydramine hcl childrens (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *diphenhydramine hcl injection - Tier 1; QL* *diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL* *ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL* *fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL* *geri-dryl (generic for BANOPHEN) - Tier 1; QL* *indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL* *levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
liquid allergy relief (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL *loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine childrens (generic for CLARITIN) - Tier 1; QL* *loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL* *MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL* *m-dryl (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *NARAMIN (brand for allergy childrens) - Tier 2; QL* *pharbechlor (generic for WAL-FINATE) - Tier 1; QL* *pharbedryl (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *promethazine hcl injection solution 25 mg/ml (generic for PHENERGAN) - Tier 1; QL* *promethazine hcl oral - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL *RYCLORA (brand for corphena) - Tier 2; 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; QL	

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
BIKTARVY - Tier 2; QL GENVOYA - Tier 2; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; Members >= 2 years of age will require PA; QL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL STRIBILD - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL TRIUMEQ - Tier 2; QL TRIUMEQ PD - Tier 2; QL	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
COMPLERA (brand for emtricitab-rilpivir-tenofov df) - Tier 2; QL DELSTRIGO - Tier 2; QL EDURANT PED - Tier 2; QL; AL *efavirenz - Tier 1; QL* *efavirenz-emtricitab-tenofo df - Tier 1; QL* *etravirine (generic for INTELENCE) - Tier 1; QL* JULUCA - Tier 2; QL *nevirapine - Tier 1; QL* *nevirapine er - Tier 1; QL* ODEFSEY - Tier 2; QL PIFELTRO - Tier 2; QL *rilpivirine hcl (generic for EDURANT) - Tier 1; QL* *SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; QL*	*EDURANT (brand for rilpivirine hcl) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
abacavir sulfate (generic for ZIAGEN) - Tier 1; QL *abacavir sulfate-lamivudine - Tier 1; QL* DESCOVY - Tier 2; QL *emtricitabine (generic for EMTRIVA) - Tier 1; QL* *emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; Diagnosis to drug match not required; QL* EMTRIVA ORAL SOLUTION - Tier 2; QL *lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL* *lamivudine solution 10 mg/ml oral (generic for EPIVIR) - Tier 1; QL* *lamivudine-zidovudine - Tier 1; QL* *tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL* *zidovudine (generic for RETROVIR) - Tier 1; QL*	CIMDUO - Tier 2; PA; QL *TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; Diagnosis to drug match not required; QL*
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
maraviroc (generic for SELZENTRY) - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
atazanavir sulfate (generic for REYATAZ) - Tier 1; QL EVOTAZ - Tier 2; QL *fosamprenavir calcium - Tier 1; QL* KALETRA ORAL SOLUTION - Tier 2; QL *lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL* NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL *PREZISTA (brand for darunavir) - Tier 2; QL* REYATAZ ORAL PACKET - Tier 2; Members >= 8 years of age will require PA; QL *ritonavir (generic for NORVIR) - Tier 1; QL* SYMTUZA - Tier 2; QL	*KALETRA ORAL TABLET 200-50 MG (brand for lopinavir-ritonavir) - Tier 2; PA; QL* *REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; PA; QL*

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

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Preferred Agents	Non-Preferred Agents
Anti-Influenza Agents - Flu Drugs	
Antivirals - Drugs to Treat Viral Infections	
oseltamivir phosphate oral (generic for TAMIFLU) - Tier 1; QL RELENZA DISKHALER - Tier 2; QL *rimantadine hcl - Tier 1; QL* *TAMIFLU (brand for oseltamivir phosphate) - Tier 2; QL* XOFLUZA (40 MG DOSE) - Tier 2; QL XOFLUZA (80 MG DOSE) - Tier 2; QL	
Antileukotrienes - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; QL; AL *montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL* *montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1; QL*	*SINGULAIR ORAL PACKET (brand for montelukast sodium) - Tier 2; PA; QL; AL* *SINGULAIR ORAL TABLET (brand for montelukast sodium) - Tier 2; PA; QL* *SINGULAIR ORAL TABLET CHEWABLE (brand for montelukast sodium) - Tier 2; PA; QL* *zafirlukast - Tier 1; PA; QL*
Antimetabolites - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
capecitabine - Tier 1; SP DROXIA - Tier 2; QL *hydroxyurea oral (generic for HYDREA) - Tier 1; QL* *mercaptopurine oral tablet - Tier 1; QL* XROMI - Tier 2; AL	*PURIXAN (brand for mercaptopurine) - Tier 2; PA; QL* SIKLOS - Tier 2; PA; QL
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
Antimycobacterials - Drugs to Treat Infections	
dapsone oral - Tier 1; QL	

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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 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL VERZENIO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL	BESREMI - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO ORAL CAPSULE - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY SUBCUTANEOUS - Tier 2; PA; QL
Antiparkinson Agents - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
	NOURIANZ - Tier 2; PA; QL
Antiparkinson Agents, Other - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
amantadine hcl oral capsule - Tier 1; QL *entacapone - Tier 1; QL*	ONGENTYS - Tier 2; PA; QL

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

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

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

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

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

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

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Preferred Agents	Non-Preferred Agents
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
atenolol oral (generic for TENORMIN) - Tier 1; QL *bisoprolol fumarate oral - Tier 1; QL* *carvedilol (generic for COREG) - Tier 1; QL* HEMANGEOL - Tier 2; PA *labetalol hcl oral - Tier 1; QL* *metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL* *metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL* METOPROLOL TARTRATE ORAL TABLET 12.5 MG - Tier 2; QL *metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg - Tier 1; QL* *nadolol oral - Tier 1; QL; AL* *nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL* *propranolol hcl er (generic for INDERAL LA) - Tier 1* *propranolol hcl oral solution 20 mg/5ml - Tier 1; QL* *propranolol hcl oral solution 40 mg/5ml - Tier 1* *propranolol hcl oral tablet - Tier 1; QL*	*LOPRESSOR ORAL TABLET 100 MG, 50 MG (brand for metoprolol tartrate) - Tier 2; PA; QL*

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

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

Preferred Agents	Non-Preferred Agents
Bronchodilators, Anticholinergic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
ATROVENT HFA (brand for ipratropium bromide hfa) - Tier 2; QL *ipratropium bromide hfa (generic for ATROVENT HFA) - Tier 1; QL* *ipratropium bromide inhalation - Tier 1; QL* *ipratropium bromide nasal - Tier 1; QL* SPIRIVA RESPIMAT - Tier 2; QL *tiotropium bromide (generic for SPIRIVA HANDIHALER) - Tier 1; HANDIHALER only||Continued use of two or more drugs in this class may require prior authorization; QL* TUDORZA PRESSAIR - Tier 2; QL	INCRUSE ELLIPTA - Tier 2; PA; QL *SPIRIVA HANDIHALER (brand for tiotropium bromide) - Tier 2; PA; HANDIHALER only||Continued use of two or more drugs in this class may require prior authorization; QL* YUPELRI INHALATION SOLUTION 175 MCG/3ML - 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 nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL* ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL *albuterol sulfate nebulization solution 0.63 mg/3ml inhalation - Tier 1; Members >= 8 years of age will require PA; QL* *albuterol sulfate nebulization solution 1.25 mg/3ml inhalation - Tier 1; Members >= 8 years of age will require PA; QL* *albuterol sulfate syrup 2 mg/5ml oral - Tier 1; QL* *epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic for EPIPEN JR 2-PAK) - Tier 1; QL* *epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; QL* SEREVENT DISKUS - Tier 2; PA; QL	*AUVI-Q (brand for epinephrine) - Tier 2; PA; QL* *PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL* PROAIR RESPICLICK - Tier 2; PA; QL STRIVERDI RESPIMAT - Tier 2; PA; QL *VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL* *XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
verapamil hcl er capsule extended release 24 hour 180 mg oral - Tier 1; QL *verapamil hcl er capsule extended release 24 hour 240 mg oral - Tier 1; QL* *verapamil hcl er oral tablet extended release - Tier 1; QL* *verapamil hcl oral - Tier 1; QL*	
Calcium Channel Modifying Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
CELONTIN (brand for methsuximide) - Tier 2; QL *ethosuximide oral (generic for ZARONTIN) - Tier 1; QL* ZONISADE - Tier 2; QL; AL *zonisamide oral (generic for ZONEGRAN) - Tier 1; QL*	*ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL*
Cardiovascular Agents, Other	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride-hydrochlorothiazide - Tier 1; QL *amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL* *amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1* *atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL* *benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL* *bisoprolol-hydrochlorothiazide - Tier 1; QL* *digoxin oral solution - Tier 1* *digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL* *enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL* *irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL* *lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL* *losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL* *metoprolol-hydrochlorothiazide - Tier 1; QL* *pentoxifylline er - Tier 1; QL* *ranolazine er - Tier 1; ST; QL* *sacubitril-valsartan (generic for ENTRESTO) - Tier 1; QL* *spironolactone-hctz - Tier 1; QL* *triamterene-hctz - Tier 1; QL* *valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL*	EDARBYCLOR - Tier 2; PA; QL *ENTRESTO ORAL TABLET (brand for sacubitril-valsartan) - Tier 2; PA; QL* OPSYNVI ORAL TABLET 10-20 MG - Tier 2; PA; SP; QL *TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL* VERQUVO - Tier 2; PA; QL VYNDAMAX - Tier 2; PA; SP; QL
Central Nervous System, Other	
Central Nervous System Agents	
SKYCLARYS - Tier 2; SP; QL; AL	

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

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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	
BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL KALYDECO ORAL PACKET - Tier 2; PA; SP; QL *KITABIS PAK (W/ NEBULIZER) (brand for tobramycin) - Tier 2; PA; SP; QL*	CAYSTON - Tier 2; PA; SP; QL TOBI PODHALER - Tier 2; PA; SP; QL *tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; PA; SP; QL* TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG - Tier 2; PA; SP; QL
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL *DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *DENTAGEL (brand for sf) - Tier 2* EASYGEL - Tier 2 *KOURZEQ (brand for triamcinolone acetonide) - Tier 2; QL* *ORALONE (brand for triamcinolone acetonide) - Tier 2; QL* *periogard (generic for PERIOGARD) - Tier 1; QL* *pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL* *pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1* *PREVIDENT (brand for sf) - Tier 2* *PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2* *PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *sf gel 1.1% (generic for PREVIDENT) - Tier 1* *sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*	

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

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

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; ST; QL FREESTYLE LIBRE READER - Tier 2; ST; QL *IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* KETO-DIASTIX - Tier 2; QL KETONE CARE - Tier 2; QL *KETONE TEST (brand for ketone test) - Tier 2; QL* *KETOSTIX (brand for ketone test) - Tier 2; QL* *LANCETS (brand for cvs lancets original) - Tier 2; QL* *LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL* *MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL* *NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH DELICA SAFETY LANCING (brand for cvs lancets original) - Tier 2; QL* *ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRASOFT 2 LANCETS (brand for cvs lancets original) - Tier 2; QL* *ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL* *PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* *PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL* *VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
Diabetic/Endocrine Blood: Glucose Monitoring	
ONETOUCH DELICA PLUS LANCING (brand for adjustable lancing device) - Tier 2	
Diuretics, Loop - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
bumetanide oral (generic for BUMEX) - Tier 1; QL *furosemide oral solution 10 mg/ml - Tier 1; QL* *furosemide oral tablet (generic for LASIX) - Tier 1; QL* *torsemide - Tier 1; QL*	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride hcl oral - Tier 1; QL *eplerenone - Tier 1; PA; QL* *spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL*	
Diuretics, Thiazide - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
chlorthalidone - Tier 1; QL *hydrochlorothiazide oral capsule - Tier 1; QL* *hydrochlorothiazide oral tablet 12.5 mg - Tier 1* *hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL* *indapamide - Tier 1; QL* *metolazone - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Dopamine Agonists - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; QL *pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL* *pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1* *ropinirole hcl - Tier 1; QL*	NEUPRO - Tier 2; PA; QL
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
carbidopa-levodopa er oral tablet extended release - Tier 1; QL *carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL*	*DHIVY (brand for carbidopa-levodopa) - Tier 2; PA; QL* *RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG (brand for carbidopa-levodopa er) - Tier 2; PA* *RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG (brand for carbidopa-levodopa er) - Tier 2; PA; QL* *SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL*
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
fenofibrate micronized capsule 134 mg oral - Tier 1; QL *fenofibrate micronized capsule 200 mg oral - Tier 1; QL* *fenofibrate micronized capsule 67 mg oral - Tier 1; QL* *fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL* *fenofibrate oral tablet 145 mg (generic for TRICOR) - Tier 1; QL* *fenofibrate oral tablet 48 mg - Tier 1; QL* *fenofibrate tablet 160 mg oral - Tier 1; QL* *fenofibrate tablet 54 mg oral - Tier 1; QL* *gemfibrozil oral (generic for LOPID) - Tier 1; QL*	*LIPOFEN (brand for fenofibrate) - Tier 2; PA* *TRICOR (brand for fenofibrate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL *lovastatin oral - Tier 1; QL* *pravastatin sodium - Tier 1; QL* *rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL* *simvastatin oral (generic for ZOCOR) - Tier 1; QL*	ATORVALIQ - Tier 2; PA; QL *CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL* *LIPITOR ORAL TABLET 20 MG, 40 MG (brand for atorvastatin 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
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
cholestyramine light oral packet (generic for PREVALITE) - Tier 1; QL *cholestyramine light oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered* *cholestyramine oral packet (generic for QUESTRAN) - Tier 1; QL* *cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL* *colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL* *ezetimibe (generic for ZETIA) - Tier 1; QL* *prevalite oral packet (generic for PREVALITE) - Tier 1; QL* *prevalite oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered*	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; SP; QL REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL *VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL* *VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL *calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate oral tablet 950 (200 ca) mg - Tier 1* *calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1* *calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL* *calcium fast dissolution - Tier 1; QL* *calcium high potency - Tier 1; QL* *calcium high potency/vitamin d (generic for ONEVITE CALCIUM+D3) - Tier 1; QL* *calcium oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL* *calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL* *calcium/minerals/vitamin d oral tablet 600-400 mg-unit - Tier 1* *calcium-magnesium-zinc-d3 oral tablet 333-133-5-3.33 mg-mcg - Tier 1; QL* *calcium-vitamin d3 oral tablet (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP* *effer-k oral tablet effervescent 25 meq - Tier 1; QL* *electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *electrolyte adv care (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL* EZFE 200 - Tier 2	

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
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* *FLORAVITA MINI (brand for destress-iron) - Tier 2; QL* *FOLAGENT DHA (brand for v-c forte) - Tier 2* *FOLAMED DHA (brand for v-c forte) - 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* *MENATROL (brand for v-c forte) - Tier 2* *MULTIPRO (brand for v-c forte) - Tier 2* *multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL* *multi-vitamin/iron (generic for FLORAVITA MINI) - Tier 1; QL* *one-daily multi-vitamin/iron (generic for FLORAVITA MINI) - Tier 1; QL* *one-daily/iron (generic for FLORAVITA MINI) - Tier 1; QL* *oyster shell calcium oral tablet 500 mg - Tier 1; QL* *oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL* *phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL* *POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
potassium citrate-citric acid - Tier 1 *radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1* *stress formula/iron (generic for FLORAVITA MINI) - Tier 1; QL* *stress formula/iron/energy (generic for FLORAVITA MINI) - Tier 1; QL* SUPPORT - Tier 2; QL *sv vitamin d3 oral capsule 25 mcg - Tier 1* *sv vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1* *tri-vite/fluoride oral solution 0.25 mg/ml (generic for SOLUVITA ACD WITH FLUORIDE) - Tier 1; QL* *tri-vite/fluoride oral solution 0.5 mg/ml - Tier 1* *TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL* *TRUE VITAMIN D3 CAPSULE 125 MCG (5000 UT) ORAL (brand for cvs d3) - Tier 2* TRUE VITAMIN D3 CAPSULE 50 MCG (2000 UT) ORAL - Tier 2; QL *TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL* TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; QL TRUE VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT), 250 MCG (10000 UT) - Tier 2 TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL *TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2* *v-c forte (generic for VIC-FORTE) - Tier 1* *vic-forte (generic for VIC-FORTE) - Tier 1* *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*	

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Preferred Agents	Non-Preferred Agents
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* *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*	

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Preferred Agents	Non-Preferred Agents
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 granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL* *deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL* *deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL* *deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP* *deferiprone (generic for FERRIPROX) - Tier 1; PA; SP; QL* *JYNARQUE ORAL TABLET (brand for tolvaptan) - Tier 2; PA; SP* *JYNARQUE ORAL TABLET THERAPY PACK (brand for tolvaptan) - Tier 2; PA; SP; QL* LOKELMA - Tier 2; PA; QL *SAMSCA (brand for tolvaptan (hyponatremia)) - Tier 2; PA; SP* *sodium polystyrene sulfonate oral - Tier 1* *SPS (SODIUM POLYSTYRENE SULF) (brand for sodium polystyrene sulfonate) - Tier 2; QL* VELTASSA - Tier 2; PA; QL	
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
ANZEMET - Tier 2; PA; QL *aprepitant oral capsule (generic for EMEND BIPACK) - Tier 1; QL* *dronabinol (generic for MARINOL) - Tier 1; PA; QL* *granisetron hcl oral - Tier 1; 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

Preferred Agents	Non-Preferred Agents
Enzyme Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
BALVERSA - Tier 2; PA; SP; QL *etoposide oral - Tier 1* HYCAMTIN ORAL - Tier 2; PA; SP	ZYDELIG ORAL TABLET 150 MG - Tier 2; PA; SP; QL
Enzyme Replacements/Modifiers - Enzyme Replacements/Modifying Drugs	
Enzyme Replacements/Modifiers - Drugs to Treat Enzyme Deficiency	
	ZOLGENSMA 10.1-10.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 10.6-11.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 11.1-11.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 11.6-12.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 12.1-12.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 12.6-13.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 13.1-13.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 2.6-3.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 3.1-3.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 3.6-4.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 4.1-4.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 4.6-5.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 5.1-5.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 5.6-6.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 6.1-6.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 6.6-7.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 7.1-7.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 7.6-8.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 8.1-8.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 8.6-9.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 9.1-9.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 9.6-10.0 KG - Tier 2; PA; SP; QL

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

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

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Preferred Agents	Non-Preferred Agents
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL EVAMIST - Tier 2 *falmina (generic for AFIRMELLE) - Tier 1; QL* FEMRING - Tier 2; PA; QL *hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *hailey 24 fe - Tier 1; QL* *hailey fe 1.5/30 - Tier 1; QL* *hailey fe 1/20 - Tier 1; QL* *isibloom - Tier 1; QL* *jaimiess oral tablet 0.15-0.03 &0.01 mg - Tier 1; QL* *jaimiess oral tablet 0.15-0.03 &0.01 mg - Tier 1; QL* *jasmiel (generic for JASMIEL) - Tier 1; QL* *juleber - Tier 1; QL* *junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL* *junel fe - Tier 1; QL* *kaitlib fe - Tier 1; QL* *kariva (generic for AZURETTE) - Tier 1; QL* *kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL* *kurvelo (generic for ALTAVERA) - Tier 1; QL* *larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL* *larin 24 fe - Tier 1; QL* *larin fe 1.5/30 - Tier 1; QL* *larin fe 1/20 - Tier 1; QL* *lessina (generic for AFIRMELLE) - Tier 1; QL* *levonest (generic for LEVONEST) - Tier 1; QL* *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for SETLAKIN) - Tier 1; QL* *levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL* *levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL* *levonorg-eth estrad triphasic (generic for LEVONEST) - Tier 1; QL* *loryna (generic for JASMIEL) - Tier 1; QL* *lo-zumandimine (generic for JASMIEL) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
lutera (generic for AFIRMELLE) - Tier 1; QL *lyllana (generic for DOTTI) - Tier 1; QL* *marlissa (generic for ALTAVERA) - Tier 1; QL* MENOSTAR - Tier 2; QL *microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL* *microgestin fe 1.5/30 - Tier 1; QL* *microgestin fe 1/20 - Tier 1; QL* *mili (generic for ESTARYLLA) - Tier 1; QL* *MINIVELLE (brand for estradiol) - Tier 2; QL* *necon 0.5/35 (28) - Tier 1; QL* *nikki (generic for JASMIEL) - Tier 1; QL* *norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL* *norethin-eth estradiol-fe (generic for WYMZYA FE) - Tier 1; QL* *norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (generic for ESTARYLLA) - Tier 1; QL* *norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL* *nortrel 0.5/35 (28) - Tier 1; QL* *nortrel 1/35 (21) (generic for DASETTA 1/35 (28)) - Tier 1; QL* *nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL* *nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL* *nylia 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL* *nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL* *philith (generic for BALZIVA) - Tier 1; QL* *pimtrea (generic for AZURETTE) - Tier 1; QL* *portia-28 (generic for ALTAVERA) - Tier 1; QL* PREMARIN VAGINAL - Tier 2; QL PREMPHASE - Tier 2; QL PREMPRO - Tier 2; QL *reclipsen - Tier 1; QL* *setlakin (generic for SETLAKIN) - Tier 1; QL* *simpesse - Tier 1; QL* *sprintec 28 (generic for ESTARYLLA) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
syeda (generic for SYEDA) - Tier 1; QL *tarina 24 fe - Tier 1; QL* *tarina fe 1/20 eq - Tier 1; QL* *tilia fe - Tier 1; QL* *tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* TYBLUME - Tier 2; QL *tydemy (generic for TYDEMY) - Tier 1; QL* *velivet - Tier 1; QL* *vienva (generic for AFIRMELLE) - Tier 1; QL* *viorele (generic for AZURETTE) - Tier 1; QL* *VIVELLE-DOT (brand for estradiol) - Tier 2; QL* *volnea (generic for AZURETTE) - Tier 1; QL* *vylibra (generic for ESTARYLLA) - Tier 1; QL* *wera - Tier 1; QL* *yuvafem (generic for YUVAFEM) - Tier 1; QL* *zafemy - Tier 1; QL* *zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL* *zumandimine (generic for SYEDA) - Tier 1; QL*	
Eye, ear, nose and throat drugs, misc.	
	TYRVAYA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg - Tier 1; QL; AL *pregabalin oral (generic for LYRICA) - Tier 1; QL*	*LYRICA ORAL CAPSULE (brand for pregabalin) - Tier 2; PA; QL*
GABA Receptor Modulators - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
eszopiclone (generic for LUNESTA) - Tier 1; QL; AL *temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL; AL* *zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; AL* *zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL; AL*	*AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA; AL* EDLUAR - Tier 2; PA; QL *LUNESTA ORAL TABLET 2 MG (brand for eszopiclone) - Tier 2; PA; QL; AL* *RESTORIL (brand for temazepam) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
clobazam oral tablet (generic for ONFI) - Tier 1; DX2RX; QL *clobazam suspension 2.5 mg/ml oral (generic for ONFI) - Tier 1; DX2RX; QL* *diazepam rectal gel 10 mg, 20 mg - Tier 1; QL* *gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL* *primidone oral (generic for MYSOLINE) - Tier 1; QL* *tiagabine hcl - Tier 1; PA; QL; AL* *valproic acid oral capsule - Tier 1; QL* *valproic acid solution 250 mg/5ml oral - Tier 1; QL* VALTOCO 10 MG DOSE - Tier 2; QL VALTOCO 15 MG DOSE - Tier 2; QL VALTOCO 20 MG DOSE - Tier 2; QL VALTOCO 5 MG DOSE - Tier 2; QL	*diazepam rectal gel 2.5 mg - Tier 1; PA; QL* *NEURONTIN (brand for gabapentin) - Tier 2; PA; QL* SYMPAZAN - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
ABATINEX (brand for acidophilus) - Tier 2 ACID GONE ORAL SUSPENSION - Tier 2 *acid gone oral tablet chewable (generic for ACID GONE) - Tier 1* *acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1* *acidophilus oral capsule (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* *antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*	BYLVAY - Tier 2; PA; SP; QL; AL BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL LIVDELZI - Tier 2; PA LIVMARLI ORAL SOLUTION 9.5 MG/ML - Tier 2; PA; SP; QL *MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA; QL* MOVANTIK - Tier 2; PA; QL *PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA* REZDIFFRA ORAL TABLET 60 MG - Tier 2; PA; SP SYMPROIC - Tier 2; PA; QL VOQUEZNA DUAL PAK - Tier 2; PA; QL VOQUEZNA TRIPLE PAK - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
antacid & 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* *antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1*	

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Preferred Agents	Non-Preferred Agents
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* *anti-diarrheal oral solution 1 mg/7.5ml (generic for IMODIUM A-D) - 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* *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* *dairy digestive fast acting oral tablet (generic for LACTAID FAST ACT) - Tier 1* *dairy relief ex st - Tier 1* *dairy relief fast acting oral tablet 9000 unit (generic for LACTAID FAST ACT) - Tier 1* *dairy relief oral tablet 3000 unit (generic for LACTAID) - Tier 1* *dairy relief oral tablet 9000 unit (generic for LACTAID FAST ACT) - Tier 1* *diamode (generic for IMODIUM A-D) - Tier 1* *diarrhea (generic for SOOTHE) - Tier 1* *diarrhea relief (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 oral liquid - Tier 1* *diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1; QL* *enema disposable (generic for FLEET ENEMA) - Tier 1* *enema ready-to-use rectal enema 7-19 gm/118ml - Tier 1* *enema rectal enema , 16-6 gm/133ml, 7-19 gm/118ml - Tier 1* FLEET ENEMA RECTAL ENEMA , 7-19 GM/118ML - Tier 2 FLEET PEDIATRIC RECTAL ENEMA 3.5-9.5 GM/59ML - Tier 2 *FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *floranex tablet oral (generic for FLORANEX) - Tier 1* *FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2* FREE + PURE DAILY PROBIOTIC - Tier 2 *freeze dried acidophilus (generic for INTESTINEX) - Tier 1* *ft enema rectal enema 7-19 gm/118ml - Tier 1* *gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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 80 mg - Tier 1* *gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2* *GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2* *GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2* *GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2* GELUSIL - Tier 2 *gentle laxative oral suspension (generic for DULCOLAX) - Tier 1* *geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *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*	

Preferred Agents	Non-Preferred Agents
IMODIUM A-D ORAL SOLUTION (brand for anti-diarrheal) - Tier 2 *IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2* *IMODIUM MULTI-SYMPTOM RELIEF (brand for eql anti-diarrheal anti-gas) - Tier 2* *infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *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* *LACTAID (brand for cvs dairy relief) - Tier 2* *LACTAID FAST ACT ORAL TABLET (brand for cvs dairy relief fast acting) - Tier 2* *lactase enzyme (generic for LACTAID) - Tier 1* *lactase enzyme ultra str (generic for LACTAID FAST ACT) - Tier 1* *LACTEOL DIARRHEASE (brand for acidophilus) - Tier 2* *lactobacillus oral tablet (generic for FLORANEX) - Tier 1* *lactobacillus probiotic (generic for FLORANEX) - Tier 1* *lacto-pectin (generic for FLORA VANCE) - Tier 1; QL* *lactose fast acting relief oral tablet (generic for LACTAID FAST ACT) - Tier 1* *long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1* *loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL* *loperamide hcl oral solution (generic for IMODIUM A-D) - Tier 1* *loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1* *loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *mag-al plus oral liquid (generic for MINTOX) - Tier 1; QL* *mag-al plus xs oral liquid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
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* *MICROWELL (brand for acidophilus) - Tier 2* *milk of magnesia (generic for DULCOLAX) - Tier 1* *milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1* *mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *mintox plus - Tier 1* *mood support probiotic (generic for FLORA VANCE) - Tier 1; QL* *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2* *NEWFLORA PROBIOTIC (brand for acidophilus) - Tier 2* *PAXOTIN (brand for acidophilus) - Tier 2* *PEPTO BISMOL ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2* *PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2* *PEPTO-BISMOL ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL* *PHAZYME (brand for cvs gas relief extra strength) - Tier 2* *PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2* *pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1*	

Preferred Agents	Non-Preferred Agents
pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1 *pink bismuth oral tablet 262 mg (generic for SOOTHE) - Tier 1* *pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *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* *ready-to-use enema rectal enema - Tier 1* *REVITAFLOR (brand for acidophilus) - Tier 2* *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* *SIMEPED (brand for cvs gas relief infants) - Tier 2* *simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *smooth antacid 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*	

Preferred Agents	Non-Preferred Agents
soothe oral tablet (generic for SOOTHE) - Tier 1 *soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1* *stomach relief oral tablet 262 mg (generic for SOOTHE) - Tier 1* *stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *surelac (generic for LACTAID) - Tier 1* *TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2* *TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2* *TUMS (brand for antacid) - Tier 2* *TUMS CHEWY BITES (brand for antacid) - Tier 2* *TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2* *TUMS E-X 750 (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2* *TUMS LASTING EFFECTS (brand for antacid) - Tier 2* *TUMS SMOOTHIES (brand for antacid) - Tier 2* *TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2* *TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2* *ursodiol oral capsule 300 mg - Tier 1; QL* *ursodiol oral tablet (generic for URSO FORTE) - Tier 1; QL* *VISBIOME GI CARE (brand for cvs adult 50+ probiotic) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
WE CARE ENEMA RECTAL ENEMA 7-19 GM/118ML - Tier 2 *WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2* *ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL* *ZENVYRA (brand for acidophilus) - Tier 2*	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
betaine (generic for CYSTADANE) - Tier 1; SP CHOLBAM - Tier 2; PA; SP; QL CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT - Tier 2 CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-9500 UNIT - Tier 2; QL CYSTAGON - Tier 2; SP; QL ELAPRASE - Tier 2; PA; SP ELELYSO - Tier 2; PA; SP *JAVYGTOR ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; SP* *KUVAN ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; SP* *miglustat (generic for ZAVESCA) - Tier 1; PA; SP; QL* NITYR - Tier 2; PA; SP; QL *RAVICTI (brand for glycerol phenylbutyrate) - Tier 2; PA; SP; QL*	AMVUTTRA - Tier 2; PA CERDELGA - Tier 2; PA; SP; QL CEREZYME - Tier 2; PA; SP FABRAZYME - Tier 2; PA; SP *ORFADIN ORAL CAPSULE 10 MG (brand for nitisinone) - Tier 2; PA; SP; QL* *ORFADIN ORAL CAPSULE 2 MG, 20 MG, 5 MG (brand for nitisinone) - Tier 2; PA; SP* ORFADIN ORAL SUSPENSION - Tier 2; PA; SP PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 8000-28750 UNIT - Tier 2; PA PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT - Tier 2; PA; QL PHEBURANE - Tier 2; PA; SP; QL STRENSIQ - Tier 2; PA; SP VILTEPSO - Tier 2; PA VIOKACE - Tier 2; PA VPRIV - Tier 2; PA; SP

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

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

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

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

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

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL *hydrocortisone external ointment 2.5 % - Tier 1; QL* *hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL* *hydrocortisone plus external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *instacort 5 - Tier 1; QL* *itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *MEDPURA HYDROCORTISONE (brand for anti-itch maximum strength) - Tier 2; QL* MEDROL ORAL TABLET 2 MG - Tier 2 *methylprednisolone oral (generic for MEDROL) - Tier 1; QL* *mometasone furoate external - Tier 1; QL* *prednisolone oral solution - Tier 1; QL* *prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1* *prednisolone sodium phosphate oral solution 5 mg/5ml - Tier 1; QL* *prednisone intensol - Tier 1; QL* *prednisone oral solution - Tier 1; QL* *prednisone oral tablet - Tier 1; QL* PREDNISONE ORAL TABLET DELAYED RELEASE - Tier 2; QL *prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1 *TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2* *triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL* *triamcinolone acetonide external lotion 0.025 % - Tier 1* *triamcinolone acetonide external lotion 0.1 % - Tier 1; QL* *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL* *triamcinolone acetonide external ointment 0.05 % - Tier 1* *triamcinolone acetonide injection suspension 10 mg/ml (generic for KENALOG-10) - Tier 1* *triamcinolone acetonide suspension 40 mg/ml injection (generic for KENALOG-40) - Tier 1* TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION - Tier 2 *triamcinolone in absorbase - Tier 1* *triderm (generic for TRIDERM) - Tier 1; QL*	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
desmopressin ace spray refrig - Tier 1; QL *desmopressin acetate injection (generic for DDAVP) - Tier 1; PA* *desmopressin acetate oral (generic for DDAVP) - Tier 1; QL* *desmopressin acetate pf (generic for DDAVP PF) - Tier 1; PA* *desmopressin acetate spray - Tier 1; QL* GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP INCRELEX - Tier 2; PA; SP NORDITROPIN FLEXPRO - Tier 2; PA; SP	HUMATROPE - Tier 2; PA; SP NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG - Tier 2; PA; SP; QL ZOMACTON - Tier 2; PA; SP

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	
ARMOUR THYROID (brand for niva thyroid) - Tier 2; QL *EVEXITHROID ORAL TABLET 120 MG, 15 MG (brand for thyroid) - Tier 2; QL* EVEXITHROID ORAL TABLET 180 MG - Tier 2; QL *EVEXITHROID ORAL TABLET 30 MG, 60 MG, 90 MG (brand for niva thyroid) - Tier 2; QL* *levo-t (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium oral tablet (generic for LEVO-T) - Tier 1; QL* *levoxyl (generic for LEVO-T) - Tier 1; QL* *liomny (generic for LIOMNY) - Tier 1; QL* *liothyronine sodium oral (generic for LIOMNY) - Tier 1; QL* *NIVA THYROID (brand for niva thyroid) - Tier 2; QL* *np thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL* *RENTHYROID ORAL TABLET 120 MG, 15 MG (brand for thyroid) - Tier 2; QL* *RENTHYROID ORAL TABLET 30 MG, 60 MG, 90 MG (brand for niva thyroid) - Tier 2; QL* *thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL* *unithroid (generic for LEVO-T) - Tier 1; QL*	*SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL*

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

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

Preferred Agents	Non-Preferred Agents
SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	
Immune Suppressants	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
methotrexate sodium (pf) - Tier 1 *mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL* *mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL* *mycophenolic acid (generic for MYFORTIC) - Tier 1; QL* ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL *sirolimus oral solution - Tier 1; QL* *sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL* *sirolimus oral tablet 2 mg - Tier 1* *tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1* *tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL* TREXALL - Tier 2 XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL *YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; SP; QL*	SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL *STELARA SUBCUTANEOUS (brand for ustekinumab) - Tier 2; PA; SP; QL; AL* VYVGART - Tier 2; PA
Immunizing Agents, Passive - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
BIVIGAM - Tier 2; PA; SP FLEBOGAMMA DIF - Tier 2; PA; SP GAMMAGARD - Tier 2; PA; SP GAMMAGARD S/D LESS IGA - Tier 2; PA; SP GAMMAKED - Tier 2; PA; SP GAMMAPLEX - Tier 2; PA; SP GAMUNEX-C - Tier 2; PA; SP HIZENTRA - Tier 2; PA; SP OCTAGAM - Tier 2; PA; SP PRIVIGEN - Tier 2; PA; SP XEMBIFY - Tier 2; PA	CUVITRU - Tier 2; PA; SP HYQVIA - Tier 2; PA; SP PANZYGA - Tier 2; PA; SP

Preferred Agents	Non-Preferred Agents
Immunological Agents, Other	
Immunological Agents	
	BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML - Tier 2; PA; SP; QL BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML - Tier 2; PA; SP; QL; AL
Immunomodulators - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ACTIMMUNE - Tier 2; PA; SP *leflunomide oral (generic for ARAVA) - Tier 1; QL* OTEZLA ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL OTEZLA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL OTEZLA XR - Tier 2; PA; SP; QL OTEZLA/OTEZLA XR INITIATION PK - Tier 2; PA; SP; QL TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ARCALYST - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL ENTYVIO PEN - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL ULTOMIRIS - Tier 2; PA

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

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

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

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

Preferred Agents	Non-Preferred Agents
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 heavy oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *mineral oil lubricant laxative (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *mineral oil oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1* *MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL* *natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1* *natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1* *natural fiber 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*	

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Preferred Agents	Non-Preferred Agents
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL *reguloid oral powder 43 % (generic for REGULOID) - Tier 1* *smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *sorbitol oral - Tier 1*	
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* *citroma (generic for CITROMA) - Tier 1; 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* *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* *DOCUZEN (brand for cvs senna plus) - Tier 2* *dss (generic for COLACE) - Tier 1; QL*	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
easy-lax plus (generic for SENOKOT S) - 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 MINI ENEMA - Tier 2; QL *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* *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* *glycerin (infants & children) rectal suppository 1 gm - Tier 1* *glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin child rectal suppository 1 gm - Tier 1* *glycerin child rectal suppository 1.2 gm (generic for PROCTOZONE-G CHILDRENS) - Tier 1* *glycerin childrens - Tier 1* *KRISTALOSE (brand for lactulose) - Tier 2; QL* *lactulose (generic for KRISTALOSE) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
lactulose encephalopathy - Tier 1; QL *LAXACIN (brand for cvs senna plus) - Tier 2* *laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* *laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative regular strength (generic for SENNA SMOOTH) - Tier 1* *magnesium citrate oral solution (generic for CITROMA) - Tier 1; QL* *natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ONELAX (brand for bisacodyl) - Tier 2; QL* *ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL* *ONELAX SENNA (brand for senna) - Tier 2* PEDIA-LAX ORAL LIQUID - Tier 2 *peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL* *peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL* *PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2* *PROCTOZONE-B (brand for bisacodyl) - Tier 2; QL* *PROCTOZONE-G CHILDRENS (brand for glycerin (child)) - Tier 2* *PROCTOZONE-GMAX ADULT (brand for cvs glycerin adult) - Tier 2* *PROLAXA (brand for cvs stool softener) - Tier 2; QL* *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*	

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Preferred Agents	Non-Preferred Agents
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 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna plus (generic for SENOKOT S) - Tier 1* *senna s (generic for SENOKOT S) - Tier 1* *senna smooth (generic for SENNA SMOOTH) - Tier 1* *senna-docusate sodium (generic for SENOKOT S) - Tier 1* *senna-lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-plus (generic for SENOKOT S) - Tier 1* *senna-s oral tablet (generic for SENOKOT S) - Tier 1* *senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna-time s (generic for SENOKOT S) - Tier 1* *SENNAZON (brand for senna) - Tier 2* *sennosides-docusate sodium (generic for SENOKOT S) - Tier 1* *SENOKOT (brand for cvs senna) - Tier 2; QL* *SENOKOT S (brand for cvs senna plus) - Tier 2* *soluble fiber therapy - Tier 1* *stimulant lax plus (generic for SENOKOT S) - Tier 1* *stimulant laxative (generic for SENOKOT S) - Tier 1* *stool softener extra str (generic for PROLAXA) - Tier 1; QL* *stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL* *stool softener oral capsule 240 mg - Tier 1* *stool softener oral capsule 250 mg (generic for PROLAXA) - 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*	

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Preferred Agents	Non-Preferred Agents
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* *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*	
Local Anesthetics	
Anesthetics - Drugs for Numbing	
AGONEAZE (brand for lidocaine-prilocaine) - Tier 2; QL *ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL* *ANODYNE LPT (brand for lidocaine-prilocaine) - Tier 2; QL* *ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL* *COLLAVERA (brand for burn gel) - Tier 2; QL* *LIDO BDK (brand for lidocaine-prilocaine) - Tier 2; QL* *lidocaine cream 4 % external (generic for ANECREAM) - Tier 1; QL* *lidocaine external ointment 5 % - Tier 1; PA; QL* *lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL* *lidocaine hcl external cream 3 % (generic for DERMACINRX LIDOCAINE) - Tier 1; QL* *lidocaine hcl urethral/mucosal external gel - Tier 1; QL* *lidocaine viscous hcl - Tier 1; QL* *lidocaine-prilocaine (generic for LIDO BDK) - Tier 1; QL* *LIDOMAX (brand for burn gel) - Tier 2; QL* LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
LIVIXIL PAK (brand for lidocaine-prilocaine) - Tier 2; QL *LMX 4 (brand for lidocaine) - Tier 2; QL* *PRILOVIX (brand for lidocaine-prilocaine) - Tier 2; QL* *PRILOVIX PLUS (brand for lidocaine-prilocaine) - Tier 2; QL* *PROXIVOL (brand for burn gel) - Tier 2; QL* *RELADOR PAK (brand for lidocaine-prilocaine) - Tier 2; QL* *RELADOR PAK PLUS (brand for lidocaine-prilocaine) - Tier 2; QL* *TYLENOL EXTERNAL CREAM 4 % (brand for lidocaine) - Tier 2; QL*	
Macrolides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
azithromycin oral (generic for ZITHROMAX) - Tier 1; QL *clarithromycin er - Tier 1; QL* *clarithromycin oral - Tier 1; QL* *DIFICID (brand for fidaxomicin) - Tier 2; PA; QL* *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL* *erythromycin base oral (generic for ERY-TAB) - Tier 1; QL* *erythromycin ethylsuccinate oral suspension reconstituted (generic for E.E.S. GRANULES) - Tier 1; QL* *erythromycin oral (generic for ERY-TAB) - Tier 1; QL*	
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*	

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

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1 *ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL* *ALCOHOL SWABS PAD 70 % (brand for alcohol prep) - Tier 2; QL* *AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL* *AXONA (brand for pro-critic) - Tier 2* *BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *BD PEN NEEDLE MINI ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL* BILDYOS - Tier 2; PA; QL *BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *BREATHE COMFORT HUMIDIFIER (brand for cool mist humidifier) - Tier 2; QL*	*BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL* BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL HYMOVIS - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL *INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL* *INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL*

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

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Preferred Agents	Non-Preferred Agents
DROPSAFE SICURA 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL *DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL* *DUREX TROPICAL (brand for true cover) - Tier 2; QL* *EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL* *ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *EMBECTA AUTOSHIELD DUO (brand for pen needles) - Tier 2; QL* *EMBECTA INS SYR U/F 1/2 UNIT (brand for techlite insulin syringe) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE (brand for careone insulin syringe) - Tier 2; QL* EMBECTA INSULIN SYRINGE U-500 - Tier 2; QL *EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; QL* *EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; QL* *eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1* *FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2* FC2 FEMALE CONDOM - Tier 2; QL *fish oil concentrate oral capsule 1000 mg (generic for SUPER DHA GEMS) - Tier 1* *fish oil half-the-size (generic for OVEGA-3) - Tier 1* *fish oil minis (generic for OVEGA-3) - Tier 1* *fish oil oral capsule 1000 mg (generic for SUPER DHA GEMS) - Tier 1* *fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1*	

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

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

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL *COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL* *dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL* *dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL* *fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL* KESIMPTA - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP REBIF REBIDOSE - Tier 2; SP REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP REBIF TITRATION PACK - Tier 2; SP *teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP*	*AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP* BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL GILENYA ORAL CAPSULE 0.25 MG - Tier 2; PA; SP; QL *GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL* *glatopa - Tier 1; DX2RX; SP; QL* MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL *TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL* VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
memantine hcl oral solution 2 mg/ml - Tier 1; QL *memantine hcl oral tablet - Tier 1; Members <18 years of age will require PA; QL; AL*	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
addaprin (generic for ADDAPRIN) - Tier 1; QL *ADVIL (brand for cvs ibuprofen) - Tier 2; QL* ADVIL JUNIOR STRENGTH ORAL TABLET - Tier 2; QL *ADVIL LIQUI-GELS MINIS (brand for cvs ibuprofen) - Tier 2; QL* *ADVIL MIGRAINE (brand for cvs ibuprofen) - Tier 2; QL* *all day pain relief oral tablet 220 mg (generic for ALEVE) - Tier 1; QL* *all day relief (generic for ALEVE) - Tier 1; QL* *aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*	ELYXYB - Tier 2; PA; QL *FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL* *NAPRELAN (brand for naproxen sodium er) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL *aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL* *aspirin rectal suppository 300 mg - Tier 1* *aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *BAYER ASPIRIN (brand for aspirin) - Tier 2; QL* *BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL* *BUFFERIN (brand for tri-buffered aspirin) - Tier 2* *celecoxib oral (generic for CELEBREX) - Tier 1; QL* *childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL* *diclofenac potassium oral tablet (generic for LOFENA) - Tier 1; QL* *diclofenac sodium external solution 1.5 % - Tier 1; QL* *diclofenac sodium oral - Tier 1; QL* *enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *etodolac (generic for LODINE) - Tier 1; QL* *flurbiprofen oral tablet 100 mg (generic for LURBIRO) - Tier 1; QL* *genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *ibuprofen (generic for IBU) - Tier 1; QL* *ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *ibuprofen minis (generic for ADVIL) - Tier 1; QL* *ibuprofen oral capsule 200 mg (generic for ADVIL) - Tier 1; QL* *ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL* *ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL* *ibuprofen tablet 400 mg oral (generic for IBU) - Tier 1; QL*	

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

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* *altafrin (generic for ALTAFRIN) - Tier 1* *altalube (generic for ALTALUBE) - Tier 1; QL* *artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1* *artificial tears pf (generic for BION TEARS PF) - Tier 1* *astringent eye drops (generic for VISINE A.C.) - Tier 1; QL* *atropine sulfate ophthalmic solution 1 % - Tier 1; QL* *bacitracin-polymyxin b - Tier 1; QL* *BIOLLE TEARS (brand for carboxymethylcellulose sod pf) - Tier 2* *BION TEARS PF (brand for artificial tears pf) - Tier 2* *carboxymethylcellulose sod pf ophthalmic solution (generic for BIOLLE TEARS) - Tier 1* *carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL* CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2; QL	CEQUA - Tier 2; PA; QL *RESTASIS MULTIDOSE (brand for cyclosporine (pf)) - Tier 2; PA; QL* RHOPRESSA - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL

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

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Preferred Agents	Non-Preferred Agents
lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL *lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1* *lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL* *lubricant eye 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* *phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1* *polymyxin b-trimethoprim - Tier 1; QL* *polyvinyl alcohol ophthalmic - Tier 1* PURE & GENTLE LUBRICANT - Tier 2 *REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *REFRESH PLUS (brand for carboxymethylcellulose sod pf) - Tier 2* *REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL* *relief eye drops (generic for VISINE A.C.) - Tier 1; QL* *RESTASIS (brand for cyclosporine (pf)) - Tier 2; QL* *restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1* *restore pm (generic for ALTALUBE) - Tier 1; QL* *RETAINE CMC (brand for carboxymethylcellulose sod pf) - Tier 2* *sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1*	

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

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

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

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

Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Long-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
diskets (generic for DISKETS) - 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* *methadone hcl intensol (generic for METHADONE HCL INTENSOL) - Tier 1; PA; QL* *methadone hcl oral (generic for DISKETS) - Tier 1; PA; QL* *METHADOSE ORAL CONCENTRATE 10 MG/ML (brand for methadone hcl) - Tier 2; PA; QL* *methadose oral tablet soluble (generic for DISKETS) - Tier 1; PA; QL* *METHADOSE SUGAR-FREE (brand for methadone hcl) - Tier 2; PA; QL* *morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL* OXYCONTIN - Tier 2; PA; QL *tramadol hcl er - Tier 1; PA; QL*	BELBUCA - Tier 2; PA; QL *buprenorphine (generic for BUTRANS) - Tier 1; PA; QL* *BUTRANS (brand for buprenorphine) - Tier 2; PA; QL* *HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL* *NUCYNTA ER (brand for tapentadol hcl er) - Tier 2; PA; QL* XTAMPZA ER - Tier 2; PA; QL

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

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

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

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; Generic NDC starting w/00186 is Preferred; QL *esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL* *lansoprazole capsule delayed release 15 mg oral (rx) (generic for PREVACID 24HR) - Tier 1; QL* *lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL* *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; Members >= 2 years of age will require PA; QL; AL* *lansoprazole oral tablet delayed release dispersible 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members >= 2 years of age will require PA; QL; AL* *omeprazole capsule delayed release 10 mg oral - Tier 1; QL* *omeprazole oral capsule delayed release 20 mg, 40 mg - Tier 1; QL* *pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; QL; AL* *pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL* *PROTONIX ORAL PACKET (brand for pantoprazole sodium) - Tier 2; QL; AL*	*dexlansoprazole (generic for DEXILANT) - Tier 1; PA; QL* *lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; PA; QL* *lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; PA; QL* *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members >= 2 years of age will require PA; QL; AL* *omeprazole capsule delayed release 10 mg oral - Tier 1; PA; QL* *omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; PA; QL* *omeprazole oral tablet delayed release - Tier 1; PA; QL*

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

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

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

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

Preferred Agents	Non-Preferred Agents
dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1 DULERA - Tier 2; QL *ENDACOF-DM (brand for cold/cough childrens) - Tier 2; QL* FASENRA - Tier 2; PA; SP FASENRA PEN - Tier 2; PA; SP; QL *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1* *fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL* *g tussin ac - Tier 1; QL; AL* *geri-tussin dm oral syrup - Tier 1; QL* *geri-tussin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *guaifed (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *guaifenesin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1* *guaifenesin-codeine - Tier 1; QL; AL* *guaifenesin-dm oral syrup - Tier 1; QL* *hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL* *hydromet (generic for HYCODAN) - Tier 1; QL; AL* *HYPERSAL (brand for sodium chloride) - Tier 2* *ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL* *ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL* *ipratropium-albuterol - Tier 1; QL* KALYDECO ORAL TABLET - Tier 2; PA; SP; QL *MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL* *maxi-tuss ac - Tier 1; QL; AL* *maxi-tuss dm (generic for ENDACOF-DM) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1 *maxi-tuss pe - Tier 1* *medifin 400 (generic for XPECT) - Tier 1* *medifin mucus relief child (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *MUCINEX COUGH CHILDRENS (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL* *MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL* *MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL* *MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL* *MUCINEX FAST-MAX DM MAX (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL* *MUCOLYTE (brand for altarussin) - Tier 2; QL* *mucus & chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus d (generic for MUCINEX D) - Tier 1; AL* *mucus d extended release (generic for MUCINEX D) - Tier 1; AL* *mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus d maximum strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus dm (generic for MUCINEX DM) - Tier 1; QL* *mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL* *mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL*	

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

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Preferred Agents	Non-Preferred Agents
mucus-dm (generic for MUCINEX DM) - Tier 1; QL *mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant max str oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant max str oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal four (generic for 4-WAY FAST ACTING) - Tier 1* *nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1* *nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1* *nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1* *NEBUSAL (brand for sodium chloride) - Tier 2* *NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2* *pharbinex (generic for XPECT) - Tier 1* *promethazine-codeine - Tier 1; QL; AL* *promethazine-phenylephrine - Tier 1; QL* *pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL* *PULMOSAL (brand for sodium chloride) - Tier 2* PULMOZYME - Tier 2; DX2RX; SP; QL *refenesen 400 (generic for XPECT) - Tier 1* *ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL *ROBITUSSIN COUGH & CHEST ADULT (brand for cvs cough & chest congestion) - Tier 2* *ROBITUSSIN COUGH & CHEST CHILD (brand for cvs cough & chest congestion) - Tier 2* *ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for cvs cough & chest congestion) - Tier 2* *RYNEX DM (brand for cold/cough childrens) - Tier 2; QL* RYNEX PE - Tier 2 *rynex pse - Tier 1* *sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL* *sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1* *sodium chloride inhalation nebulization solution 0.9 % - Tier 1; QL* *sodium chloride inhalation nebulization solution 10 % - Tier 1* *sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1* *sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1* STIOLTO RESPIMAT - Tier 2; PA; QL *SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL* *SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL* *SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2* *sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL* *sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*	

Preferred Agents	Non-Preferred Agents
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1 *tab tussin (generic for XPECT) - Tier 1* *tussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin adult chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin adult oral liquid 200 mg/10ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm oral syrup - Tier 1; QL* *tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1* *tussin mucus & chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin mucus+chest congest sf (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *tussin mucus+chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL* *wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1* *wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL* XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL	

Preferred Agents	Non-Preferred Agents
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 - Tier 1; QL* *cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL*	

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

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

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

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

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

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

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

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

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

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

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

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

Preferred Agents	Non-Preferred Agents
VARIVAX - Tier 2; QL; AL VAXELIS - Tier 2; QL; AL VAXNEUVANCE - Tier 2; QL	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
hydralazine hcl oral - Tier 1; QL *minoxidil oral - Tier 1; QL*	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
isosorbide dinitrate - Tier 1; QL *isosorbide mononitrate - Tier 1; QL* *isosorbide mononitrate er - Tier 1; QL* NITRO-BID - Tier 2; QL *NITRO-DUR (brand for nitroglycerin) - Tier 2; QL* *nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL* *nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL* *nitroglycerin transdermal (generic for NITRO-DUR) - 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 cvs gummy dinos) - Tier 2; QL* *b complex - Tier 1* *b complex vitamins - Tier 1* *b complex-b12 - Tier 1* *b-1 - Tier 1; QL* *b-12 oral tablet extended release - Tier 1* *b-12 slow release - Tier 1* *b6 - Tier 1; QL* *BCAD 1 (brand for pku trio) - Tier 2; QL* *BCAD 2 (brand for pku trio) - Tier 2; QL* *b-complex/b-12 oral - Tier 1* *biotin forte oral tablet 5 mg - Tier 1* *biotin oral capsule 5000 mcg (generic for MERIBIN) - Tier 1* *biotin oral tablet 5 mg - Tier 1* *b-plex plus (generic for AFLORA) - Tier 1; QL* *CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL*	*NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL *CENTRUM KIDS MULTIGUMMIES (brand for cvs gummy dinos) - Tier 2; QL* *CENTRUM MENOPAUSE MIND/MOOD (brand for daily multiple vitamins) - 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* *childrens multi (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* *classic prenatal - Tier 1; QL* *cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL* *daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL* *EMERGEN-C KIDZ DAILY IMMUNE (brand for cvs gummy dinos) - Tier 2; QL* *EMERGEN-C KIDZ IMMUNE+ (brand for cvs gummy dinos) - Tier 2; QL* ENFAMIL EXPECTA - Tier 2; QL *ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL* *essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *FLINTSTONES + EXTRA IRON (brand for cvs gummy dinos) - Tier 2; QL* *FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; 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*	

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Preferred Agents	Non-Preferred Agents
growing bones & muscles kids (generic for ALIVE KIDS PREMIUM) - Tier 1; QL *gummy dinos (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* *gummy multivitamin kids (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* *HCY 1 (brand for pku trio) - Tier 2; QL* *HCY 2 (brand for pku trio) - Tier 2; QL* *healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *LIPISTART (brand for pku trio) - Tier 2; QL* *MERIBIN (brand for cvs biotin) - Tier 2* *M-NATAL PLUS (brand for prenatal) - Tier 2; QL* *multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml - Tier 1; QL* *multivitamin/fluoride oral suspension (generic for FLORIVA PLUS) - Tier 1; QL* *multi-vitamin/fluoride/iron - Tier 1; QL* *MYNEPHRON (brand for triphrocaps) - Tier 2* *NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2* *NEONATAL COMPLETE (brand for prenatal) - Tier 2; QL* *NEONATAL PLUS (brand for prenatal) - Tier 2; QL* *NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; QL* *NEONATAL VITAMIN (brand for cvs prenatal) - Tier 2; QL* *nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL* *NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL* *niacin er oral capsule extended release 250 mg - Tier 1; QL* *niacin er oral tablet extended release 1000 mg - Tier 1* *niacin er oral tablet extended release 500 mg (generic for SLO-NIACIN) - Tier 1* *NIVA-PLUS (brand for prenatal) - Tier 2; QL* *OA 1 (brand for pku trio) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
OA 2 (brand for pku trio) - Tier 2; QL OBSTETRIX DHA - Tier 2; QL *once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2* *ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* *ONE VITE WOMENS (brand for cvs prenatal) - Tier 2; QL* *ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL* *one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *PFD 2 (brand for pku trio) - Tier 2; QL* *PFD TODDLER (brand for pku trio) - Tier 2; QL* *PHENYL-FREE 2 (brand for pku trio) - Tier 2; QL* *PHENYL-FREE 2HP (brand for pku trio) - Tier 2; QL* *phytonadione injection solution 10 mg/ml - Tier 1; QL* *phytonadione oral - Tier 1; QL* *pku trio (generic for BCAD 1) - Tier 1; QL* *pnv 27-ca/fe/fa - Tier 1; QL* *PRENATABS RX (brand for thrivite rx) - Tier 2; QL* *prenatal multi+dha - Tier 1; QL* *prenatal multivit plus folate - Tier 1; QL* *prenatal multivitamin - Tier 1; QL* *prenatal multivitamins - Tier 1; QL* *prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal oral tablet 28-0.8 mg - Tier 1; QL* *prenatal plus (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal vitamins (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal/folic acid - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
prenatal/iron - Tier 1; QL *pyridoxine hcl oral - Tier 1; QL* *RENAL (brand for triphrocaps) - Tier 2* *rena-vite (generic for DIALYVITE 800) - Tier 1; QL* *SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG, 750 MG (brand for niacin er) - Tier 2* *stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *THERA (brand for daily multiple vitamins) - Tier 2* *thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *thiamine hcl oral - Tier 1; QL* *thiamine mononitrate oral - Tier 1; QL* *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 DAILY VITE (brand for daily multiple vitamins) - Tier 2* TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2 TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; QL *TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* TRUE VITAMIN A - Tier 2; QL TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL *TYROS 1 (brand for pku trio) - Tier 2; QL* *TYROS 2 (brand for pku trio) - Tier 2; QL* *vitachew multiple vitamin (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* *vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut), 3000 mcg - Tier 1; QL* *vitamin b complex oral capsule - Tier 1* *vitamin b complex w/b-12 - Tier 1*	

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Preferred Agents	Non-Preferred Agents
vitamin b1 - Tier 1; QL *vitamin b-1 oral tablet 100 mg, 250 mg - Tier 1; QL* *vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1* *vitamin b12 oral tablet extended release 1000 mcg - Tier 1* *vitamin b-12 pr - Tier 1* *vitamin b-6 - Tier 1; QL* *vitamin b-6 er - Tier 1; QL* *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) (generic for DRISDOL) - Tier 1; QL* *vitamin e oral capsule 180 mg, 180 mg (400 unit) - Tier 1; QL* *vitamin k1 injection solution 10 mg/ml - Tier 1; QL* *vitamin-b complex - Tier 1* *VITATHELY WITH GINGER (brand for prenatal) - Tier 2; QL* *wescaps (generic for MYNEPHRON) - Tier 1* *WESTAB PLUS (brand for prenatal) - Tier 2; QL* *WND 1 (brand for pku trio) - Tier 2; QL* *WND 2 (brand for pku trio) - Tier 2; QL* *womens prenatal+dha - Tier 1; QL*	

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