Preferred Drug List (PDL)

Nebraska

Heritage Health

Effective Date: May 1, 2026

United Healthcare Community Plan

Notice of availability of language assistance services and alternate formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call Member Services 1-800-641-1902, TTY 711.

ATENCIÓN: Si habla **español** (**Spanish**), tiene acceso a servicios gratuitos de asistencia lingüística y a materiales gratuitos en otros formatos, como letra grande. Llame a Servicios para Miembros al 1-800-641-1902, TTY 711.

注意：如果您說**中文** (**Chinese**)，您可以獲得免費語言協助服務和其他格式（例如大字版）的免費通訊。請致電 1-800-641-1902（聽障專線 (TTY) 711）與會員服務部聯絡。

참고: 귀하가 **한국어**(**Korean**)를 구사하시는 경우, 무료 언어 지원 서비스와 다른 형식의 무료 커뮤니케이션(예, 큰 활자체로 된 정보)을 이용하실 수 있습니다 가입자 서비스부에 1-800-641-1902, TTY 711번으로 전화하십시오.

ဟ်သူဉ်ဟ်သး– နမ့ၢ်ကတိၤ **ကျိာ်** (**Karen**) နၤ့ဉ် ကျာ်တၢ်တိစၢၤမၤစၢၤတလာ်ဘူးလဲဒီး တၢ်ဆဲးကျၢဆဲးကျိး လၢတလာ်ဘူးလဲ လၢသနိအဂုၤဂၤတဖဉ် ဒ်အမ့ၢ် တၢ်စဲးကျုံးလံာ်လၢအလံာ်ဖျၢဉ်အဒိဉ် အိဉ်လၢနဂီၢ်နၤ့ဉ်လီၤ. ကိး Member Services ဖဲ 1-800-641-1902, TTY 711 တက့ၢ်.

تنبيه: إذا كنت تتحدث اللغة **العربية** (**Arabic**)، فتتوفر لك خدمات مساعدة لغوية مجانًا ووسائل تواصل مجانية بتنسيقات أخرى، مثل الطباعة بحجم كبير. اتصل بخدمات الأعضاء على الرقم 1902-641-800-1، الهاتف النصي 711.

ATTENTION : si vous parlez **français** (**French**), des services d'assistance linguistique gratuits et des communications gratuites dans d'autres formats, tels que du texte en gros caractères, sont à votre disposition. Appelez le Service membres au 1-800-641-1902, ATS 711.

FIIRO GAAR AH: Haddii aad ku hadasho **Somaali** (**Somali**), adeegyada kaalmada luqadda oo bilaash ah iyo adeegyada wada-xiriirka oo bilaash ah oo ah qaabab kale, sida far waaweyn, ayaad heli kartaa. Ka wac Adeegyada Xubnaha telefoonka 1-800-641-1902, TTY 711.

HINWEIS: Wenn Sie **Deutsch** (**German**) sprechen, stehen Ihnen kostenlose Sprachdienste und kostenlose Mitteilungen in anderen Formaten, beispielsweise in Großdruck, zur Verfügung. Rufen Sie den Mitgliederservice unter 1-800-641-1902, TTY 711 an.

ध्यान दिनुहोस्: यदि तपाईं **नेपाली** (**Nepali**) बोल्नुहुन्छ भने, तपाईंलाई निःशुल्क भाषिक सहायता सेवा दिइने छ र ठूलो अक्षरमा प्रिन्ट जस्ता अन्य ढाँचामा पनि सूचना आदानप्रदान गराइने छ। सदस्य सेवा कार्यालयलाई 1-800-641-1902, TTY 711 मा कल गर्नुहोस्।

ВНИМАНИЕ: Если Вы говорите по-**русски** (**Russian**), Вы можете бесплатно воспользоваться помощью переводчика и информационными материалами в альтернативных форматах, например крупным шрифтом. Обращайтесь в отдел обслуживания участников по телефону 1-800-641-1902, TTY 711.

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າ **ພາສາລາວ** (**Lao**), ພວກເຮົາມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ ຟຣີ ແລະ ມີການສື່ສານຟຣີໃນຮູບແບບອື່ນ, ເຊັ່ນ ຕົວພິມໃຫຍ່, ໃຫ້ທ່ານ. ໂທຫາສູນ ບໍລິການສະມາຊິກ ທີ່ 1-800-641-1902, TTY 711.

Têbînî: Heke tu bi Zimanê **Kurdî** (**Kurdish**) diaxivî, xizmetên zimanî yên belaş û danûstandinên belaş di formên din Ên weke çapa mezin ji bo te tê dabînkirin. Digel Xizmetên Endaman bi hejmara 1-800-641-1902, TTY 711 têkilî dayîne.

توجه: اگر به **فارسی** (**Persian**) صحبت نمی‌کنید، خدمات رایگان کمکی زبان و مطالب رایگان در قالب‌های دیگر، مانند پرینت درشت، برای شما فراهم است. با خدمات اعضاء به شماره 1-800-641-1902 (TTY 711) تماس بگیرید.

注意：日本語（**Japanese**）を話される場合は、無料の言語支援サービスや、大きな活字などの他の形式での無料コミュニケーションをご利用いただけます。次のメンバーサービスにお電話ください：1-800-641-1902, TTY 711。

LƯU Ý: Nếu quý vị nói **tiếng Việt** (**Vietnamese**), quý vị sẽ nhận được các dịch vụ hỗ trợ ngôn ngữ miễn phí và các hình thức giao tiếp miễn phí khác, chẳng hạn như bản in chữ lớn. Gọi cho bộ phận Dịch vụ Hội viên theo số 1-800-641-1902, TTY 711

Preferred drug list

Introduction

This Preferred Drug List (PDL) Reference Guide gives you information that explains how covered medications are selected; exclusions and limitations; and steps to take when a medication is not included on the PDL.

It also gives you at-a-glance specifics on the medications and the coverage level for each to assist you when prescribing for your patients with UnitedHealthcare Community Plan pharmacy benefits.

The drugs on our PDL are reviewed and approved for inclusion by our Pharmacy and Therapeutics (P&T) Committee to provide the most clinically appropriate and cost-effective medications for UnitedHealthcare Community Plan patients. The Committee is comprised of UnitedHealthcare Community Plan medical directors and pharmacists, as well as physicians and pharmacists who are not employees or agents of UnitedHealthcare Community Plan or our affiliates.

The P&T Committee meets quarterly to discuss pharmaceutical selection and pharmacy program management. Decisions are posted at UHCCommunityPlan.com and communicated quarterly by newsletter to all participating physicians who receive the PDL. This edition incorporates drugs added to the PDL since the last edition, as well as revisions to the prescribing information based on changes in pharmacotherapy.

Overview

Our PDL is organized into sections. Each section includes therapeutic groupings identified by either a drug class or disease category.

Products with lower case text indicate the generic formulation. Product entries with all capital letters indicate a brand name formulation of the product. Unless exceptions are noted, all applicable dosage forms and strengths are included in the PDL.

PDL product descriptions

Please see the following examples of how medication strengths and dosage forms that we provide coverage for are described in the PDL. Any strength and dosage exceptions that do not follow these examples are noted in the PDL.

Strength

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

Example:
carvedilol (generic COREG)

All strengths of Coreg would be covered by this listing.

Extended release and delayed release

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

Example:
diltiazem ER (generic CARDIZEM CD)

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Dosage forms

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

Example:
ciprofloxacin neomycin/polymyxin/
hydrocortisone (generic CORTISPORIN)

As listed in the Otic section, the previous example is limited to the otic solution and suspension. In this example, the ophthalmic solution, ointment and 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 referenced product are not included.

Example:

citalopram 40 mg tabs	Celexa tabs

Product selection criteria

Medically necessary outpatient prescription drugs prescribed by a licensed prescriber are covered. Some items need prior authorization (PA). Eligibility for this benefit is based on the member's benefit plan.

Medical prescription drugs

Medical drugs are covered under the member's medical benefit.

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 some 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 is reviewed relative to similar drugs currently included in the PDL. This review process may result in deletion of a drug from a particular therapeutic class in an effort to continually promote prescription of the most clinically useful and cost-effective drugs.

All information in the PDL is provided as a reference for drug therapy selection based on the patient's benefit plan coverage. Specific drug selection for an individual patient rests with the prescriber.

Outpatient prescription drug medications

Medically necessary outpatient prescription drugs are covered when prescribed by a provider licensed to prescribe federal legend drugs or medicines. Some drugs are covered only with prior authorization. Eligibility for outpatient prescription drug benefits and copayments are based on the patient's benefit plan. See the listing for each drug or the Prior Authorization section for more information.

Over-the-counter medications

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

Generic substitution

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

Maximum allowable cost pricing

The UnitedHealthcare Community Plan Maximum Allowable Cost (MAC) pricing list sets a ceiling price for the reimbursement of certain multisource prescription drugs. This price will typically cover most generics but not necessarily the 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 Food and Drug Administration (FDA) review and approval process.

Brand name drugs

The PDL prior authorization list does not include branded items where a generic equivalent is covered. However, brand name drugs may be covered in certain situations by requesting prior authorization. If a brand name drug is medically necessary, please submit a prior authorization request. See the Prior Authorization section for more details.

Plan exclusions and limitations

Exclusions

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

- Drug Efficacy Study Implementation (DESI) "less than fully effective" drug products
- Anti-obesity agents
- Experimental/ research drugs
- Cosmetic drugs
- Immunization agents
- Nutritional/diet supplements
- Blood and blood plasma products
- Fertility promotion agents
- Erectile dysfunction agents
- Cosmetic hair growth agents
- Drugs from manufacturers that do not participate in the Fee-For-Service Medicaid Drug Rebate Program
- Diagnostic products
- Medical supplies and Durable Medical Equipment (DME) except: syringes, needles, lancets, alcohol swabs, spacers, preferred diabetes test strips, peak flow meters (Astech, Assess, Peak Air brands, maximum two per year), vaporizer (limit of 1 per 3 years), humidifier (limit of 1 per 3 years)
- Mirena

Limitations

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.

Quantity limitations

Prescriptions for monthly quantities greater than the indicated limit require a prior authorization request. See the Prior Authorization section for more details.

Efficient medication dosing quantity limitations

UnitedHealthcare Community Plan's 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 based on FDA approval for dosing and the availability of the total daily dose in the least amount of tablets or capsules. 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.

Step therapy

Step therapy requires a trial of one drug before advancing to other drugs. Certain drugs on the PDL are routinely covered only after a sufficient trial of an indicated first-line agent has been adequately tried and failed. While lower cost PDL alternatives may be appropriate in many instances, other non- PDL alternatives are available with prior authorization. Please see the Prior Authorization section for more details.

Medications requiring diagnosis

UnitedHealthcare Community Plan requires that the diagnosis for prescriptions in certain classes match the FDA-approved use or a use supported by current published evidence. Drugs in scope will list "Diagnosis required" in the Requirements and Limits section on the PDL. The diagnosis will be verified at the point-of-sale by the pharmacy claims processing system. If a matching diagnosis is not found in the medical claim file or on the pharmacy drug claim, the prescription will be rejected at the pharmacy. The pharmacist may then contact the prescriber to verify the diagnosis and submit it on the claim.

Prior authorization of non-PDL medications

The drugs in the PDL have been selected to provide the most clinically appropriate and cost-effective medication options for our members. There may be occasions where an unlisted drug is needed for the proper medical management of a specific patient. In those instances, please submit a prior authorization request.

You can get prior authorization request forms by visiting **UHCprovider.com/communityplan** and entering your state, or by calling the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826**.

To obtain authorization, you must fax the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department:
Fax: 866-940-7328

Non-PDL drugs: 3-day temporary supply overrides

To help ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. When a patient cannot reach their physician immediately and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-PDL drug.

The pharmacy must submit a claim for a 3-day supply, with a Prior Authorization (PA) Type of "8" and Prior Authorization number of "00000000120."

Availability is subject to the patient's benefit plan. For assistance, pharmacies may call **800-310-6826**.

PDL suggestions

Providers who wish to propose PDL suggestions can forward the request along with supporting clinical documentation from medical literature to the UnitedHealthcare Community Plan Director of Pharmacy Services by email:

Email: **pdl_management@uhc.com**

Suggestions will be reviewed at the next available P&T Committee meeting.

Editor

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

Email: pdl_management@uhc.com

Thank you.

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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
SP Specialty Pharmaceuticals

Notice

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.

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

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 and not intended to imply any affiliation.

Please note that this PDL is updated periodically. If viewing this PDL online, note that changes may appear prior to their effective date to allow for notification. UnitedHealthcare Community Plan assumes no responsibility for the actions or omissions of any care provider based upon reliance, in whole or in part, on the information contained herein. The care provider should consult the drug manufacturer's product literature or standard references for detailed information

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United Healthcare Community Plan

INSIDE:

UnitedHealthcare Community Plan
Covered Drug List

Frequently Asked Questions (FAQ)
Find answers here to questions you have about this UnitedHealthcare Community Plan Covered Drug List. You can read all of the FAQ to learn more, or look for a question and answer.

1. **What drugs are on the Covered Drug List? (We call the Covered Drug List the "Drug List" for short.)**

The drugs on Covered Drug List that starts on page <4> are the drugs covered by UnitedHealthcare Community Plan. These drugs are available at pharmacies within our network. A pharmacy is in our network if we have an agreement with them to work with us and provide you services. We refer to these pharmacies as "network pharmacies".

UnitedHealthcare Community Plan will cover all medically necessary drugs if:

- your doctor or other prescriber says you need them to get better or stay healthy, *and*
- you fill the prescription at a UnitedHealthcare Community Plan network pharmacy.

UnitedHealthcare Community Plan may have additional steps to access certain drugs (see question <#5> below).
You can also see an up-to-date drug list on our website at <myuhc.com/CommunityPlan> or you can call Member Services at <1-800-641-1902> TTY 711.

2. **Does the Covered Drug List ever change?**

Yes. UnitedHealthcare Community Plan may add or remove drugs on the Covered Drug List during the year. Generally, the Covered Drug List will only change if:
· a cheaper drug comes along that works as well as a drug on the Covered Drug List now, *or*

· we learn that a drug is not safe.

We may also change our rules about drugs. For example, we could:

· Decide to require or not require prior approval for a drug. (*Prior approval* is permission from UnitedHealthcare Community Plan before you can get a drug.)

· Add or change the amount of a drug you can get (called "quantity limits").

· Add or change step therapy restrictions on a drug. (*Step therapy* means you must try one drug before we will cover another drug.)

Questions 3, 4, and 7 below have more information on what happens when the Covered Drug List changes.

You can always check the up-to-date Covered Drug List online at <myuhc.com/CommunityPlan> You can also call Member Services to check the current Covered Drug List at <1-800-641-1902, TTY 711>.

3. What happens when another drug comes along that works as well as a drug on the Covered Drug List now?

If you are taking a drug that is removed because another drug that works just as well is available, we will tell you. You will get a letter letting you know about the change. We will also tell you what alternate drugs are available to you. Contact your doctor or other prescriber to make sure another drug will work for you.

4. What happens when we find out a drug is not safe?

If the Food and Drug Administration (FDA) says a drug you are taking is not safe, we will take it off the Covered Drug List right away. We will also send you a letter telling you that. Contact your doctor or other prescriber and ask about your other options.

5. Are there any restrictions or limits on drug coverage? Or are there any required actions to take in order to get certain drugs?

Yes, some drugs have coverage rules or have limits on the amount you can get. In some cases your doctor must do something before you can get the drug. For example:

· Prior approval (or prior authorization): For some drugs, your doctor or other prescriber must get approval from UnitedHealthcare Community Plan before you fill your prescription. If you don't get approval, UnitedHealthcare Community Plan may not cover the drug.

· Quantity limits: Sometimes UnitedHealthcare Community Plan limits the amount of a drug you can get.
· Step therapy: Sometimes UnitedHealthcare Community Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then we will cover the second.
You can find out if your drug has any additional requirements or limits by looking in the tables on pages <4 –202>. You can also get more information by visiting our website at <myuhc.com/CommunityPlan>. We have posted online documents that explain our prior authorization and step therapy restrictions. You may also call Member Services and ask us to send you information about our prior authorization and step therapy restrictions.

6. How will you know if the drug you want has limitations or if there are required actions to take to get the drug?

The Covered Drug List on pages <4–202> has a column labeled "Requirements and Limits".

7. What happens if we change our rules on how we cover some drugs? For example, if we add prior authorization (approval), quantity limits, and/or step therapy restrictions on a drug.

We will tell you if we add prior approval, quantity limits, and/or step therapy restrictions on a drug. We will tell you before the restriction is added. This gives you time to talk to your doctor or other prescriber about what to do next.

8. How can you find a drug on the Covered Drug List?

There are two ways to find a drug:
· You can search by medical condition.

To search by medical condition, find the section labeled "List of drugs by medical condition" on pages <4 –202>. The drugs in this section are grouped into categories depending on the type of medical conditions they are used to treat. For example, if you have a heart condition, you should look in the category, Cardiovascular Agents. That is where you will find drugs that treat heart conditions.

· You can also search for drugs alphabetically.

To search alphabetically, go to the <Index of Covered Drugs> starting on page <203> Find the name of your drug. The page number where you can find the drug will be next to it.

9. What if the drug you want to take is not on the Covered Drug List**?**

If you don't see your drug on the Covered Drug List, call Member Services and ask about it. If you learn that UnitedHealthcare Community Plan does not cover the drug, you can do one of these things:

· Ask Member Services for a list of drugs that are similar to the one you want to take. Then show the list to your doctor or other prescriber. He or she can prescribe a drug on the Covered Drug List that is like the one you want to take. *Or*

· You can ask the health plan to make an exception to cover your drug. Please see question 11 for more information about exceptions.

10. What if you just joined UnitedHealthcare Community Plan and can't find your drug on the Covered Drug List **or have a problem getting your drug?**

We can help. We may cover a temporary 30-day supply of your drug during the first 90 days you are a member of UnitedHealthcare Community Plan. This will give you time to talk to your doctor or other prescriber. He or she can help you decide if there is a similar drug on the Covered Drug List you can take instead, or whether to request an exception.

11. Can you ask for an exception to cover your drug?

Yes. Your doctor can ask UnitedHealthcare Community Plan to make an exception to cover a drug that is not on the Covered Drug List.

Your doctor can also ask us to change the rules on your drug.

· For example, we may limit the amount of a drug we will cover. If your drug has a limit, your doctor can ask us to change the limit and cover more.

· Other examples: Your doctor can ask us to drop step therapy restrictions or prior approval requirements.

12. How long does it take to get an exception?

First, we must receive some information from your doctor supporting your request for an exception. After we receive the information, we will give you a decision on your exception request within the timeframes required by the state, generally within 24 hours.

13. How can you ask for an exception?

To ask for an exception, you can do one of two things:

- Call Member Services. A Member Services representative will work with you and your doctor to help ask for an exception.
- Call your doctor and ask them to request an exception by calling the Prior Notification Service at <1-800-310-6826>, or they can fax a request to<866-940-7328>.

14. What are generic drugs?

Generic drugs are made up of the same active ingredients as brand name drugs. They usually cost less than the brand name drug and usually don't have well-known names. Generic drugs are approved by the Food and Drug Administration (FDA). In most instances UnitedHealthcare Community Plan covers generic drugs first. If your doctor feels a brand name drug is medically necessary, you will need to ask your doctor to submit for prior approval.

15. What are OTC drugs?

OTC stands for "over-the-counter." UnitedHealthcare Community Plan covers some OTC drugs when they are written as prescriptions by your provider.
You can read the UnitedHealthcare Community Plan Covered Drug List to see what OTC drugs are covered.

16. Does UnitedHealthcare Community Plan **cover OTC non-drug products?**

UnitedHealthcare Community Plan covers some OTC non-drug products when they are written as prescriptions by your provider.
You can read the UnitedHealthcare Community Plan Covered Drug List to see what OTC non-drug products are covered.

17. What is a Specialty Pharmacy Medication?

A specialty pharmacy medication is a drug that generally has one or more of the following characteristics:

- It's used by a small number of people
- It treats rare, chronic, and/or potentially life-threatening diseases
- It has special storage or handling requirements such as needing to be refrigerated
- It may need close monitoring, ongoing clinical support and management, and complete patient education and engagement
- It's a high cost medication
- It may not be available at retail pharmacies
- It may be oral, injectable, or inhaled

Specialty pharmacy medications are available through our specialty pharmacy network. If you have questions, call Member Services at <1-800-641-1902, TTY 711>.

List of Covered Drugs

The List of **Covered Drugs** that begins <on the next page> gives you information about the drugs covered by UnitedHealthcare Community Plan. If you have trouble finding your drug in the list, turn to the Index that begins on page <203>.

The first column of the chart lists the generic name of the drug. The second column of the chart lists brand name drugs. Brand name drugs are capitalized (e.g., CRESTOR). The third column in the list tells you if the **covered drug** is the brand or generic version. The information in the "Requirements & Limits" column tells you if UnitedHealthcare Community Plan has any rules for covering your drug.

Utilization Management Restrictions

PA - Prior approval (or prior authorization)

For some drugs, your doctor or other prescriber must get approval from UnitedHealthcare Community Plan before you fill your prescription. If you don't get approval, UnitedHealthcare Community Plan may not cover the drug.

QL - Quantity limits

Sometimes UnitedHealthcare Community Plan limits the amount of a drug you can get.

ST - Step therapy

Sometimes UnitedHealthcare Community Plan requires you to do step therapy. This means you will have to try drugs in a certain order for your medical condition. You might have to try one drug before we will cover another drug. If your doctor thinks the first drug doesn't work for you, then your doctor can ask for approval to cover the second.

Other special requirements for coverage

SP – Specialty Pharmacy

Drug needs to be accessed through a network Specialty Pharmacy.
Specialty Pharmacy Drugs may require extra handling, provider coordination or patient education that can't be done at a network retail pharmacy.

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

[ABBREVIATIONS]

OTC = Over the Counter
PA = Prior Authorization required
QL = Quantity Limit
ST = Step Therapy
SP = Specialty Pharmacy

[You can find information on what the symbols and abbreviations in this table mean by going to page <4>]

CONTENIDO:

UnitedHealthcare Community Plan
Lista de Medicamentos Cubiertos

Preguntas frecuentes
Encuentre aquí las respuestas a sus preguntas sobre esta Lista de Medicamentos Cubiertos de UnitedHealthcare Community Plan. Puede leer todas las preguntas frecuentes para obtener más información o buscar una pregunta y su respuesta.

1. ¿Qué medicamentos están en la Lista de Medicamentos Cubiertos? (Para abreviar, denominamos a esta lista "Lista de Medicamentos").

Los medicamentos de la Lista de Medicamentos Cubiertos que comienza en la página <4> son los medicamentos cubiertos por UnitedHealthcare Community Plan. Estos medicamentos están disponibles en farmacias dentro de nuestra red. Una farmacia se encuentra en nuestra red si tenemos un acuerdo con ella para que trabaje con nosotros y le proporcione servicios. A estas farmacias las denominamos "farmacias de la red".

UnitedHealthcare Community Plan cubrirá todos los medicamentos médicamente necesarios si:

· su médico u otro profesional que receta dice que los necesita para mejorarse o mantenerse en buen estado de salud,

y

· usted surte una receta en una farmacia de la red de UnitedHealthcare Community Plan.

UnitedHealthcare Community Plan puede requerir pasos adicionales para tener acceso a determinados medicamentos (vea la pregunta <#5> a continuación).
También puede ver una lista de medicamentos actualizada en nuestro sitio web en <myuhc.com/CommunityPlan> o puede llamar al Departamento de Servicio al Cliente al <1-800-641-1902> TTY 711.

2. ¿Cambia alguna vez la Lista de Medicamentos Cubiertos?

Sí. UnitedHealthcare Community Plan puede agregar o quitar medicamentos de la Lista de Medicamentos Cubiertos durante el año. Por lo general, la Lista de Medicamentos Cubiertos solo cambiará si:

· aparece un medicamento más económico que funciona igual que un medicamento que está actualmente en la Lista de Medicamentos Cubiertos, *o*

· si tomamos conocimiento de que un medicamento no es seguro.

También podemos cambiar nuestras reglas sobre los medicamentos. Por ejemplo, podríamos:

· Decidir exigir o no exigir aprobación previa para un medicamento. (*Aprobación previa* es un permiso de UnitedHealthcare Community Plan antes de que usted pueda obtener un medicamento).

· Agregar o cambiar la cantidad de un medicamento que puede obtener (denominados "límites de cantidad").

· Agregar o cambiar las restricciones de terapia escalonada de un medicamento. (*Terapia escalonada* significa que usted debe probar un medicamento antes de que cubramos otro medicamento).

Las preguntas 3, 4 y 7 a continuación tienen más información sobre lo que sucede cuando cambia la Lista de Medicamentos Cubiertos.

Siempre puede consultar la Lista de Medicamentos Cubiertos actualizada en Internet en <myuhc.com/CommunityPlan>. También puede llamar al Departamento de Servicio al Cliente para consultar la Lista de Medicamentos Cubiertos actual al <1-800-641-1902, TTY 711>.

3. ¿Qué sucede cuando aparece otro medicamento que funciona igual que un medicamento que está actualmente en la Lista de Medicamentos Cubiertos?

Si está tomando un medicamento que se retira porque otro medicamento que funciona igual está disponible, se lo informaremos. Recibirá una carta que le informará sobre el cambio. También le informaremos qué medicamentos alternativos están disponibles para usted. Comuníquese con su médico u otro profesional que receta para asegurarse de que otro medicamento sea adecuado para usted.

4. ¿Qué sucede cuando averiguamos que un medicamento no es seguro?

Si la Administración de Medicamentos y Alimentos (FDA) anuncia que un medicamento que usted está tomando no es seguro, lo quitaremos inmediatamente de la Lista de

Medicamentos Cubiertos. También le enviaremos una carta para informarle al respecto. Comuníquese con su médico u otro profesional que receta para preguntarle sobre sus otras opciones.

5. ¿Se aplican restricciones o límites a la cobertura de medicamentos? ¿O se requiere tomar alguna medida a fin de obtener determinados medicamentos?

Sí, algunos medicamentos tienen reglas de cobertura o tienen límites sobre la cantidad que usted puede obtener. En algunos casos, su médico debe hacer algo antes de que usted pueda obtener el medicamento. Por ejemplo:

· Aprobación previa (o preautorización): Para algunos medicamentos, su médico u otro profesional que receta debe obtener aprobación de UnitedHealthcare Community Plan antes de que usted pueda surtir su receta. Si no obtiene la aprobación, es posible que UnitedHealthcare Community Plan no cubra el medicamento.

· Límites de cantidad: A veces, UnitedHealthcare Community Plan limita la cantidad de un medicamento que usted puede obtener.

· Terapia escalonada: A veces, UnitedHealthcare Community Plan requiere que usted haga una terapia escalonada. Esto significa que deberá probar los medicamentos en un determinado orden para su condición médica. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no es adecuado para usted, cubriremos el segundo.

Puede averiguar si su medicamento tiene requisitos o límites adicionales consultando las tablas de las páginas <4-202>. También puede obtener más información visitando nuestro sitio web en <myuhc.com/CommunityPlan>. Hemos publicado documentos en Internet que explican nuestras restricciones de preautorización y terapia escalonada. También puede llamar al Departamento de Servicio al Cliente y pedirnos que le enviemos información sobre nuestras restricciones de preautorización y terapia escalonada.

6. ¿Cómo sabrá si el medicamento que desea está sujeto a límites o si debe tomar medidas adicionales para poder obtenerlo?

La Lista de Medicamentos Cubiertos en las páginas <4-202> tiene una columna denominada "Requisitos y límites".

7. ¿Qué sucede si cambiamos nuestras reglas sobre cómo cubrimos algunos medicamentos?

Por ejemplo, si agregamos un requisito de preautorización (aprobación), límites de cantidad o restricciones de terapia escalonada a un medicamento.

Si agregamos un requisito de aprobación previa, límites de cantidad o restricciones de terapia escalonada a un medicamento, se lo informaremos. Le informaremos antes de que se agregue la restricción. Esto le da tiempo para hablar con su médico u otro profesional que receta sobre qué hacer a continuación.

8. ¿Cómo puede buscar un medicamento en la Lista de Medicamentos Cubiertos?

Hay dos formas de buscar un medicamento:

· Puede buscar por condición médica.

Para buscar por condición médica, encuentre la sección “Lista de medicamentos por condición médica” en las páginas <4-202>. Los medicamentos en esta sección están agrupados en categorías según el tipo de condiciones médicas para cuyo tratamiento se utilizan. Por ejemplo, si usted tiene una condición cardíaca, debe buscar en la categoría Agentes cardiovasculares. Allí es donde encontrará los medicamentos que tratan las condiciones cardíacas.

· También puede buscar medicamentos por orden alfabético.

Para buscar por orden alfabético, vaya a la sección <Índice alfabético de medicamentos cubiertos> que comienza en la página <203>.

Encuentre el nombre de su medicamento. Al lado del medicamento está el número de página donde se encuentra.

9. ¿Qué debe hacer si el medicamento que desea tomar no está en la Lista de Medicamentos Cubiertos?

Si su medicamento no aparece en la Lista de Medicamentos Cubiertos, llame al Departamento de Servicio al Cliente y pregunte al respecto. Si UnitedHealthcare Community Plan no incluye su medicamento dentro de los medicamentos cubiertos por el plan, usted tiene dos opciones:

· Solicite al Departamento de Servicio al Cliente una lista de medicamentos que sean similares al que usted desea tomar. Luego muestre la lista a su médico u otro profesional que receta. Este puede recetar un medicamento que aparezca en la Lista de Medicamentos Cubiertos que sea como el que desea tomar. *O*

· Puede solicitar al plan de salud que haga una excepción y cubra su medicamento. Consulte la pregunta 11 para obtener más información sobre las excepciones.

10. ¿Qué sucede si acaba de inscribirse en UnitedHealthcare Community Plan y su medicamento no aparece en la Lista de Medicamentos Cubiertos o tiene problemas para obtener su medicamento?

Podemos ayudar. Podemos cubrir un suministro temporal de 30 días de su medicamento durante los primeros 90 días de su membresía en UnitedHealthcare Community Plan. Esto le dará tiempo para hablar con su médico u otro profesional que receta. Este puede ayudarle a decidir si hay un medicamento similar en la Lista de Medicamentos Cubiertos que usted puede tomar en lugar del otro, o si debe solicitar una excepción.

11. ¿Puede solicitar una excepción para cubrir su medicamento?

Sí. Su médico puede solicitar a UnitedHealthcare Community Plan que haga una excepción y cubra un medicamento que no aparece en la Lista de Medicamentos Cubiertos.

Su médico también puede solicitarnos que cambiemos las reglas sobre su medicamento.

· Por ejemplo, podemos limitar la cantidad de un medicamento que cubriremos. Si su medicamento tiene un límite, su médico puede pedirnos que cambiemos el límite y cubramos una cantidad mayor.

· Otros ejemplos: Su médico puede solicitarnos que dejemos de lado las restricciones de terapia escalonada o los requisitos de aprobación previa.

12. ¿Cuánto tiempo demora conseguir una excepción?

Primero, debemos recibir más información de su médico que respalde su solicitud de una excepción. Después de que recibamos la información, le daremos una decisión sobre su solicitud de excepción dentro los plazos requeridos por el estado, por lo general, dentro de las 24 horas.

13. ¿Cómo puede solicitar una excepción?

Para solicitar una excepción, puede hacer una de estas dos cosas:

- Llame al Departamento de Servicio al Cliente. Un representante de dicho departamento trabajará con usted y con su médico para ayudarle a solicitar una excepción.
- Llame a su médico y pídale que solicite una excepción llamando al Servicio de Prenotificación al <1-800-310-6826>, o puede enviar una solicitud por fax al <866-940-7328>.

14. ¿Qué son los medicamentos genéricos?

Los *medicamentos genéricos* están compuestos por los mismos ingredientes activos que los medicamentos de marca.

Por lo general, cuestan menos que el medicamento de marca y no tienen nombres muy conocidos. Los medicamentos genéricos están aprobados por la Administración de Medicamentos y Alimentos (FDA). En la mayoría de los casos, UnitedHealthcare Community Plan cubre los medicamentos genéricos primero. Si su médico considera que un medicamento de marca es médicamente necesario, deberá pedirle a su médico que envíe una solicitud de aprobación previa.

15. ¿Qué son los medicamentos sin receta?

OTC son las siglas en inglés de “sin receta” (*over-the-counter*). UnitedHealthcare Community Plan considera algunos medicamentos sin receta como medicamentos cubiertos si su proveedor extiende una receta para estos.

Puede consultar la Lista de Medicamentos Cubiertos de UnitedHealthcare Community Plan para ver qué medicamentos sin receta están cubiertos.

16. ¿Cubre UnitedHealthcare Community Plan productos sin receta que no son medicamentos?

UnitedHealthcare Community Plan cubre algunos productos sin receta que no son medicamentos si su proveedor extiende una receta para estos.
Puede consultar la Lista de Medicamentos Cubiertos de UnitedHealthcare Community Plan para ver qué productos sin receta que no son medicamentos están cubiertos.

17. ¿Qué es un medicamento de farmacia especializada?
Un medicamento de farmacia especializada es un medicamento que, por lo general, tiene una o más de las siguientes características:

- Es utilizado por una cantidad reducida de personas
- Trata enfermedades raras, crónicas o potencialmente mortales
- Tiene requisitos de almacenamiento o manipulación especiales, como la necesidad de estar refrigerado
- Es posible que requiera control de cerca, apoyo y manejo clínicos continuos, y educación y compromiso totales del paciente
- Es un medicamento de alto costo
- Es posible que no esté disponible en farmacias de venta al por menor
- Puede ser de administración oral, inyectable o inhalable

Los medicamentos de farmacia especializada están disponibles a través de nuestra red de farmacias especializadas.
Si tiene alguna pregunta, llame al Departamento de Servicio al Cliente al <1-800-641-1902, TTY 711>.

Lista de Medicamentos Cubiertos
La Lista de **Medicamentos Cubiertos** que comienza <en la página siguiente> le proporciona información sobre los medicamentos cubiertos por UnitedHealthcare Community Plan. Si tiene dificultad para encontrar su medicamento en la lista, consulte el Índice alfabético que comienza en la página <203>.
La primera columna del cuadro indica el nombre genérico del medicamento. La segunda columna del cuadro indica los medicamentos de marca. Los medicamentos de marca se indican en mayúscula (p. ej., CRESTOR). La tercera columna de la lista le indica si el **medicamento cubierto** es la versión de marca o la genérica.

La información de la columna "Requisitos y límites" le informa si UnitedHealthcare Community Plan tiene alguna regla para la cobertura de su medicamento.

Restricciones de administración de la utilización

PA - Aprobación previa (o preautorización)

Para algunos medicamentos, su médico u otro profesional que receta debe obtener aprobación de UnitedHealthcare Community Plan antes de que usted pueda surtir su receta. Si no obtiene la aprobación, es posible que UnitedHealthcare Community Plan no cubra el medicamento.

QL – Límites de cantidad

A veces, UnitedHealthcare Community Plan limita la cantidad de un medicamento que usted puede obtener.

ST – Terapia escalonada

A veces, UnitedHealthcare Community Plan requiere que usted haga una terapia escalonada. Esto significa que deberá probar los medicamentos en un determinado orden para su condición médica. Usted podría tener que probar un medicamento antes de que cubramos otro medicamento. Si su médico considera que el primer medicamento no es adecuado para usted, su médico puede solicitar la aprobación de la cobertura del segundo.

Otros requisitos especiales de cobertura

SP – Farmacia especializada

Se debe acceder a los medicamentos a través de una farmacia especializada de la red.

Los medicamentos de farmacia especializada pueden requerir manejo adicional, coordinación de proveedores o educación del paciente que no se puede realizar en una farmacia de venta al por menor de la red.

Niveles de los Medicamentos

Los medicamentos enumerados en la Lista de Medicamentos con Receta tienen diferentes niveles. Los niveles se indican en el cuadro de abajo.

Nombre del nivel	Nivel
Nivel 1	Genéricos
Nivel 2	De marca

[ABREVIATURAS]

OTC = Sin receta
PA = Se requiere Preautorización
QL = Límite de cantidad
ST = Terapia escalonada
SP = Farmacia especializada

[Encontrará una explicación del significado de los símbolos y las abreviaturas que aparecen en esta tabla en la página <4>]

UnitedHealthcare Community Plan of Nebraska – Heritage Health

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Antipsychotics - Drugs to Treat Mood Disorders	
chlorpromazine hcl oral tablet - Tier 1; QL; AL *fluphenazine decanoate injection - Tier 1; QL; AL* *fluphenazine hcl injection - Tier 1; AL* *fluphenazine hcl oral concentrate - Tier 1; QL; AL* *fluphenazine hcl oral elixir - Tier 1; QL; AL* *fluphenazine hcl oral tablet - Tier 1; ST; QL; AL* *haloperidol decanoate intramuscular solution 100 mg/ml - Tier 1; QL; AL* *haloperidol decanoate intramuscular solution 50 mg/ml - Tier 1; QL* *haloperidol oral tablet 0.5 mg, 1 mg, 2 mg, 20 mg, 5 mg - Tier 1; ST; QL; AL* *haloperidol oral tablet 10 mg - 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; ST; QL; AL*	*chlorpromazine hcl oral concentrate - Tier 1; PA; QL; AL* *haloperidol lactate oral concentrate 2 mg/ml - Tier 1; PA; QL; AL* *molindone hcl oral tablet 25 mg, 5 mg - Tier 1; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
2nd Generation/Atypical - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
ABILIFY (brand for aripiprazole) - Tier 2; QL; AL ABILIFY ASIMTUFII - Tier 2; PA; ST; QL ABILIFY MAINTENA - Tier 2; PA; QL; AL *aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL* *GEODON CAPSULE 60 MG ORAL (brand for ziprasidone hcl) - Tier 2; QL; AL* *GEODON CAPSULE 80 MG ORAL (brand for ziprasidone hcl) - Tier 2; QL; AL* *GEODON ORAL CAPSULE 20 MG (brand for ziprasidone hcl) - Tier 2; QL; AL* INVEGA SUSTENNA - Tier 2; PA; QL; AL INVEGA TRINZA - Tier 2; PA; QL; AL *LATUDA (brand for lurasidone hcl) - Tier 2; QL; AL* *lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL* *olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL* *olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg (generic for ZYPREXA ZYDIS) - Tier 1; QL; AL*	*aripiprazole oral solution - Tier 1; PA; QL; AL* *aripiprazole oral tablet dispersible - Tier 1; PA; QL; AL* ARISTADA - Tier 2; PA; QL ARISTADA INITIO - Tier 2; PA; QL; AL *asenapine maleate (generic for SAPHRIS) - Tier 1; PA; QL; AL* CAPLYTA - Tier 2; PA; ST; QL; AL *clozapine oral tablet dispersible - Tier 1; PA; QL; AL* ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML - Tier 2; PA; QL; AL ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML - Tier 2; PA; ST; QL; AL FANAPT - Tier 2; PA; QL; AL FANAPT TITRATION PACK A - Tier 2; PA; QL; AL FANAPT TITRATION PACK B - Tier 2; PA; ST; QL; AL FANAPT TITRATION PACK C - Tier 2; PA; ST; QL; AL *GEODON CAPSULE 60 MG ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
paliperidone er oral tablet extended release 24 hour 1.5 mg - Tier 1; QL; AL	*GEODON CAPSULE 80 MG ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL*
paliperidone er oral tablet extended release 24 hour 3 mg, 6 mg, 9 mg (generic for INVEGA) - Tier 1; ST; QL; AL	*GEODON ORAL CAPSULE 40 MG (brand for ziprasidone hcl) - Tier 2; PA; QL; AL*
PERSERIS - Tier 2; PA; QL; AL	*INVEGA (brand for paliperidone er) - Tier 2; PA; ST; QL; AL*
quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL	INVEGA HAFYERA - Tier 2; PA; QL; AL
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (generic for SEROQUEL) - Tier 1; QL; AL	NUPLAZID - Tier 2; PA; QL; AL
quetiapine fumarate oral tablet 150 mg - Tier 1; ST; QL; AL	OPIPZA - Tier 2; PA; ST; AL
RISPERDAL (brand for risperidone) - Tier 2; QL; AL	REXULTI - Tier 2; PA; QL; AL
risperidone (generic for RISPERDAL) - Tier 1; QL; AL	*RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; PA; QL*
risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; PA; QL	*SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL*
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 400 MG (brand for quetiapine fumarate) - Tier 2; QL; AL	SECUADO - Tier 2; PA; QL; AL
SEROQUEL TABLET 300 MG ORAL (brand for quetiapine fumarate) - Tier 2; QL; AL	*SEROQUEL TABLET 300 MG ORAL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL*
SEROQUEL TABLET 50 MG ORAL (brand for quetiapine fumarate) - Tier 2; QL; AL	*SEROQUEL TABLET 50 MG ORAL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL*
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (brand for quetiapine fumarate er) - Tier 2; QL; AL	*SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL*
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL (brand for quetiapine fumarate er) - Tier 2; QL; AL	*SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL*
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (brand for quetiapine fumarate er) - Tier 2; QL; AL	*SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL*
SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL (brand for quetiapine fumarate er) - Tier 2; QL; AL	*SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL*
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; ST; QL; AL	VERSACLOZ - Tier 2; PA; QL
ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL	VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG - Tier 2; PA; ST; QL
	VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG - Tier 2; PA; QL; AL
	ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL
	ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (brand for olanzapine) - Tier 2; PA; 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*	*lofexidine hcl (generic for LUCEMYRA) - Tier 1; PA; QL* *LUCEMYRA (brand for lofexidine hcl) - Tier 2; PA; 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, 140 mg - Tier 1; SP* *temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; SP; QL*	EVOMELA - Tier 2; PA IVRA - Tier 2; PA VALCHLOR - Tier 2; PA; SP; QL
Alpha-Adrenergic Agonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL *clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg - Tier 1; QL* *guanfacine hcl - Tier 1; QL* *methyldopa - Tier 1; QL* *midodrine hcl - Tier 1; QL*	*CATAPRES-TTS-1 (brand for clonidine) - Tier 2; PA; QL* *CATAPRES-TTS-2 (brand for clonidine) - Tier 2; PA; QL* *CATAPRES-TTS-3 (brand for clonidine) - Tier 2; PA; QL* *CLONIDINE ER (brand for clonidine er) - Tier 2; PA; QL* *clonidine hcl oral tablet 0.05 mg - Tier 1; PA* JAVADIN - Tier 2; PA *NEXICLON XR (brand for clonidine er) - Tier 2; PA; QL* PHENYLEPHRINE HCL-NACL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% - Tier 2; PA PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-% - Tier 2; PA

Preferred Agents	Non-Preferred Agents
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*	*CARDURA (brand for doxazosin mesylate) - Tier 2; PA; QL* *phenoxybenzamine hcl oral - Tier 1; PA; QL*
Aminoglycosides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
neomycin sulfate oral - Tier 1; QL TOBRADEX - Tier 2; QL	ARIKAYCE - Tier 2; PA; SP; QL *gentamicin sulfate external - Tier 1; PA; QL* ZEMDRI - Tier 2; PA
Aminosalicylates - Inflammatory Bowel Disease Drugs	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
APRISO (brand for mesalamine er) - Tier 2; QL *mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL* *mesalamine rectal suppository (generic for CANASA) - Tier 1; QL* *PENTASA (brand for mesalamine er) - Tier 2; QL*	*balsalazide disodium - Tier 1; PA; QL* *CANASA (brand for mesalamine) - Tier 2; PA; QL* DIPENTUM - Tier 2; PA; QL *LIALDA (brand for mesalamine) - Tier 2; PA; QL* *mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; PA; QL* *mesalamine oral capsule delayed release 400 mg - Tier 1; PA; QL* *mesalamine oral tablet delayed release 800 mg - Tier 1; PA; QL* *mesalamine rectal enema - Tier 1; PA; QL* *mesalamine-cleanser (generic for ROWASA) - Tier 1; PA; QL* *ROWASA (brand for mesalamine-cleanser) - Tier 2; PA; QL* VELSIPITY - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Analgesics - Miscellaneous Analgesics	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL *8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL*	*butalbital-acetaminophen oral capsule - Tier 1; PA; QL* *butalbital-acetaminophen oral tablet 50-300 mg - Tier 1; PA* *butalbital-apap-caffeine oral capsule 50-300-40 mg (generic for FIORICET) - Tier 1; PA* *FIORICET (brand for butalbital-apap-caffeine) - Tier 2; PA* QUTENZA - Tier 2; PA QUTENZA (2 PATCH) - Tier 2; PA QUTENZA (4 PATCH) - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
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 capsule 50-325-40 mg - 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* *DERMACINRX PENETRAL (brand for capsaicin) - 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* *EXCEDRIN MIGRAINE RELIEF (brand for aspirin-acetaminophen-caffeine) - Tier 2*	

Preferred Agents	Non-Preferred Agents
EXCEDRIN TENSION HEADACHE (brand for tension headache) - Tier 2 *fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* *feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* FEVERALL INFANTS - Tier 2; QL FEVERALL JUNIOR STRENGTH - Tier 2; QL *headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *headache relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *liquid acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *mapap oral capsule - Tier 1; QL* *MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL* *MAX RELIEF JUNIOR (brand for acetaminophen) - Tier 2; QL* *menstrual pain relief (generic for PAMPRIN MULTI-SYMPTOM) - Tier 1* *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 infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain and fever relief kids (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief extra strength oral capsule 500 mg - Tier 1; QL* *pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *pain relief regular strength (generic for PHARBETOL) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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* *TENCON (brand for butalbital-acetaminophen) - Tier 2; QL* *tension headache (generic for EXCEDRIN TENSION HEADACHE) - Tier 1* *TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL*	

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	
danazol oral - Tier 1; QL *testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL* *testosterone enanthate intramuscular - Tier 1; QL* *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; GE*	*ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; GE* *DEPO-TESTOSTERONE (brand for testosterone cypionate) - Tier 2; PA; QL* JATENZO - Tier 2; PA; QL METHITEST - Tier 2; PA; QL *methyltestosterone oral - Tier 1; PA; QL* NATESTO - Tier 2; PA; QL *TESTIM (brand for testosterone) - Tier 2; PA; QL* *testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; GE* *testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%) - Tier 1; PA* *testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL* *testosterone transdermal solution - Tier 1; PA; QL* TLANDO - Tier 2; PA; QL *VOGELXO (brand for testosterone) - Tier 2; PA; QL* *VOGELXO PUMP (brand for testosterone) - Tier 2; PA; GE*

Preferred Agents	Non-Preferred Agents
	XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML - Tier 2; PA XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML - Tier 2; PA; QL
Angioedema Agents	
Immunological Agents	
	FABHALTA - Tier 2; PA; SP; QL ORLADEYO ORAL CAPSULE - Tier 2; PA; SP; QL; AL ORLADEYO ORAL PACKET - Tier 2; PA; QL; AL VEOPOZ - Tier 2; PA VOYDEYA - Tier 2; PA; SP; QL ZILBRYSQ - Tier 2; PA; SP; QL; AL
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
BERINERT - Tier 2; PA; SP HAEGARDA - Tier 2; PA; SP; AL *icatibant acetate (generic for FIRAZYR) - Tier 1; SP; QL; AL*	CINRYZE - Tier 2; PA; SP; AL *FIRAZYR (brand for icatibant acetate) - Tier 2; PA; SP; QL; AL* RUCONEST - Tier 2; PA; SP; AL *SAJAZIR (brand for icatibant acetate) - Tier 2; PA; SP; QL; AL*

Preferred Agents	Non-Preferred Agents
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
irbesartan (generic for AVAPRO) - Tier 1; QL *losartan potassium oral (generic for COZAAR) - Tier 1; QL* *olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL* *valsartan oral tablet (generic for DIOVAN) - Tier 1; QL*	ARBLI - Tier 2; PA; QL *ATACAND (brand for candesartan cilexetil) - Tier 2; PA; QL* *AVAPRO (brand for irbesartan) - Tier 2; PA; QL* *AZILSARTAN MEDOXOMIL (brand for azilsartan medoxomil) - Tier 2; PA; QL* *BENICAR (brand for olmesartan medoxomil) - Tier 2; PA; QL* *candesartan cilexetil (generic for ATACAND) - Tier 1; PA; QL* *COZAAR (brand for losartan potassium) - Tier 2; PA; QL* *DIOVAN (brand for valsartan) - Tier 2; PA; QL* *EDARBI (brand for azilsartan medoxomil) - Tier 2; PA; QL* *MICARDIS (brand for telmisartan) - Tier 2; PA; QL* *telmisartan (generic for MICARDIS) - Tier 1; PA; QL* *valsartan oral solution - Tier 1; PA; QL; AL*
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 tablet (generic for VASOTEC) - Tier 1; QL* *lisinopril oral (generic for ZESTRIL) - Tier 1; QL* *ramipril - Tier 1; QL*	*captopril oral - Tier 1; PA; QL* *enalapril maleate oral solution (generic for EPANED) - Tier 1; PA; QL* *EPANED (brand for enalapril maleate) - Tier 2; PA; QL* *fosinopril sodium - Tier 1; PA; QL* *LOTENSIN (brand for benazepril hcl) - Tier 2; PA; QL* *moexipril hcl - Tier 1; PA; QL* *perindopril erbumine - Tier 1; PA; QL* QBRELIS - Tier 2; PA *quinapril hcl - Tier 1; PA; QL* *trandolapril - Tier 1; PA; QL* *VASOTEC (brand for enalapril maleate) - Tier 2; PA; QL* *ZESTRIL (brand for lisinopril) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Anthelmintics - Worm Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
albendazole oral - Tier 1; QL BENZNIDAZOLE - Tier 2; DX2RX; QL *BILTRICIDE (brand for praziquantel) - Tier 2; QL* *ivermectin oral (generic for STROMECTOL) - Tier 1; QL*	EGATEN - Tier 2; PA; AL EMVERM - Tier 2; PA; QL *praziquantel oral (generic for BILTRICIDE) - Tier 1; PA; QL* *STROMECTOL (brand for ivermectin) - Tier 2; PA; QL*
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
abiraterone acetate (generic for ABIRTEGA) - Tier 1; SP; QL; AL *abirtega (generic for ABIRTEGA) - Tier 1; SP; QL; AL* *bicalutamide (generic for CASODEX) - Tier 1; AL* *ZYTIGA ORAL TABLET 250 MG (brand for abiraterone acetate) - Tier 2; SP; QL; AL*	*CASODEX (brand for bicalutamide) - Tier 2; PA; AL* ERLEADA ORAL TABLET 240 MG - Tier 2; PA; QL ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; QL *nilutamide - Tier 1; PA; AL* ORGOVYX - Tier 2; PA; SP; QL; AL XTANDI ORAL CAPSULE - Tier 2; PA; SP; QL; AL XTANDI ORAL TABLET - Tier 2; PA; SP; QL *YONSA (brand for abiraterone acetate micronized) - Tier 2; PA; SP; QL* *ZYTIGA ORAL TABLET 500 MG (brand for abiraterone acetate) - Tier 2; PA; SP; QL; AL*
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 (generic for REVLIMID) - Tier 1; PA; SP; QL* *pomalidomide (generic for POMALYST) - Tier 1; PA; SP; QL* *POMALYST (brand for pomalidomide) - Tier 2; PA; SP; QL* THALOMID - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Antiarrhythmics - Heart Regulation Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiodarone hcl oral tablet 200 mg (generic for PACERONE) - Tier 1; QL *amiodarone hcl oral tablet 400 mg - Tier 1; QL* *disopyramide phosphate (generic for NORPACE) - Tier 1; QL* *dofetilide (generic for TIKOSYN) - Tier 1; QL* *flecainide acetate - Tier 1; QL* *mexiletine hcl oral - Tier 1; QL* NORPACE CR - Tier 2 *propafenone hcl - Tier 1; QL* *quinidine gluconate er - Tier 1; QL* *quinidine sulfate - Tier 1; QL* *sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL* *sotalol hcl oral (generic for BETAPACE) - Tier 1; QL*	*amiodarone hcl oral tablet 100 mg (generic for PACERONE) - Tier 1; PA; QL* *BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL* *BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL* MULTAQ - Tier 2; PA; QL *NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL* *PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL* *propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg - Tier 1; PA; QL* *propafenone hcl er oral capsule extended release 12 hour 425 mg - Tier 1; PA* SOTYLIZE - Tier 2; PA; QL *TIKOSYN (brand for dofetilide) - Tier 2; PA; QL*
Antibacterials, Other	
Antibacterials	
	VOWST - Tier 2; PA; QL; AL

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* *antibiotic pain/scar (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *bacitracin external ointment 500 unit/gm (generic for BACITRAYCIN PLUS) - Tier 1; QL* *bacitracin ointment 500 unit/gm 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* *double antibiotic (generic for POLYSPORIN) - Tier 1*	*alcohol external 70 % - Tier 1; PA; QL* *alcohol prep pads external 70 % - Tier 1; PA; QL* *bacitracin ointment 500 unit/gm external (generic for BACITRAYCIN PLUS) - Tier 1; PA; QL* *CLEOCIN ORAL (brand for clindamycin hcl) - Tier 2; PA; QL* *CLEOCIN VAGINAL CREAM (brand for clindamycin phosphate) - Tier 2; PA; QL* *clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; PA; QL* CLINDESSE - Tier 2; PA; QL *daptomycin intravenous solution reconstituted 350 mg - Tier 1; PA* *FIRVANQ (brand for vancomycin hcl) - Tier 2; PA; QL* *fosfomycin tromethamine - Tier 1; PA* *iodine tincture external tincture 2 % - Tier 1; PA* LIKMEZ - Tier 2; PA *linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; PA; QL* *MACROBID (brand for nitrofurantoin monohyd macro) - Tier 2; PA; QL* *MACRODANTIN (brand for nitrofurantoin macrocrystal) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL *first aid antibiotic external ointment 1 % (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1* *HIPREX (brand for methenamine hippurate) - Tier 2; QL* *linezolid oral tablet - Tier 1; QL* *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; QL* *metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL* *metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL* *mupirocin ointment - Tier 1; QL* *NEOSPORIN + PAIN RELIEF MAX ST (brand for cvs antibiotic pain/scar) - Tier 2* *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* NUVESSA - Tier 2; 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; DX2RX* *tinidazole oral tablet 500 mg - Tier 1; DX2RX; QL* *trimethoprim oral - Tier 1; QL* *triple antibiotic + pain (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1*	*methenamine mandelate oral tablet - Tier 1; PA* *METROCREAM (brand for metronidazole) - Tier 2; PA; QL* *METROGEL (brand for metronidazole) - Tier 2; PA; QL* *metronidazole oral capsule - Tier 1; PA; QL* *metronidazole oral tablet 125 mg - Tier 1; PA* *mupirocin cream - Tier 1; PA; QL* *SILVADENE (brand for silver sulfadiazine) - Tier 2; PA; QL* SIVEXTRO ORAL - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL SULFAMYLON - Tier 2; PA *VANCOCIN (brand for vancomycin hcl) - Tier 2; PA; QL* *vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; PA; QL* *vancomycin hcl solution reconstituted 25 mg/ml oral (generic for FIRVANQ) - Tier 1; PA; QL* *VANDAZOLE (brand for metronidazole) - Tier 2; PA; QL* XACIATO - Tier 2; PA; QL *ZYVOX ORAL (brand for linezolid) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL *triple antibiotic max st external ointment 1 % (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *triple antibiotic multi-act (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *triple antibiotic pain relief (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *triple antibiotic pain rlf (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *triple antibiotic plus (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *triple antibiotic plus max st (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *triple antibiotic+pain relief (generic for NEOSPORIN + PAIN RELIEF MAX ST) - Tier 1* *vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml (generic for FIRVANQ) - Tier 1; QL* *vancomycin hcl solution reconstituted 25 mg/ml oral (generic for FIRVANQ) - Tier 1; QL*	
Anticholinergics - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
benztropine mesylate oral - Tier 1; QL *trihexyphenidyl hcl - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
Anticoagulants - Blood Thinners	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL ELIQUIS ORAL TABLET - Tier 2; QL *enoxaparin sodium (generic for LOVENOX) - Tier 1; QL* *heparin sodium (porcine) - Tier 1* *heparin sodium (porcine) +rfid - Tier 1* *heparin sodium (porcine) pf - Tier 1* *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL* *jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1* *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL* *warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1* XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG - Tier 2; QL XARELTO STARTER PACK - Tier 2; QL	*ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 5 MG/0.4ML, 7.5 MG/0.6ML (brand for fondaparinux sodium) - Tier 2; PA; QL* *ARIXTRA SUBCUTANEOUS SOLUTION 2.5 MG/0.5ML (brand for fondaparinux sodium) - Tier 2; PA* ELIQUIS (1.5 MG PACK) - Tier 2; PA ELIQUIS (2 MG PACK) - Tier 2; PA ELIQUIS ORAL CAPSULE SPRINKLE - Tier 2; PA ELIQUIS ORAL TABLET SOLUBLE - Tier 2; PA *fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 5 mg/0.4ml, 7.5 mg/0.6ml (generic for ARIXTRA) - Tier 1; PA; QL* *fondaparinux sodium subcutaneous solution 2.5 mg/0.5ml (generic for ARIXTRA) - Tier 1; PA* FRAGMIN - Tier 2; PA *LOVENOX (brand for enoxaparin sodium) - Tier 2; PA; QL* *PRADAXA (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL* *rivaroxaban oral suspension reconstituted (generic for XARELTO) - Tier 1; PA; AL* *rivaroxaban oral tablet (generic for XARELTO) - Tier 1; PA; QL* SAVAYSA - Tier 2; PA; QL *XARELTO ORAL SUSPENSION RECONSTITUTED (brand for rivaroxaban) - Tier 2; PA; AL* *XARELTO ORAL TABLET 2.5 MG (brand for rivaroxaban) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Anticonvulsants, Other	
Anticonvulsants	
	ZTALMY - Tier 2; PA; ST; SP; QL
Anticonvulsants - Drugs to Treat Seizures	
	DIACOMIT ORAL CAPSULE - Tier 2; PA; ST; SP; QL; AL DIACOMIT ORAL PACKET - Tier 2; PA; ST; SP; QL; AL
Anticonvulsants, Other - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
ELEPSIA XR - Tier 2; QL *levetiracetam er oral tablet extended release 24 hour 500 mg (generic for KEPPRA XR) - Tier 1; ST; QL* *levetiracetam er oral tablet extended release 24 hour 750 mg (generic for KEPPRA XR) - Tier 1; ST* *levetiracetam oral solution (generic for KEPPRA) - Tier 1; QL; AL* *levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL* NAYZILAM - Tier 2; PA; QL *phenobarbital oral elixir 20 mg/5ml - Tier 1; QL* *phenobarbital oral tablet - Tier 1; QL* *roweepra (generic for ROWEEPRA) - Tier 1; QL*	*brivaracetam oral solution (generic for BRIVIACT) - Tier 1; PA; ST; AL* *brivaracetam oral tablet (generic for BRIVIACT) - Tier 1; PA; ST; QL* *BRIVIACT ORAL SOLUTION (brand for brivaracetam) - Tier 2; PA; ST; AL* *BRIVIACT ORAL TABLET (brand for brivaracetam) - Tier 2; PA; ST; QL* EPIDIOLEX - Tier 2; PA; ST; SP; QL; AL FINTEPLA - Tier 2; PA; QL *KEPPRA ORAL SOLUTION (brand for levetiracetam) - Tier 2; PA; QL; AL* *KEPPRA ORAL TABLET (brand for levetiracetam) - Tier 2; PA; QL* *KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for levetiracetam er) - Tier 2; PA; ST; QL* *KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (brand for levetiracetam er) - Tier 2; PA; ST* *LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE (brand for levetiracetam) - Tier 2; PA; ST* *SPRITAM (brand for levetiracetam) - Tier 2; PA; ST* XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
	XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL XCOPRI ORAL TABLET 25 MG - Tier 2; PA; ST; QL XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA; QL
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
Antivirals - Drugs to Treat Viral Infections	
valganciclovir hcl oral tablet - Tier 1; QL	LIVTENCITY - Tier 2; PA; QL PREVYMIS ORAL - Tier 2; PA; QL *VALCYTE (brand for valganciclovir hcl) - Tier 2; PA; QL* *valganciclovir hcl oral solution reconstituted (generic for VALCYTE) - Tier 1; PA; QL*
Antidementia Agents, Other	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
	LEQEMBI IQLIK - Tier 2; PA; SP; QL
Antidepressants, Other	
Antidepressants	
	ZURZUVAE - Tier 2; PA; ST; QL; AL
Antidepressants - Drugs to Treat Depression	
	AUVELITY - Tier 2; PA; ST; QL; AL

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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) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL; AL* *bupropion hcl oral - Tier 1; QL; AL* *mirtazapine oral tablet (generic for REMERON) - Tier 1; QL; AL*	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG - Tier 2; PA; QL; AL *mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1; PA; ST* *REMERON (brand for mirtazapine) - Tier 2; PA; QL; AL* *REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (brand for mirtazapine) - Tier 2; PA; ST* SPRAVATO (56 MG DOSE) - Tier 2; PA; QL SPRAVATO (84 MG DOSE) - Tier 2; PA; QL *WELLBUTRIN SR (brand for bupropion hcl er (sr)) - Tier 2; PA; QL; AL* *WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL; AL*
Antidiabetic Agents	
Blood Glucose Regulators	
	SITAGLIPT BASE-METFORM HCL ER (brand for sitaglipt base-metform hcl er) - Tier 2; PA; QL *SITAGLIPTIN (brand for sitagliptin) - Tier 2; PA; QL* *SITAGLIPTIN BASE-METFORMIN HCL (brand for sitagliptin base-metformin hcl) - Tier 2; PA; QL* *ZITUVIMET (brand for sitagliptin base-metformin hcl) - Tier 2; PA; QL* *ZITUVIMET XR (brand for sitaglipt base-metform hcl er) - Tier 2; PA; QL* *ZITUVIO (brand for sitagliptin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Antidiabetic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
acarbose oral - Tier 1; QL	*ACTOPLUS MET (brand for pioglitazone hcl-metformin hcl) - Tier 2; PA; QL*
FARXIGA (brand for dapagliflozin) - Tier 2; PA; QL	*ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL*
glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL	ALOGLIPTIN BENZOATE - Tier 2; PA; QL; AL
glipizide er (generic for GLUCOTROL XL) - Tier 1; QL	ALOGLIPTIN-METFORMIN HCL - Tier 2; PA; QL; AL
glipizide ir - Tier 1; QL	ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL; AL
glipizide-metformin hcl - Tier 1; QL	BRYNOVIN - Tier 2; PA; QL
glyburide - Tier 1; QL	CYCLOSET - Tier 2; PA
glyburide-metformin - Tier 1; QL	*dapaglifloz base-metformin er (generic for XIGDUO XR) - Tier 1; PA; QL*
JANUMET - Tier 2; QL; AL	*dapagliflozin (generic for FARXIGA) - Tier 1; PA; QL*
JANUMET XR - Tier 2; QL; AL	*DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL*
JANUVIA - Tier 2; QL; AL	EXENATIDE - Tier 2; PA; QL; AL
JARDIANCE ORAL TABLET 10 MG, 25 MG - Tier 2; PA; ST; QL	*glimepiride oral tablet 3 mg - Tier 1; PA; QL*
JARDIANCE ORAL TABLET 10 MG, 25 MG - Tier 2; PA; ST; QL	*GLUCOTROL XL (brand for glipizide er) - Tier 2; PA; QL*
JENTADUETO - Tier 2; QL; AL	GLYXAMBI - Tier 2; PA; QL; AL
metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL	INVOKAMET - Tier 2; PA
metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1	INVOKAMET XR - Tier 2; PA; QL
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL	INVOKANA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
OZEMPIC - Tier 2; PA; QL; AL	JENTADUETO XR - Tier 2; PA; QL; AL
OZEMPIC (2 MG/DOSE) - Tier 2; QL; AL	*liraglutide (generic for VICTOZA) - Tier 1; PA; QL*
pioglitazone hcl (generic for ACTOS) - Tier 1; QL	*metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg - Tier 1; PA; QL*
repaglinide - Tier 1; QL	*metformin hcl er (mod) oral tablet extended release 24 hour 500 mg - Tier 1; PA*
SYNJARDY - Tier 2; DX2RX; ST; QL; AL	*metformin hcl er (osm) - Tier 1; PA; QL*
TRADJENTA - Tier 2; QL; AL	*metformin hcl oral solution (generic for RIOMET) - Tier 1; PA; QL*
TRULICITY - Tier 2; PA; QL	*metformin hcl oral tablet 625 mg - Tier 1; PA; QL*
VICTOZA (brand for liraglutide) - Tier 2; PA; QL	*metformin hcl oral tablet 750 mg - Tier 1; PA*
	miglitol - Tier 1; PA; QL
	MOUNJARO - Tier 2; PA; QL; AL
	nateglinide - Tier 1; PA; QL
	pioglitazone hcl-glimepiride (generic for DUETACT) - Tier 1; PA; QL
	pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; PA; QL
	RIOMET (brand for metformin hcl) - Tier 2; PA; QL
	RYBELSUS - Tier 2; PA; QL; AL
	saxagliptin hcl - Tier 1; PA; QL; AL
	saxagliptin-metformin er - Tier 1; PA; QL; AL
	SEGLUROMET - Tier 2; PA; QL
	STEGLATRO - Tier 2; PA; QL
	STEGLUJAN - Tier 2; PA; QL; AL
	SYNJARDY XR - Tier 2; PA; QL
	TRIJARDY XR - Tier 2; PA; QL; AL
	XIGDUO XR (brand for dapagliflozin base-metformin er) - Tier 2; PA; QL
	XULTOPHY - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antiemetics, Other - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
anti-nausea (generic for EMETROL) - Tier 1 *anti-nausea relief (generic for EMETROL) - Tier 1* *DICLEGIS (brand for doxylamine-pyridoxine) - Tier 2; QL* *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 50 mg - Tier 1* *metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL* *metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL* *motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *nausea control (generic for EMETROL) - Tier 1* *nausea relief (generic for EMETROL) - Tier 1* *perphenazine oral - Tier 1; QL; AL* *prochlorperazine maleate oral - Tier 1; QL* *scopolamine (generic for TRANSDERM SCOP) - Tier 1; QL*	AKYNZEO INTRAVENOUS - Tier 2; PA AKYNZEO ORAL - Tier 2; PA; QL *BONINE (brand for cvs motion sickness relief) - Tier 2; PA* BONJESTA - Tier 2; PA; QL *doxylamine-pyridoxine (generic for DICLEGIS) - Tier 1; PA; QL* GIMOTI - Tier 2; PA; QL *meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1; PA* *motion sickness oral tablet chewable 25 mg (generic for BONINE) - Tier 1; PA* *motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1; PA* *motion-time (generic for BONINE) - Tier 1; PA* *prochlorperazine (generic for COMPRO) - Tier 1; PA* *REGLAN (brand for metoclopramide hcl) - Tier 2; PA; QL* *TRANSDERM SCOP (brand for scopolamine) - Tier 2; PA; QL* *trimethobenzamide hcl oral - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
Antiestrogens/Modifiers	
Antineoplastics - Drugs to Treat Cancer	
	ORSERDU - Tier 2; PA; SP; QL
Antiestrogens/Modifiers - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
tamoxifen citrate oral tablet 10 mg - Tier 1; AL *tamoxifen citrate oral tablet 20 mg - Tier 1; QL; AL*	*FARESTON (brand for toremifene citrate) - Tier 2; PA; AL* SOLTAMOX - Tier 2; PA; QL *toremifene citrate (generic for FARESTON) - Tier 1; PA; AL*
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 MICOTRIN AP) - Tier 1; QL* *antifungal maximum strength (generic for FORMULA 3 THE TREATMENT) - 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*	*ANCOBON (brand for flucytosine) - Tier 2; PA; QL* *athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; PA* *athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; PA* *AZOLEN ANTI-FUNGAL WASH (brand for miconazole nitrate) - Tier 2; PA* *AZOLEN TINCTURE (brand for miconazole nitrate) - Tier 2; PA* *ciclodan (generic for CICLODAN) - Tier 1; PA; QL* *ciclopirox external gel - Tier 1; PA* *ciclopirox external shampoo - Tier 1; PA* *ciclopirox external solution (generic for CICLODAN) - Tier 1; PA; QL* *ciclopirox olamine external - Tier 1; PA; QL* CICLOPIROX TREATMENT - Tier 2; PA *clotrimazole cream 1 % external (rx) (generic for LOTRIMIN AF) - Tier 1; PA* *clotrimazole solution 1 % external (otc) (generic for LASOLEX) - Tier 1; PA; QL*

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

Preferred Agents	Non-Preferred Agents
athletes foot external powder 2 % (generic for MICOTRIN AP) - Tier 1; QL	*clotrimazole solution 1 % external (rx) (generic for LASOLEX) - Tier 1; PA; QL*
athletes foot powder spray external aerosol powder 1 % (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1	CRESEMBA ORAL - Tier 2; PA; QL
baza antifungal (generic for DESENEX) - Tier 1	*CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2; PA*
clotrimazole 3 - Tier 1	*DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL*
clotrimazole cream 1 % external (rx) (generic for LOTRIMIN AF) - Tier 1; QL	*econazole nitrate external cream - Tier 1; PA; QL*
clotrimazole mouth/throat - Tier 1; QL	*ECONAZOLE NITRATE EXTERNAL FOAM (brand for econazole nitrate) - Tier 2; PA; QL*
clotrimazole solution 1 % external (rx) (generic for LASOLEX) - Tier 1; QL	*ECOZA (brand for econazole nitrate) - Tier 2; PA; QL*
clotrimazole vaginal - Tier 1; QL	ERTACZO - Tier 2; PA
DESENEX (brand for antifungal) - Tier 2	*flucytosine oral (generic for ANCOBON) - Tier 1; PA; QL*
DR SCHOLLS ODOR-X ATHLETE FOOT (brand for athletes foot powder spray) - Tier 2	*FUNGOID TINCTURE (brand for miconazole nitrate) - Tier 2; PA*
fluconazole oral (generic for DIFLUCAN) - Tier 1; QL	*griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; PA; QL*
foot & sneaker (generic for DR SCHOLLS ODOR-X ATHLETE FOOT) - Tier 1	GYNAZOLE-1 - Tier 2; PA; QL
	hydrocortisone-iodoquinol - Tier 1; PA
	itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL
	ketoconazole external foam (generic for KETODAN) - Tier 1; PA

Preferred Agents	Non-Preferred Agents
FORMULA 3 THE TREATMENT (brand for antifungal maximum strength) - Tier 2; QL *FORMULA 7 THE SOLUTION (brand for antifungal maximum strength) - Tier 2; QL* *ft 7 day vaginal - Tier 1; QL* *ft miconazole 1 (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL* *FUNGICURE (brand for antifungal maximum strength) - Tier 2; 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* *LAMISIL AT ATHLETES FOOT (brand for athletes foot (terbinafine)) - Tier 2; QL*	*ketoconazole oral - Tier 1; PA; QL* *ketodan (generic for KETODAN) - Tier 1; PA* *LOTRIMIN AF EXTERNAL AEROSOL POWDER (brand for athletes foot powder spray) - Tier 2; PA* *miconazole nitrate external solution (generic for AZOLEN ANTI-FUNGAL WASH) - Tier 1; PA* *MICONAZOLE-ZINC OXIDE-PETROLAT (brand for miconazole-zinc oxide-petrolat) - Tier 2; PA; QL* *naftifine hcl (generic for NAFTIN) - Tier 1; PA* *NAFTIN (brand for naftifine hcl) - Tier 2; PA* NOXAFIL ORAL - Tier 2; PA; QL; AL *nystatin oral - Tier 1; PA; QL* ORAVIG - Tier 2; PA; QL *oxiconazole nitrate - Tier 1; PA; QL* OXISTAT - Tier 2; PA *posaconazole oral suspension - Tier 1; PA; AL* *posaconazole oral tablet delayed release - Tier 1; PA; QL; AL* *SPORANOX (brand for itraconazole) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL *MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2* *micaderm (generic for DESENEX) - Tier 1* *MICOMITIN (brand for antifungal maximum strength) - Tier 2; QL* *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* *miconazorb af (generic for MICOTRIN AP) - Tier 1; QL* *MICOTRIN AL (brand for antifungal maximum strength) - Tier 2; QL* *MICOTRIN AP (brand for antifungal) - Tier 2; QL* *MICRO GUARD (brand for antifungal) - Tier 2; QL* *MONISTAT 1 (brand for cvs tioconazole 1) - 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* *MYCOZYL AL (brand for antifungal maximum strength) - Tier 2; QL* *MYCOZYL AP (brand for antifungal) - Tier 2; QL* *nyamyc (generic for KLAYESTA) - Tier 1; QL* *nystatin external cream - Tier 1; QL* *nystatin external ointment - Tier 1* *nystatin external powder (generic for KLAYESTA) - Tier 1; QL* *nystatin mouth/throat - Tier 1; QL* *nystatin-triamcinolone - Tier 1; QL* *nystop (generic for KLAYESTA) - Tier 1; QL* *SECURA ANTIFUNGAL EXTRA THICK (brand for antifungal) - Tier 2*	*tavaborole - Tier 1; PA; QL* *terconazole vaginal suppository - Tier 1; PA; QL* *tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1; PA* TOLSURA - Tier 2; PA; QL *VFEND (brand for voriconazole) - Tier 2; PA; QL* VIVJOA - Tier 2; PA; QL *voriconazole oral (generic for VFEND) - Tier 1; PA; QL* *VUSION (brand for miconazole-zinc oxide-petrolat) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
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* *TINACTIN EXTERNAL CREAM (brand for cvs athletes foot (tolnaftate)) - Tier 2; QL* *tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL* *tioconazole 1 vaginal ointment 6.5 % (generic for MONISTAT 1) - Tier 1; QL* *tioconazole-1 (generic for MONISTAT 1) - Tier 1; QL* *tolnaftate external cream (generic for TINACTIN) - Tier 1; QL* *TRITOLNACIDE C (brand for cvs athletes foot (tolnaftate)) - Tier 2; QL* *TRITOLNACIDE S (brand for antifungal maximum strength) - Tier 2; 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* *probenecid - Tier 1; QL*	*allopurinol oral tablet 200 mg - Tier 1; PA; QL* *colchicine oral capsule 0.6 mg (generic for MITIGARE) - Tier 1; PA; QL* *colchicine oral capsule 0.6 mg (generic for MITIGARE) - Tier 1; PA; QL* *colchicine-probenecid - Tier 1; PA; QL* *febuxostat (generic for ULORIC) - Tier 1; PA; QL* GLOPERBA - Tier 2; PA *MITIGARE (brand for colchicine) - Tier 2; PA; QL* *ULORIC (brand for febuxostat) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	
Antivirals - Drugs to Treat Viral Infections	
entecavir (generic for BARACLUDE) - Tier 1; QL	*adefovir dipivoxil - Tier 1; PA; QL* *BARACLUDE (brand for entecavir) - Tier 2; PA; QL* *lamivudine oral tablet 100 mg - Tier 1; PA; QL* VEMLIDY - Tier 2; PA; QL
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
MAVYRET ORAL PACKET - Tier 2; PA; SP; AL MAVYRET ORAL TABLET - Tier 2; PA; SP; QL; AL *SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL; AL* VOSEVI - Tier 2; PA; SP; QL; AL	EPCLUSA ORAL PACKET - Tier 2; PA; SP; QL *EPCLUSA ORAL TABLET (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL; AL* HARVONI ORAL PACKET - Tier 2; PA; SP; QL; AL HARVONI ORAL TABLET 45-200 MG - Tier 2; PA; SP; QL; AL *HARVONI ORAL TABLET 90-400 MG (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* *LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* SOVALDI ORAL PACKET - Tier 2; PA; SP; QL; AL SOVALDI ORAL TABLET 200 MG - Tier 2; PA; SP; QL; AL SOVALDI ORAL TABLET 400 MG - 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*	

Preferred Agents	Non-Preferred Agents
Antiherpetic Agents - Herpes Drugs	
Antivirals - Drugs to Treat Viral Infections	
acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL *acyclovir oral capsule - Tier 1; QL* *acyclovir oral tablet - Tier 1; QL* *famciclovir oral - Tier 1; QL* *valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL*	*acyclovir external cream (generic for ZOVIRAX) - Tier 1; PA; QL* *acyclovir oral suspension 200 mg/5ml - Tier 1; PA* *DENAVIR (brand for penciclovir) - Tier 2; PA; AL* *penciclovir (generic for DENAVIR) - Tier 1; PA; AL* *VALTREX (brand for valacyclovir hcl) - Tier 2; PA; QL* *ZOVIRAX (brand for acyclovir) - Tier 2; PA; QL*
Antihistamines - Allergy Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief nasal decong oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*	DESPEC DM - Tier 2; PA DESPEC DM-G - Tier 2; PA

Preferred Agents	Non-Preferred Agents
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *allergy/congestion relief oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *CLARITIN-D 24 HOUR (brand for allergy relief d) - Tier 2; QL; AL* *DESGEN DM ORAL LIQUID (brand for ft tussin cf adult) - Tier 2* *loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2* *ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2* *tussin cf adult (generic for DESGEN DM) - Tier 1*	

Preferred Agents	Non-Preferred Agents
Antihistamines - Drugs to Treat Allergies	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
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* *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* *allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allergy (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*	*12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; PA; QL* *24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; PA; QL* *ALAVERT (brand for cvs allergy relief) - Tier 2; PA; QL* *all day allergy relief oral capsule 10 mg (generic for ZYRTEC ALLERGY) - Tier 1; PA; QL* *ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; PA; QL* *ALLEGRA ALLERGY CHILDRENS ORAL SUSPENSION (brand for allergy childrens) - Tier 2; PA; QL* *ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; PA; QL* *aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; PA; QL* *aller-fex (generic for KLS ALLER-FEX) - Tier 1; PA; QL* *allergy & hives relief (generic for KLS ALLER-FEX) - Tier 1; PA; QL* *allergy childrens oral suspension (generic for ALLEGRA ALLERGY CHILDRENS) - Tier 1; PA; QL* *allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; PA; QL* *allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
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 adult (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL*	*allergy relief childrens oral suspension 30 mg/5ml (generic for ALLEGRA ALLERGY CHILDRENS) - Tier 1; PA; QL* *allergy relief childrens oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; PA; QL* *allergy relief oral capsule 10 mg (generic for CLARITIN) - Tier 1; PA; QL* *allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; PA; QL* *allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; PA; QL* *allergy relief oral tablet dispersible 10 mg (generic for ALAVERT) - Tier 1; PA; QL* *allergy relief oral tablet dispersible 5 mg (generic for CLARITIN REDITABS) - Tier 1; PA; QL* *allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; PA; QL* *ASTEPRO (brand for allergy nasal spray) - Tier 2; PA; QL* *ASTEPRO CHILDRENS (brand for allergy nasal spray) - Tier 2; PA; QL* *azelastine-fluticasone (generic for DYMISTA) - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
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 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 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 chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL*	*CARBINOXAMINE MALEATE ER (brand for carbinoxamine maleate er) - Tier 2; PA* *carbinoxamine maleate oral solution - Tier 1; PA; QL* *carbinoxamine maleate oral tablet 4 mg - Tier 1; PA; QL* *carbinoxamine maleate oral tablet 6 mg (generic for RYVENT) - Tier 1; PA* CARBZAH - Tier 2; PA; QL *cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; PA; QL* *cetirizine hcl oral tablet chewable 10 mg (generic for ZYRTEC) - Tier 1; PA; QL* *cetirizine hcl oral tablet chewable 5 mg (generic for WAL-ZYR CHILDRENS) - Tier 1; PA; QL* *CLARINEX (brand for desloratadine) - Tier 2; PA; QL* *CLARITIN CHILDRENS (brand for cvs allergy relief childrens) - Tier 2; PA; QL* *CLARITIN ORAL TABLET CHEWABLE 5 MG (brand for cvs allergy relief childrens) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL *aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL* *anti-hist allergy (generic for BANOPHEN) - Tier 1; QL* *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 tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL* *cetirizine hcl oral tablet 5 mg - 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* *clemastine fumarate oral tablet (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* *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*	*clemastine fumarate oral syrup - Tier 1; PA* *CORPHENA (brand for corphena) - Tier 2; PA* DESLORATADINE ORAL SOLUTION - Tier 2; PA *desloratadine oral tablet (generic for CLARINEX) - Tier 1; PA; QL* *desloratadine oral tablet dispersible 5 mg - Tier 1; PA; QL* *diphenhydramine hcl oral elixir - Tier 1; PA; QL* *DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL* *fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; PA; QL* *KARBINAL ER (brand for carbinoxamine maleate er) - Tier 2; PA* *levocetirizine dihydrochloride oral solution (generic for XYZAL ALLERGY 24HR CHILDRENS) - Tier 1; PA; QL* *loratadine childrens oral tablet chewable (generic for CLARITIN) - Tier 1; PA; QL* *loratadine oral capsule 10 mg (generic for CLARITIN) - Tier 1; PA; QL* *loratadine oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; PA; QL* *loratadine oral tablet dispersible 10 mg (generic for ALAVERT) - Tier 1; PA; QL* *olopatadine hcl nasal - Tier 1; PA; QL* PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; PA; QL RYALTRIS - Tier 2; PA; AL *RYCLORA (brand for corphena) - Tier 2; PA* *ryvent (generic for RYVENT) - Tier 1; PA* *ZYRTEC (brand for cetirizine hcl) - Tier 2; PA; QL* *ZYRTEC ALLERGY ORAL CAPSULE (brand for gnp all day allergy relief) - Tier 2; PA; QL* *ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (brand for cetirizine hcl) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; QL *diphen (generic for BANOPHEN) - Tier 1; QL* *diphenhydramine hcl childrens (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *diphenhydramine hcl oral capsule (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *diphenhydramine hcl oral liquid (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1; QL* *ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL* *geri-dryl (generic for BANOPHEN) - Tier 1; QL* *indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL* *levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL* *liquid allergy relief (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL* *m-dryl (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *NARAMIN (brand for allergy childrens) - Tier 2; QL* *night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; QL* *nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL* *nighttime sleep-aid max st (generic for UNISOM SLEEPGELS) - Tier 1; QL* PEDIACLEAR PD CHILDRENS - Tier 2 *pharbechlor (generic for WAL-FINATE) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
pharbedryl (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL *promethazine hcl oral - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* *PROMETHEGAN RECTAL SUPPOSITORY 12.5 MG, 25 MG (brand for promethazine hcl) - Tier 2; QL* *rest simply (generic for SIMPLY SLEEP) - Tier 1; QL* *SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; QL* *sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep aid max st (generic for UNISOM SLEEPGELS) - Tier 1; QL* *sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep tabs (generic for SIMPLY SLEEP) - Tier 1; QL* *sleep-aid max str (generic for UNISOM SLEEPGELS) - Tier 1; QL* *sleep-aid maximum strength (generic for UNISOM SLEEPGELS) - Tier 1; QL* *sleep-aid oral capsule 50 mg (generic for UNISOM SLEEPGELS) - Tier 1; QL* *total allergy (generic for BANOPHEN) - Tier 1; QL* *total allergy medicine (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *triprolidine hcl oral - Tier 1* *ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL*	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
Antivirals - Drugs to Treat Viral Infections	
DOVATO - Tier 2; DX2RX; QL	

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
BIKTARVY - Tier 2; DX2RX; QL GENVOYA - Tier 2; DX2RX; QL; AL ISENTRESS - Tier 2; DX2RX; QL ISENTRESS HD - Tier 2; DX2RX; QL STRIBILD - Tier 2; DX2RX; QL TIVICAY - Tier 2; DX2RX; QL TRIUMEQ - Tier 2; DX2RX; QL	TIVICAY PD - Tier 2; PA; QL TRIUMEQ PD - Tier 2; PA
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
DELSTRIGO - Tier 2; DX2RX; QL *efavirenz - Tier 1; DX2RX; QL* *efavirenz-emtricitab-tenofo df - Tier 1; DX2RX; QL* *efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; DX2RX; QL* JULUCA - Tier 2; DX2RX; QL ODEFSEY - Tier 2; DX2RX; QL PIFELTRO - Tier 2; DX2RX; QL	*COMPLERA (brand for emtricitab-rilpivir-tenofov df) - Tier 2; DX2RX; QL* *EDURANT (brand for rilpivirine hcl) - Tier 2; PA; QL* EDURANT PED - Tier 2; PA; QL *emtricitab-rilpivir-tenofov df (generic for COMPLERA) - Tier 1; DX2RX; QL* *etravirine (generic for INTELENCE) - Tier 1; DX2RX; QL* *INTELENCE (brand for etravirine) - Tier 2; DX2RX; QL* *nevirapine - Tier 1; PA; QL* *nevirapine er - Tier 1; PA; QL* *rilpivirine hcl (generic for EDURANT) - Tier 1; PA; QL* *SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; DX2RX; QL*
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
Antivirals - Drugs to Treat Viral Infections	
	SUNLENCA ORAL TABLET - Tier 2; PA; QL SUNLENCA ORAL TABLET THERAPY PACK - Tier 2; PA YEZTUGO ORAL - Tier 2; PA; QL

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; DX2RX; QL *abacavir sulfate-lamivudine - Tier 1; DX2RX; QL* CIMDUO - Tier 2; DX2RX; QL DESCOVY ORAL TABLET 120-15 MG - Tier 2; DX2RX; QL *emtricitabine (generic for EMTRIVA) - Tier 1; DX2RX; QL* *emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; DX2RX; QL* *lamivudine oral solution 10 mg/ml (generic for EPIVIR) - Tier 1; DX2RX; QL* *lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; DX2RX; QL* *lamivudine-zidovudine - Tier 1; DX2RX; QL* *tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; DX2RX; QL* *zidovudine (generic for RETROVIR) - Tier 1; DX2RX; QL*	*EMTRIVA (brand for emtricitabine) - Tier 2; DX2RX; QL* *EPIVIR (brand for lamivudine) - Tier 2; DX2RX; QL* *RETROVIR ORAL (brand for zidovudine) - Tier 2; DX2RX; QL* *TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; DX2RX; QL* VIREAD ORAL POWDER - Tier 2; PA; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; PA; QL *VIREAD ORAL TABLET 300 MG (brand for tenofovir disoproxil fumarate) - Tier 2; DX2RX; QL* *ZIAGEN (brand for abacavir sulfate) - Tier 2; DX2RX; QL*
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
SELZENTRY ORAL SOLUTION - Tier 2; DX2RX; QL *SELZENTRY ORAL TABLET (brand for maraviroc) - Tier 2; QL*	*maraviroc (generic for SELZENTRY) - Tier 1; PA; QL* RUKOBIA - Tier 2; PA; QL; AL

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; DX2RX; QL EVOTAZ - Tier 2; DX2RX; QL KALETRA ORAL SOLUTION - Tier 2; DX2RX; QL *lopinavir-ritonavir oral tablet 100-25 mg (generic for KALETRA) - Tier 1; DX2RX; QL* *lopinavir-ritonavir oral tablet 200-50 mg (generic for KALETRA) - Tier 1; QL* PREZCOBIX ORAL TABLET 675-150 MG - Tier 2; PA PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; DX2RX; QL; AL *PREZISTA ORAL TABLET 600 MG, 800 MG (brand for darunavir) - Tier 2; QL; AL* *ritonavir (generic for NORVIR) - Tier 1; QL* SYMTUZA - Tier 2; DX2RX; QL	APTIVUS - Tier 2; PA; QL *darunavir (generic for PREZISTA) - Tier 1; PA; QL; AL* *fosamprenavir calcium - Tier 1; PA; QL* *KALETRA ORAL TABLET 100-25 MG (brand for lopinavir-ritonavir) - Tier 2; DX2RX; QL* *KALETRA ORAL TABLET 200-50 MG (brand for lopinavir-ritonavir) - Tier 2; PA; QL* *NORVIR (brand for ritonavir) - Tier 2; PA; QL* PREZCOBIX ORAL TABLET 800-150 MG - Tier 2; PA; QL PREZISTA ORAL SUSPENSION - Tier 2; PA; QL *REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; DX2RX; QL* REYATAZ ORAL PACKET - Tier 2; PA; QL VIRACEPT - 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	
allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL *ARNUITY ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; AL* ASMANEX (120 METERED DOSES) - Tier 2; QL ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT - Tier 2; QL; AL ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL *FLUTICASONE FUROATE ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; AL* *fluticasone propionate hfa aerosol 44 mcg/act inhalation - Tier 1; QL* FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT - 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 nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy spray nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* PULMICORT FLEXHALER - Tier 2; QL	*24 hour nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; PA; QL* ALVESCO - Tier 2; PA; AL ASMANEX HFA - Tier 2; PA; QL BECLOMETHASONE DIPROP HFA - Tier 2; PA; QL *budesonide inhalation (generic for PULMICORT) - Tier 1; PA; QL* *flunisolide nasal - Tier 1; PA; QL* FLUTICASONE PROPIONATE DISKUS - Tier 2; PA; QL *mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; PA* *nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; PA; QL* *nasal allergy spray nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; PA; QL* NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL; AL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML - Tier 2; PA; QL; AL 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 QVAR REDIHALER - Tier 2; PA; QL *triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; 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; PA; QL *rimantadine hcl - Tier 1; PA; QL* *TAMIFLU (brand for oseltamivir phosphate) - Tier 2; PA; QL* XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL
Antileukotrienes - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL *montelukast sodium oral tablet chewable 4 mg, 5 mg (generic for SINGULAIR) - Tier 1; QL; AL*	*montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; PA; QL; AL* *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 4 MG, 5 MG (brand for montelukast sodium) - Tier 2; PA; QL; AL* *zafirlukast - Tier 1; PA; QL* *zileuton er - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
Antimetabolites - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
capecitabine - Tier 1; SP DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL *hydroxyurea oral (generic for HYDREA) - Tier 1; QL* *mercaptopurine oral tablet - Tier 1; QL*	FAVLYXA - Tier 2; PA *gemcitabine hcl intravenous solution 1 gm/10ml, 1.5 gm/15ml, 2 gm/20ml, 200 mg/2ml - Tier 1; PA* *HYDREA (brand for hydroxyurea) - Tier 2; PA; QL* INLEXZO - Tier 2; PA *mercaptopurine oral suspension (generic for PURIXAN) - Tier 1; PA; QL* *PURIXAN (brand for mercaptopurine) - Tier 2; PA; QL* SIKLOS - Tier 2; PA; QL VYXEOS - Tier 2; PA XROMI - Tier 2; PA
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
Antimycobacterials - Drugs to Treat Infections	
dapsone oral - Tier 1; QL *rifabutin - Tier 1; QL*	PRETOMANID - Tier 2; PA
Antineoplastic - Hormonal and Related Agents	
Antineoplastics - Drugs to Treat Cancer	
	INLURIYO - Tier 2; PA; SP LIFYORLI (125 MG DOSE) - Tier 2; PA LIFYORLI (150 MG DOSE) - Tier 2; PA
Antineoplastics - Drugs to Treat Cancer	
Molecular Target Inhibitors - Chemotherapy Agents	
	JAYPIRCA - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Antineoplastics, Other	
Antineoplastics	
	AKEEGA - Tier 2; PA; SP; QL REVUFORJ ORAL TABLET 110 MG, 160 MG - Tier 2; PA; SP; QL REVUFORJ ORAL TABLET 25 MG - Tier 2; PA
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
lederle leucovorin (generic for LEDERLE LEUCOVORIN) - Tier 1; QL *leucovorin calcium oral (generic for LEDERLE LEUCOVORIN) - Tier 1; QL*	*arsenic trioxide intravenous solution 12 mg/6ml (generic for TRISENOX) - Tier 1; PA* AUGTYRO - Tier 2; PA; SP AVMAPKI FAKZYNJA CO-PACK - Tier 2; PA BESREMI - Tier 2; PA; SP; QL COPIKTRA - Tier 2; PA; SP; QL *daunorubicin hcl - Tier 1; PA* ENSACOVE - Tier 2; PA; SP; QL; AL FRUZAQLA ORAL CAPSULE 1 MG - Tier 2; PA; QL FRUZAQLA ORAL CAPSULE 5 MG - Tier 2; PA; SP; QL GOMEKLI - Tier 2; PA; SP; AL HYRNUO - Tier 2; PA; SP IBTROZI - Tier 2; PA; SP INQOVI - Tier 2; PA; SP; QL INREBIC - Tier 2; PA; SP; QL ITOVEBI - Tier 2; PA; SP IWILFIN - Tier 2; PA; SP KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
	KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO ORAL CAPSULE 10 MG, 25 MG - Tier 2; PA; SP; AL KOSELUGO ORAL CAPSULE SPRINKLE - Tier 2; PA; AL KRAZATI - Tier 2; PA; SP; QL KYMRIAH - Tier 2; PA *leucovorin calcium injection solution 100 mg/10ml - Tier 1; PA* LONSURF - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL LUMAKRAS - Tier 2; PA; SP; QL LUTATHERA - Tier 2; PA NILOTINIB D-TARTRATE ORAL CAPSULE 150 MG, 200 MG - Tier 2; PA; SP NILOTINIB D-TARTRATE ORAL CAPSULE 50 MG - Tier 2; PA NINLARO - Tier 2; PA; SP; QL OGSIVEO - Tier 2; PA OJJAARA - Tier 2; PA; SP; QL ONUREG - 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 ROMVIMZA - Tier 2; PA ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL; AL ROZLYTREK ORAL PACKET - Tier 2; PA; SP SCEMBLIX ORAL TABLET 100 MG - Tier 2; PA; SP SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL TALZENNA ORAL CAPSULE 0.1 MG, 0.35 MG, 0.5 MG, 0.75 MG - Tier 2; PA; SP; QL *TRISENOX (brand for arsenic trioxide) - Tier 2; PA* TRUQAP ORAL TABLET - Tier 2; PA; SP; QL TRUQAP ORAL TABLET THERAPY PACK - Tier 2; PA; QL VANFLYTA - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL; AL VONJO - Tier 2; PA; SP; QL VORANIGO - Tier 2; PA; AL

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Preferred Agents	Non-Preferred Agents
	VYKOURA INJECTION SOLUTION 350 MG/35ML, 50 MG/5ML - Tier 2; PA WELIREG - Tier 2; PA; SP; QL XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 80 MG - Tier 2; PA XPOVIO (80 MG TWICE WEEKLY) - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY ORAL - Tier 2; PA; QL; AL WEGOVY SUBCUTANEOUS - Tier 2; PA; QL ZEPBOUND SUBCUTANEOUS SOLUTION 10 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML - Tier 2; PA ZEPBOUND SUBCUTANEOUS SOLUTION 12.5 MG/0.5ML, 15 MG/0.5ML - Tier 2; PA; QL; AL ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA
Antiparkinson Agents - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
	NOURIANZ - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Antiparkinson Agents, Other - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
amantadine hcl oral capsule - Tier 1; QL *amantadine hcl oral solution 50 mg/5ml - Tier 1; QL* *amantadine hcl oral tablet - Tier 1* *entacapone - Tier 1; QL*	GOCOVRI - Tier 2; PA; QL ONGENTYS - Tier 2; PA; QL
Antiprotozoals - Protozoal Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
atovaquone (generic for MEPRON) - Tier 1; PA; QL *atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL* *chloroquine phosphate oral - Tier 1; QL* *hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1; QL* KRINTAFEL - Tier 2; QL; AL *mefloquine hcl - Tier 1; QL* *pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1; QL* *primaquine phosphate - Tier 1* *pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL* *SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; QL*	COARTEM - Tier 2; PA; QL *DARAPRIM (brand for pyrimethamine) - Tier 2; PA; SP; QL* *hydroxychloroquine sulfate oral tablet 100 mg, 400 mg - Tier 1; PA; QL* *hydroxychloroquine sulfate oral tablet 300 mg (generic for SOVUNA) - Tier 1; PA; QL* LAMPIT - Tier 2; PA; QL *MALARONE (brand for atovaquone-proguanil hcl) - Tier 2; PA; QL* *MEPRON (brand for atovaquone) - Tier 2; PA; QL* *NEBUPENT (brand for pentamidine isethionate) - Tier 2; PA; QL* *nitazoxanide oral - Tier 1; PA; QL; AL* *PLAQUENIL (brand for hydroxychloroquine sulfate) - Tier 2; PA; QL* *quinine sulfate - Tier 1; PA* *SOVUNA ORAL TABLET 300 MG (brand for hydroxychloroquine sulfate) - Tier 2; PA; QL*
Antipsychotics, other	
Antipsychotics	
	COBENFY - Tier 2; PA; ST; QL COBENFY STARTER PACK - Tier 2; PA; ST; QL

Preferred Agents	Non-Preferred Agents
Antispasmodics, Gastrointestinal - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
	belladonna alkaloids-opium rectal suppository 16.2-60 mg - Tier 1; PA; QL *DONNATAL (brand for pb-hyoscy-atropine-scopolamine) - Tier 2; PA* *pb-hyoscy-atropine-scopolamine (generic for DONNATAL) - Tier 1; PA* *PHENOHYTRO (brand for pb-hyoscy-atropine-scopolamine) - Tier 2; PA*
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 solution 10 mg/5ml - Tier 1; QL* *dicyclomine hcl oral tablet 20 mg - Tier 1; QL* *glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1* *hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL* *hyoscyamine sulfate oral (generic for 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*	*chlordiazepoxide-clidinium (generic for LIBRAX) - Tier 1; PA; QL* *CUVPOSA (brand for glycopyrrolate) - Tier 2; PA; QL* *dicyclomine hcl oral tablet 40 mg - Tier 1; PA; QL* *GLYCATE (brand for glycopyrrolate) - Tier 2; PA* *glycopyrrolate oral solution (generic for CUVPOSA) - Tier 1; PA; QL* *GLYCOPYRROLATE ORAL TABLET 1.5 MG (brand for glycopyrrolate) - Tier 2; PA* *LIBRAX (brand for chlordiazepoxide-clidinium) - Tier 2; PA; QL* *methscopolamine bromide oral - Tier 1; PA*

Preferred Agents	Non-Preferred Agents
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* *TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; QL*	*darifenacin hydrobromide er - Tier 1; PA; QL* *flavoxate hcl - Tier 1; PA* GEMTESA - Tier 2; PA; QL; AL *mirabegron er (generic for MYRBETRIQ) - Tier 1; 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* *oxybutynin chloride oral tablet 2.5 mg - Tier 1; PA; QL* OXYTROL - Tier 2; PA; QL OXYTROL FOR WOMEN - Tier 2; PA; QL *solifenacin succinate (generic for VESICARE) - Tier 1; PA; QL* *tolterodine tartrate - Tier 1; PA; QL* *tolterodine tartrate er - Tier 1; PA; QL* *trospium chloride - Tier 1; PA; QL* *trospium chloride er - Tier 1; PA; QL* *VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL*
Antispasticity Agents	
	ONTRALFY - Tier 2; PA *tizanidine hcl oral capsule 8 mg (generic for ZANAFLEX) - Tier 1; PA* *ZANAFLEX ORAL CAPSULE 8 MG (brand for tizanidine hcl) - Tier 2; PA*
Antithyroid Agents - Thyroid Suppressing Drugs	
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones	
methimazole oral - Tier 1; QL *propylthiouracil oral - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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 ORAL TABLET 100 MG - Tier 2; PA; QL; AL SIRTURO ORAL TABLET 20 MG - Tier 2; QL; AL	
Antivirals - Drugs to Treat Viral Infections	
LAGEVRIO - Tier 2; QL; AL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100 & 150/100) - Tier 2 PAXLOVID (300/100) - Tier 2; QL	*ribavirin inhalation - Tier 1; PA*
Anxiolytics, Other - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
buspirone hcl oral - Tier 1; QL *hydroxyzine hcl oral syrup 10 mg/5ml - Tier 1; QL* *hydroxyzine hcl oral tablet - Tier 1; QL*	BUCAPSOL - Tier 2; PA IGALMI - Tier 2; PA; QL *meprobamate - Tier 1; PA; QL*
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
anastrozole oral (generic for ARIMIDEX) - Tier 1; PA; AL *exemestane (generic for AROMASIN) - Tier 1; AL* *letrozole oral (generic for FEMARA) - Tier 1; PA; AL*	*ARIMIDEX (brand for anastrozole) - Tier 2; PA; AL* *AROMASIN (brand for exemestane) - Tier 2; PA; AL* *FEMARA (brand for letrozole) - Tier 2; PA; AL*

Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; AL *amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; AL* *amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; AL* DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE - Tier 2; AL DYANAVEL XR ORAL TABLET EXTENDED RELEASE - Tier 2; QL; AL *lisdexamfetamine dimesylate (generic for VYVANSE) - Tier 1; QL; AL* *VYVANSE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL*	*ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; PA; QL; AL* *ADZENYS XR-ODT (brand for amphetamine er) - Tier 2; PA; QL; AL* *amphetamine er (generic for ADZENYS XR-ODT) - Tier 1; PA; QL; AL* *amphetamine sulfate (generic for EVEKEO) - Tier 1; PA; AL* *amphet-dextroamphet 3-bead er (generic for MYDAYIS) - Tier 1; PA; QL; AL* ARYNTA - Tier 2; PA *DEXEDRINE (brand for dextroamphetamine sulfate er) - Tier 2; PA; AL* *dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; PA; AL* *dextroamphetamine sulfate oral solution (generic for PROCENTRA) - Tier 1; PA; QL; AL* *dextroamphetamine sulfate oral tablet (generic for ZENZEDI) - Tier 1; PA; AL* *EVEKEO (brand for amphetamine sulfate) - Tier 2; PA; AL* *methamphetamine hcl - Tier 1; PA; AL* *MYDAYIS (brand for amphet-dextroamphet 3-bead er) - Tier 2; PA; QL; AL* *PROCENTRA (brand for dextroamphetamine sulfate) - Tier 2; PA; QL; AL* XELSTRYM - Tier 2; PA; QL; AL *ZENZEDI (brand for dextroamphetamine sulfate) - Tier 2; PA; 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 *CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL* *dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL* *dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; QL; AL* *guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL* *METHYLIN ORAL SOLUTION 10 MG/5ML (brand for methylphenidate hcl) - Tier 2; QL; AL* *METHYLIN ORAL SOLUTION 5 MG/5ML (brand for methylphenidate hcl) - Tier 2; QL* *methylphenidate hcl oral solution 10 mg/5ml (generic for METHYLIN) - Tier 1; QL; AL* *methylphenidate hcl oral solution 5 mg/5ml (generic for METHYLIN) - Tier 1; QL* *methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL* *methylphenidate patch 10 mg/9hr transdermal (generic for DAYTRANA) - Tier 1; QL; AL* *methylphenidate patch 15 mg/9hr transdermal (generic for DAYTRANA) - Tier 1; QL; AL*	*APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL* AZSTARYS - Tier 2; PA; QL; AL *clonidine hcl er - Tier 1; PA; QL; AL* COTEMPLA XR-ODT - Tier 2; PA; QL; AL *DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL* *FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; PA; QL; AL* *FOCALIN XR (brand for dexmethylphenidate hcl er) - Tier 2; PA; QL; AL* *INTUNIV (brand for guanfacine hcl er) - Tier 2; PA; QL; AL* JORNAY PM - Tier 2; PA; QL; AL *METADATE CD (brand for methylphenidate hcl er (cd)) - Tier 2; PA; QL; AL* *methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; PA; QL; AL* *methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; PA; QL; AL* *methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 60 mg - Tier 1; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
methylphenidate patch 20 mg/9hr transdermal (generic for DAYTRANA) - Tier 1; QL; AL *methylphenidate patch 30 mg/9hr transdermal (generic for DAYTRANA) - Tier 1; QL; AL* QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG - Tier 2; QL; AL QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG - Tier 2; AL QUILLICHEW ER - Tier 2; AL QUILLIVANT XR - Tier 2; QL	*METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL* *methylphenidate hcl er (osm) oral tablet extended release 72 mg (generic for RELEXXII) - Tier 1; PA; QL; AL* *methylphenidate hcl er (osm) tablet extended release 18 mg oral (generic for CONCERTA) - Tier 1; PA; QL* *methylphenidate hcl er (osm) tablet extended release 18 mg oral (generic for CONCERTA) - Tier 1; PA; QL; AL* *methylphenidate hcl er (osm) tablet extended release 27 mg oral (generic for CONCERTA) - Tier 1; PA; QL* *methylphenidate hcl er (osm) tablet extended release 27 mg oral (generic for CONCERTA) - Tier 1; PA; QL; AL* *methylphenidate hcl er (osm) tablet extended release 36 mg oral (generic for CONCERTA) - Tier 1; PA; QL* *methylphenidate hcl er (osm) tablet extended release 36 mg oral (generic for CONCERTA) - Tier 1; PA; QL; AL* *methylphenidate hcl er (osm) tablet extended release 54 mg oral (generic for CONCERTA) - Tier 1; PA; QL* *methylphenidate hcl er (osm) tablet extended release 54 mg oral (generic for CONCERTA) - Tier 1; PA; QL; AL* *methylphenidate hcl er (xr) (generic for APTENSIO XR) - Tier 1; PA; QL; AL* *methylphenidate hcl er oral tablet extended release - Tier 1; PA; QL; AL* *methylphenidate hcl er oral tablet extended release 24 hour - Tier 1; PA; QL* *methylphenidate hcl er(diffus) oral tablet extended release 27 mg, 36 mg - Tier 1; PA; QL; AL* *methylphenidate hcl er(diffus) oral tablet extended release 54 mg - Tier 1; PA; QL* *methylphenidate hcl oral tablet chewable - Tier 1; PA* *methylphenidate patch 10 mg/9hr transdermal (generic for DAYTRANA) - Tier 1; PA; QL; AL* *methylphenidate patch 15 mg/9hr transdermal (generic for DAYTRANA) - Tier 1; PA; QL; AL*

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

Preferred Agents	Non-Preferred Agents
	methylphenidate patch 20 mg/9hr transdermal (generic for DAYTRANA) - Tier 1; PA; QL; AL *methylphenidate patch 30 mg/9hr transdermal (generic for DAYTRANA) - Tier 1; PA; QL; AL* ONYDA XR - Tier 2; PA; QL; AL *RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 45 MG, 54 MG, 63 MG, 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL* *RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL* *RITALIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL* *RITALIN LA (brand for methylphenidate hcl er (la)) - Tier 2; PA; QL; AL*
Benign Prostatic Hypertrophy Agents - Prostate Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
alfuzosin hcl er (generic for UROXATRAL) - Tier 1; GE *dutasteride oral (generic for AVODART) - Tier 1; GE* *finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; AL* *tamsulosin hcl - Tier 1; PA* *terazosin hcl - Tier 1; QL*	*AVODART (brand for dutasteride) - Tier 2; PA; GE* CARDURA XL - Tier 2; PA *dutasteride-tamsulosin hcl (generic for JALYN) - Tier 1; PA; QL* *JALYN (brand for dutasteride-tamsulosin hcl) - Tier 2; PA; QL* *PROSCAR (brand for finasteride) - Tier 2; PA; AL* *silodosin - Tier 1; PA; QL* TEZRULY - Tier 2; PA *UROXATRAL (brand for alfuzosin hcl er) - Tier 2; PA; GE*

Preferred Agents	Non-Preferred Agents
Benzodiazepines - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
alprazolam oral tablet (generic for XANAX) - Tier 1; QL *chlordiazepoxide hcl - Tier 1; QL* *clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL* *diazepam oral solution - Tier 1; QL* *diazepam oral tablet (generic for VALIUM) - Tier 1; QL* *KLONOPIN (brand for clonazepam) - Tier 2; QL* *lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL* *lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL* *lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL*	*alprazolam er (generic for XANAX XR) - Tier 1; PA; QL* *alprazolam intensol - Tier 1; PA; QL* *alprazolam oral tablet dispersible - Tier 1; PA; QL* *alprazolam xr (generic for XANAX XR) - Tier 1; PA; QL* *ATIVAN ORAL (brand for lorazepam) - Tier 2; PA; QL* *clonazepam oral tablet dispersible - Tier 1; PA; ST; QL* *clorazepate dipotassium - Tier 1; PA; QL* *diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; PA; QL* *diazepam oral concentrate (generic for DIAZEPAM INTENSOL) - Tier 1; PA; QL* *estazolam - Tier 1; PA; QL* *HALCION (brand for triazolam) - Tier 2; PA; QL* LOREEV XR - Tier 2; PA; AL *midazolam hcl oral - Tier 1; PA; QL* *oxazepam - Tier 1; PA; QL* *quazepam - Tier 1; PA; QL* *triazolam (generic for HALCION) - Tier 1; PA; QL* *VALIUM (brand for diazepam) - Tier 2; PA; QL* *XANAX (brand for alprazolam) - Tier 2; PA; QL* *XANAX XR (brand for alprazolam er) - Tier 2; PA; QL*

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 tablet 10 mg, 5 mg - Tier 1; QL* *bisoprolol fumarate oral tablet 2.5 mg - Tier 1* *carvedilol (generic for COREG) - Tier 1; QL* *labetalol hcl oral - Tier 1; QL* *metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL* *metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL* *metoprolol tartrate oral tablet 25 mg - Tier 1; QL* *metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1* *nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL* *propranolol hcl er (generic for INDERAL LA) - Tier 1; QL* *propranolol hcl oral solution 20 mg/5ml - Tier 1; QL* *propranolol hcl oral solution 40 mg/5ml - Tier 1* *propranolol hcl oral tablet - Tier 1; QL*	*acebutolol hcl oral - Tier 1; PA; QL* *betaxolol hcl oral - Tier 1; PA; QL* *BYSTOLIC (brand for nebivolol hcl) - Tier 2; PA; QL* *carvedilol phosphate er (generic for COREG CR) - Tier 1; PA* *COREG (brand for carvedilol) - Tier 2; PA; QL* *COREG CR (brand for carvedilol phosphate er) - Tier 2; PA* HEMANGEOL - Tier 2; PA; QL; AL *INDERAL LA (brand for propranolol hcl er) - Tier 2; PA; QL* INDERAL XL - Tier 2; PA; QL INNOPRAN XL - Tier 2; PA; QL KAPSPARGO SPRINKLE - Tier 2; PA; QL LOPRESSOR ORAL SOLUTION - Tier 2; PA *LOPRESSOR ORAL TABLET 100 MG, 50 MG (brand for metoprolol tartrate) - Tier 2; PA; QL* *LOPRESSOR ORAL TABLET 12.5 MG (brand for metoprolol tartrate) - Tier 2; PA* *METOPROLOL TARTRATE ORAL TABLET 12.5 MG (brand for metoprolol tartrate) - Tier 2; PA* *nadolol oral - Tier 1; PA; QL* *pindolol - Tier 1; PA; QL* *TENORMIN (brand for atenolol) - Tier 2; PA; QL* *timolol maleate oral - Tier 1; PA; QL* *TOPROL XL (brand for metoprolol succinate er) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Beta-Lactam, Cephalosporins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
cefadroxil oral capsule - Tier 1; QL *cefadroxil oral suspension reconstituted - Tier 1; QL* *cefdinir - Tier 1; QL* *cefprozil - Tier 1; QL* *cefuroxime axetil - Tier 1; QL* *cephalexin oral capsule - Tier 1; QL* *cephalexin oral suspension reconstituted - Tier 1; QL*	*cefaclor er - Tier 1; PA; QL* *cefaclor oral capsule - Tier 1; PA; QL* *cefadroxil oral tablet - Tier 1; PA; QL* *cefixime oral capsule - Tier 1; PA; QL* *cefixime oral suspension reconstituted - Tier 1; PA; QL* CEFIXIME ORAL TABLET - Tier 2; PA; QL *cefpodoxime proxetil - Tier 1; PA; QL* *cephalexin oral tablet 250 mg - Tier 1; PA* *cephalexin oral tablet 500 mg - Tier 1; PA; QL*
Beta-Lactam, Penicillins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
amoxicillin oral capsule - Tier 1; QL *amoxicillin oral suspension reconstituted - Tier 1; QL* *amoxicillin oral tablet 875 mg - Tier 1; QL* *amoxicillin oral tablet chewable - Tier 1; QL* *amoxicillin-potassium clavulanate (generic for AUGMENTIN ES-600) - Tier 1; QL* *ampicillin - Tier 1; QL* *dicloxacillin sodium - Tier 1; QL* *penicillin v potassium - Tier 1; QL*	*amoxicillin oral tablet 500 mg - Tier 1; PA; QL* *amoxicillin-potassium clavulanate er - Tier 1; PA; QL* AUGMENTIN - Tier 2; PA; QL *AUGMENTIN ES-600 (brand for amoxicillin-pot clavulanate) - Tier 2; PA; QL*
Blood Formation Modifiers - Blood Formation Drugs	
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
	EMPAVELI - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
anagrelide hcl (generic for AGRYLIN) - Tier 1 ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP EPOGEN INJECTION SOLUTION 3000 UNIT/ML, 4000 UNIT/ML - Tier 2; SP EPOGEN SOLUTION 10000 UNIT/ML INJECTION - Tier 2 EPOGEN SOLUTION 10000 UNIT/ML INJECTION - Tier 2; SP EPOGEN SOLUTION 2000 UNIT/ML INJECTION - Tier 2; SP EPOGEN SOLUTION 20000 UNIT/ML INJECTION - Tier 2; SP FULPHILA - Tier 2; SP FYLNETRA - Tier 2; SP NEUPOGEN - Tier 2; SP NYVEPRIA - Tier 2; SP *plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL* RETACRIT - Tier 2; SP	*AGRYLIN (brand for anagrelide hcl) - Tier 2; PA* ALVAIZ - Tier 2; PA; AL DOPTELET - Tier 2; PA; SP; QL; AL DOPTELET SPRINKLE - Tier 2; PA; SP; QL; AL *eltrombopag olamine oral packet (generic for PROMACTA) - Tier 1; PA; SP; QL* *eltrombopag olamine oral tablet (generic for PROMACTA) - Tier 1; PA; SP* EPOGEN SOLUTION 2000 UNIT/ML INJECTION - Tier 2; PA EPOGEN SOLUTION 20000 UNIT/ML INJECTION - Tier 2; PA GRANIX - Tier 2; PA; SP LEUKINE - Tier 2; PA; SP *MOZOBIL (brand for plerixafor) - Tier 2; PA; SP; QL* MULPLETA - Tier 2; PA; SP NEULASTA - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP PROCRIT - Tier 2; PA; SP *PROMACTA ORAL PACKET (brand for eltrombopag olamine) - Tier 2; PA; SP; QL* *PROMACTA ORAL TABLET (brand for eltrombopag olamine) - Tier 2; PA; SP* RELEUKO - Tier 2; PA; SP ROLVEDON - Tier 2; PA STIMUFEND - Tier 2; PA; SP UDENYCA - Tier 2; PA; SP UDENYCA ONBODY - Tier 2; PA XOLREMDI - Tier 2; PA; SP; QL ZARXIO - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP

Preferred Agents	Non-Preferred Agents
Blood Products and Modifiers, Other	
Blood Products and Modifiers	
	NYPOZI - Tier 2; PA; SP VAFSEO - Tier 2; PA
Bronchodilators, Anticholinergic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
ipratropium bromide inhalation - Tier 1; QL *ipratropium bromide nasal - Tier 1; QL* *SPIRIVA HANDIHALER (brand for tiotropium bromide) - Tier 2; QL* SPIRIVA RESPIMAT - Tier 2; QL	*ATROVENT HFA (brand for ipratropium bromide hfa) - Tier 2; PA; QL* *INCRUSE ELLIPTA (brand for umeclidinium ellipta) - Tier 2; PA; QL* *ipratropium bromide hfa (generic for ATROVENT HFA) - Tier 1; PA; QL* *tiotropium bromide (generic for SPIRIVA HANDIHALER) - Tier 1; PA; QL* TUDORZA PRESSAIR - Tier 2; PA; QL *UMECLIDINIUM ELLIPTA (brand for umeclidinium ellipta) - Tier 2; PA; QL* YUPELRI - Tier 2; PA; QL
Bronchodilators, Sympathomimetic	
Respiratory Tract/Pulmonary Agents	
	OHTUVAYRE - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for VENTOLIN HFA) - Tier 1; QL *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 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 oral syrup 2 mg/5ml - Tier 1; QL* AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML - Tier 2; QL *epinephrine injection solution auto-injector 0.15 mg/0.3ml (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* *EPIPEN 2-PAK (brand for epinephrine) - Tier 2; QL* *EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; QL* *LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT (brand for levalbuterol tartrate) - Tier 2; QL* SEREVENT DISKUS - Tier 2; QL *VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; QL*	*albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for VENTOLIN HFA) - Tier 1; PA; QL* *albuterol sulfate oral tablet 2 mg - Tier 1; PA* *albuterol sulfate oral tablet 4 mg - Tier 1; PA; QL* *arformoterol tartrate - Tier 1; PA; QL* *AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (brand for epinephrine) - Tier 2; PA; QL* *epinephrine injection solution auto-injector 0.15 mg/0.15ml (generic for AUVI-Q) - Tier 1; PA; QL* *epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; PA; QL* *formoterol fumarate inhalation (generic for PERFOROMIST) - Tier 1; PA; QL* *levalbuterol hcl inhalation - Tier 1; PA; QL* NEFFY - Tier 2; PA; QL *PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL* PROAIR RESPICLICK - Tier 2; PA; QL S2 (RACEPINEPHRINE) - Tier 2; PA STRIVERDI RESPIMAT - Tier 2; PA; QL *terbutaline sulfate oral - Tier 1; PA; QL* *XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
AIMOVIG - Tier 2; QL AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL NURTEC - Tier 2; PA; ST; QL; AL QULIPTA - Tier 2; PA; QL; AL UBRELVY - Tier 2; PA; QL; AL	EMGALITY (300 MG DOSE) - Tier 2; PA; QL ZAVZPRET - 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* *nifedipine er - Tier 1; QL* *nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL* *tiadylt er (generic for TIADYLT ER) - Tier 1; QL* *verapamil hcl er oral tablet extended release - Tier 1; QL* *verapamil hcl oral - Tier 1; QL*	*CARDIZEM (brand for diltiazem hcl) - Tier 2; PA; QL* *CARDIZEM CD (brand for diltiazem hcl er coated beads) - Tier 2; PA; QL* *CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG, 420 MG (brand for diltiazem hcl er) - Tier 2; PA; QL* *CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (brand for diltiazem hcl er) - Tier 2; PA* *CONJUPRI (brand for levamlodipine maleate) - Tier 2; PA; QL* *diltiazem hcl er oral tablet extended release 24 hour 120 mg (generic for CARDIZEM LA) - Tier 1; PA; QL* *diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg (generic for MATZIM LA) - Tier 1; PA; QL* *diltiazem hcl er oral tablet extended release 24 hour 300 mg (generic for MATZIM LA) - Tier 1; PA* *felodipine er - Tier 1; PA; QL* *isradipine - Tier 1; PA; QL* KATERZIA - Tier 2; PA

Preferred Agents	Non-Preferred Agents
	LEVAMLODIPINE MALEATE (brand for levamlodipine maleate) - Tier 2; PA; QL *matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg (generic for MATZIM LA) - Tier 1; PA; QL* *matzim la oral tablet extended release 24 hour 300 mg (generic for MATZIM LA) - Tier 1; PA* *nicardipine hcl oral - Tier 1; PA; QL* *nifedipine oral - Tier 1; PA; QL* *nimodipine oral capsule - Tier 1; PA; QL* NIMODIPINE ORAL SOLUTION - Tier 2; PA; QL; AL *nisoldipine er (generic for SULAR) - Tier 1; PA* NORLIQVA - Tier 2; PA; QL; AL *NORVASC (brand for amlodipine besylate) - Tier 2; PA; QL* NYMALIZE - Tier 2; PA; AL *PROCARDIA XL (brand for nifedipine er osmotic release) - Tier 2; PA; QL* SDAMLO - Tier 2; PA; AL *SULAR (brand for nisoldipine er) - Tier 2; PA* *TIAZAC (brand for diltiazem hcl er beads) - Tier 2; PA; QL* *verapamil hcl er oral capsule extended release 24 hour - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
Calcium Channel Modifying Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
ethosuximide oral capsule (generic for ZARONTIN) - Tier 1; QL *ethosuximide oral solution (generic for ZARONTIN) - Tier 1* *methsuximide (generic for CELONTIN) - Tier 1; QL* *ZARONTIN ORAL SOLUTION (brand for ethosuximide) - Tier 2; QL* *zonisamide oral (generic for ZONEGRAN) - Tier 1; QL*	*CELONTIN (brand for methsuximide) - Tier 2; PA; QL* *ZARONTIN ORAL CAPSULE (brand for ethosuximide) - Tier 2; PA; QL* *ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL* ZONISADE - Tier 2; PA; QL
Cardiovascular Agents, Other	
Cardiovascular Agents	
	TRYVIO - Tier 2; PA; QL
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	CAMZYOS - Tier 2; PA; SP; QL INPEFA ORAL TABLET 200 MG - Tier 2; PA; QL INPEFA ORAL TABLET 400 MG - Tier 2; PA LODOCO - Tier 2; PA WINREVAIR - Tier 2; PA; SP; QL
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents	
	MYQORZO - Tier 2; PA; SP; QL; AL

Preferred Agents	Non-Preferred Agents
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride-hydrochlorothiazide - Tier 1; QL *amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL* *amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1; QL* *amlodipine-olmesartan (generic for AZOR) - Tier 1* *atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL* *bisoprolol-hydrochlorothiazide - Tier 1; QL* *digoxin oral solution - Tier 1* *digoxin oral tablet 125 mcg, 250 mcg (generic for LANOXIN) - Tier 1; QL* *enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL* *ENTRESTO ORAL TABLET (brand for sacubitril-valsartan) - Tier 2; DX2RX; QL; AL* *irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL* *isosorb dinitrate-hydralazine tablet 20-37.5 mg oral (generic for BIDIL) - Tier 1; QL* *lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL* *losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL* *olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL*	*aliskiren fumarate (generic for TEKTURNA) - Tier 1; PA; QL* *amlodipine-atorvastatin (generic for CADUET) - Tier 1; PA; QL* *amlodipine-valsartan-hctz (generic for EXFORGE HCT) - Tier 1; PA* *ATACAND HCT (brand for candesartan cilexetil-hctz) - Tier 2; PA; QL* *AVALIDE (brand for irbesartan-hydrochlorothiazide) - Tier 2; PA; QL* *AZOR (brand for amlodipine-olmesartan) - Tier 2; PA* *benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; PA; QL* *BENICAR HCT (brand for olmesartan medoxomil-hctz) - Tier 2; PA; QL* *BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL* *CADUET (brand for amlodipine-atorvastatin) - Tier 2; PA; QL* *candesartan cilexetil-hctz (generic for ATACAND HCT) - Tier 1; PA; QL* *captopril-hydrochlorothiazide - Tier 1; PA; QL* *CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL* *digoxin oral tablet 62.5 mcg (generic for LANOXIN) - Tier 1; PA; QL* *DIOVAN HCT (brand for valsartan-hydrochlorothiazide) - Tier 2; PA; QL* *droxidopa (generic for NORTHERA) - Tier 1; PA; SP; QL* EDARBYCLOR - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
pentoxifylline er - Tier 1; QL *quinapril-hydrochlorothiazide oral tablet 10-12.5 mg - Tier 1; QL* *ranolazine er - Tier 1; ST; QL* *spironolactone-hctz - Tier 1; QL* *triamterene-hctz - Tier 1; QL* *valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL*	ENTRESTO ORAL CAPSULE SPRINKLE - Tier 2; PA; QL EPHEDRINE SULFATE-NACL +RFID INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-% - Tier 2; PA EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-% - Tier 2; PA *EXFORGE (brand for amlodipine besylate-valsartan) - Tier 2; PA; QL* *EXFORGE HCT (brand for amlodipine-valsartan-hctz) - Tier 2; PA* *fosinopril sodium-hctz - Tier 1; PA; QL* *HYZAAR (brand for losartan potassium-hctz) - Tier 2; PA; QL* *isosorb dinitrate-hydralazine tablet 20-37.5 mg oral (generic for BIDIL) - Tier 1; PA; QL* *ivabradine hcl (generic for CORLANOR) - Tier 1; PA; QL* *LANOXIN ORAL (brand for digoxin) - Tier 2; PA; QL* *LOTENSIN HCT (brand for benazepril-hydrochlorothiazide) - Tier 2; PA; QL* *LOTREL ORAL CAPSULE 10-40 MG, 5-10 MG (brand for amlodipine besy-benazepril hcl) - Tier 2; PA; QL* *metoprolol-hydrochlorothiazide - Tier 1; PA; QL* *metyrosine - Tier 1; PA; QL* *MICARDIS HCT (brand for telmisartan-hctz) - Tier 2; PA; QL* *NORTHERA (brand for droxidopa) - Tier 2; PA; SP; QL* *olmesartan-amlodipine-hctz (generic for TRIBENZOR) - Tier 1; PA; QL* OPSYNVI - Tier 2; PA *quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg - Tier 1; PA; QL* *sacubitril-valsartan (generic for ENTRESTO) - Tier 1; DX2RX; QL; AL* *TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL* *telmisartan-amlodipine - Tier 1; PA; QL* *telmisartan-hctz (generic for MICARDIS HCT) - Tier 1; PA; QL* *TENORETIC 100 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL* *TENORETIC 50 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL* *trandolapril-verapamil hcl er - Tier 1; PA; QL* *TRIBENZOR (brand for olmesartan-amlodipine-hctz) - Tier 2; PA; QL* *VASERETIC (brand for enalapril-hydrochlorothiazide) - Tier 2; PA; QL* VERQUVO - Tier 2; PA; QL; AL

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

Preferred Agents	Non-Preferred Agents
	VYNDAMAX - Tier 2; PA; SP; QL *ZESTORETIC (brand for lisinopril-hydrochlorothiazide) - Tier 2; PA; QL*
Central Nervous System, Other	
Central Nervous System Agents	
	DAYBUE - Tier 2; PA; SP; QL DAYBUE STIX - Tier 2; PA; SP; QL; AL SKYCLARYS - Tier 2; PA
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
AUSTEDO - Tier 2; PA; SP; QL; AL AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG - Tier 2; SP; QL; AL AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 18 MG - Tier 2; AL AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 36 MG, 42 MG, 48 MG - Tier 2; SP; AL AUSTEDO XR PATIENT TITRATION - Tier 2; QL *caffeine citrate oral - Tier 1; QL; AL* INGREZZA ORAL CAPSULE - Tier 2; DX2RX; SP; QL; AL INGREZZA ORAL CAPSULE SPRINKLE - Tier 2; DX2RX; SP; QL *tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP*	*gabapentin (once-daily) (generic for GRALISE) - Tier 1; PA; QL* *GRALISE (brand for gabapentin (once-daily)) - Tier 2; PA; QL* HORIZANT - Tier 2; PA; QL INGREZZA ORAL CAPSULE THERAPY PACK - Tier 2; PA; SP; QL; AL *memantine hcl-donepezil hcl er (generic for NAMZARIC) - Tier 1; PA; QL* *NAMZARIC (brand for memantine hcl-donepezil hcl er) - Tier 2; PA; QL* NUEDEXTA - Tier 2; PA; QL RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL *riluzole - Tier 1; PA; QL* TEGLUTIK - Tier 2; PA; QL TIGLUTIK - Tier 2; PA; QL *XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP*

Preferred Agents	Non-Preferred Agents
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; QL *donepezil hcl oral tablet dispersible - Tier 1* *rivastigmine (generic for EXELON) - Tier 1; QL*	*ARICEPT (brand for donepezil hcl) - Tier 2; PA; QL* *donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; PA; QL* *EXELON (brand for rivastigmine) - Tier 2; PA; QL* *galantamine hydrobromide - Tier 1; PA; QL* *galantamine hydrobromide er - Tier 1; PA* *rivastigmine tartrate - Tier 1; PA; QL*
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; DX2RX; SP; QL *KITABIS PAK (W/ NEBULIZER) (brand for tobramycin) - Tier 2; DX2RX; SP* TOBI PODHALER - Tier 2; PA; SP; QL; AL *tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (W/ NEBULIZER)) - Tier 1; SP; AL* *tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (W/ NEBULIZER)) - Tier 1; SP; QL* *tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (W/ NEBULIZER)) - Tier 1; DX2RX; SP* *tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (W/ NEBULIZER)) - Tier 1; DX2RX; SP; QL* *tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (W/ NEBULIZER)) - Tier 1; SP*	CAYSTON - Tier 2; PA; SP; QL KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL; AL ORKAMBI ORAL PACKET - Tier 2; PA; SP; QL; AL ORKAMBI ORAL TABLET - Tier 2; PA; SP; QL; AL SYMDEKO - Tier 2; PA; SP; QL; AL *TOBI NEBULIZER (brand for tobramycin) - Tier 2; PA; SP; QL* *tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL* *TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION (brand for tobramycin) - Tier 2; PA; SP* TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG - Tier 2; PA; SP; AL TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG - Tier 2; PA; SP; QL; AL

Preferred Agents	Non-Preferred Agents
Dental and Oral Agents	
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
	HURRICAINE MOUTH/THROAT GEL (brand for cvs oral anesthetic max str) - Tier 2; PA *instant oral pain relief max (generic for HURRICAINE) - Tier 1; PA* *LOLLICAINE (brand for cvs oral anesthetic max str) - Tier 2; PA* *oral anesthetic max str (generic for HURRICAINE) - Tier 1; PA* *oral pain relief mouth/throat gel 20 % (generic for HURRICAINE) - Tier 1; PA* *oral pain relieving (generic for HURRICAINE) - Tier 1; PA*
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL *DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *DENTAGEL (brand for sf) - Tier 2* EASYGEL - Tier 2 *periogard (generic for PERIOGARD) - Tier 1; QL* *pilocarpine hcl oral 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* *sodium fluoride 5000 ppm dental gel (generic for PREVIDENT) - Tier 1*	*cevimeline hcl (generic for EVOXAC) - Tier 1; PA* *cherry cough drops (generic for DENTIVA) - Tier 1; PA* *cherry menthol drops (generic for DENTIVA) - Tier 1; PA* *CLINPRO 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; PA* *DENTA 5000 PLUS SENSITIVE (brand for sod fluoride-potassium nitrate) - Tier 2; PA* *EVOXAC (brand for cevimeline hcl) - Tier 2; PA* *FLUORIDEX (brand for sodium fluoride 5000 ppm) - Tier 2; PA* *FLUORIDEX ENHANCED WHITENING (brand for sodium fluoride 5000 ppm) - Tier 2; PA* *FLUORIMAX 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; PA* *FLUORIMAX 5000 SENSITIVE (brand for sod fluoride-potassium nitrate) - Tier 2; PA* *honey lemon drops (generic for DENTIVA) - Tier 1; PA* *JUST RIGHT 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; PA* *KOURZEQ (brand for triamcinolone acetonide) - Tier 2; PA; QL* *menthol drops (generic for DENTIVA) - Tier 1; PA* MUCOSITISRX - Tier 2; PA

Preferred Agents	Non-Preferred Agents
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*	*ORALONE (brand for triamcinolone acetonide) - Tier 2; PA; QL* *PERIDEX (brand for chlorhexidine gluconate) - Tier 2; PA; QL* *PREVIDENT 5000 BOOSTER PLUS (brand for sodium fluoride 5000 ppm) - Tier 2; PA* *PREVIDENT 5000 ENAMEL PROTECT (brand for sod fluoride-potassium nitrate) - Tier 2; PA* *PREVIDENT 5000 KIDS (brand for sodium fluoride 5000 ppm) - Tier 2; PA* *PREVIDENT 5000 ORTHO DEFENSE (brand for sodium fluoride 5000 ppm) - Tier 2; PA* *PREVIDENT 5000 SENSITIVE (brand for sod fluoride-potassium nitrate) - Tier 2; PA* *SALAGEN ORAL TABLET 5 MG (brand for pilocarpine hcl) - Tier 2; PA; QL* *SALAGEN ORAL TABLET 7.5 MG (brand for pilocarpine hcl) - Tier 2; PA* SALIVAMAX - Tier 2; PA *sod fluoride-potassium nitrate (generic for FLUORIMAX 5000 SENSITIVE) - Tier 1; PA* *sodium fluoride 5000 enamel (generic for FLUORIMAX 5000 SENSITIVE) - Tier 1; PA* *sodium fluoride 5000 ppm dental paste (generic for CLINPRO 5000) - Tier 1; PA* *sodium fluoride 5000 sensitive (generic for FLUORIMAX 5000 SENSITIVE) - Tier 1; PA* *sore throat mouth/throat lozenge 6-10 mg (generic for DENTIVA) - Tier 1; PA* *triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; PA; QL* *XEROSTOMIA RELIEF SPRAY (brand for cvs dry mouth) - Tier 2; PA*
Dermatitis and Pruitus Agents	
Dermatological Agents	
	HYFTOR - Tier 2; PA; AL

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Preferred Agents	Non-Preferred Agents
Dermatological Agents - Drugs to Treat Skin Conditions	
acitretin - Tier 1; QL *acne control cleanser external cream (generic for CLEARSKIN) - Tier 1* *acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1* *adapalene external gel (generic for DIFFERIN) - Tier 1; QL* *adapalene-benzoyl peroxide external gel 0.1-2.5 % (generic for EPIDUO) - Tier 1; QL* ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; SP; QL; AL *amnesteem (generic for ACCUTANE) - Tier 1; PA; QL; AL* *anti-dandruff (generic for SELSUN BLUE) - Tier 1* *azelaic acid external (generic for FINACEA) - Tier 1; QL* *baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* *BENZAC AC WASH (brand for benzoyl peroxide acne wash) - Tier 2; QL* *benzoyl peroxide external gel 2.5 % - Tier 1; QL*	*ABSORICA (brand for isotretinoin) - Tier 2; PA; QL; AL* ABSORICA LD - Tier 2; PA; QL *ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL* *accutane (generic for ACCUTANE) - Tier 1; PA; QL; AL* *ACZONE (brand for dapsone) - Tier 2; PA; QL* *adapalene external cream (generic for DIFFERIN) - Tier 1; PA; QL* *adapalene-benzoyl peroxide external gel 0.3-2.5 % (generic for EPIDUO FORTE) - Tier 1; PA; QL* ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL; AL *advanced healing external ointment (generic for HYDROLATUM) - Tier 1; PA* AKLIEF - Tier 2; PA; QL; AL AMELUZ - Tier 2; PA *americerin (generic for AMERICERIN) - Tier 1; PA* ANA-LEX - Tier 2; PA; QL *ANALPRAM HC EXTERNAL CREAM 2.5-1 % (brand for hydrocort-pramoxine (perianal)) - Tier 2; PA*

Preferred Agents	Non-Preferred Agents
benzoyl peroxide-erythromycin (generic for BENZAMYCIN) - Tier 1; QL *BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL* *bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1* *calcipotriene external cream - Tier 1; QL* *calcipotriene external ointment (generic for CALCITRENE) - Tier 1; QL* *calcipotriene external solution - Tier 1; QL* *claravis (generic for ACCUTANE) - Tier 1; PA; QL; AL* *clearskin (generic for CLEARSKIN) - Tier 1* *clindacin etz (generic for CLINDACIN ETZ) - Tier 1; QL* *clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL* *clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL* *clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL*	*AQUA-NU (brand for cvs advanced healing) - Tier 2; PA* *AQUAPHILIC (brand for cvs advanced healing) - Tier 2; PA* *ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL* *AVAR CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2; PA* *AVAR LS CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2; PA* *AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2; PA* *BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL* *BENZEPRO FOAMING CLOTHS (brand for bpo foaming cloths) - Tier 2; PA* *benzoin - Tier 1; PA* *BIOGAIA ALDERMIS BABY (brand for cvs advanced healing) - Tier 2; PA* *BOUDREAUXS BABY BUTT SMOOTH (brand for cvs advanced healing) - Tier 2; PA* *bp 10-1 - Tier 1; PA* *brimonidine tartrate external (generic for MIRVASO) - Tier 1; PA; QL* *CALCIPOTRIENE EXTERNAL FOAM (brand for calcipotriene) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
clindamycin phosphate-benzoyl peroxide external gel 1-5 % - Tier 1; QL *clindamycin phosphate-benzoyl peroxide external gel 1-5 % - Tier 1; QL* *clindamycin phosphate external solution - Tier 1; QL* *clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL* *clotrimazole-betamethasone external cream - Tier 1; QL* COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; ST; SP; QL; AL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; ST; SP; QL; AL *dandruff shampoo external lotion (generic for SELSUN BLUE) - Tier 1* *diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* *dibucaine (perianal) (generic for NUPERCAINAL) - Tier 1* DR SMITHS DIAPER - Tier 2; QL DUPIXENT - Tier 2; PA; SP; QL; AL	*calcipotriene-betameth diprop external ointment - Tier 1; PA; QL; AL* *calcipotriene-betameth diprop external suspension (generic for TACLONEX) - Tier 1; PA; QL* *CALCITRENE (brand for calcipotriene) - Tier 2; PA; QL* *calcitriol external (generic for VECTICAL) - Tier 1; PA; QL; AL* *CLENIA PLUS (brand for sulfacetamide sodium-sulfur) - Tier 2; PA; QL* *CLEOCIN-T (brand for clindamycin phosphate) - Tier 2; PA; QL* *clindacin (generic for CLINDACIN) - Tier 1; PA; QL* *CLINDAGEL (brand for clindamycin phos (once-daily)) - Tier 2; PA; QL* *clindamycin phos (once-daily) (generic for CLINDAGEL) - Tier 1; PA; QL* *clindamycin phos (twice-daily) - Tier 1; PA; QL* *clindamycin phos-benzoyl perox external gel 1.2-2.5 % (generic for ACANYA) - Tier 1; PA; QL* *clindamycin phos-benzoyl perox external gel 1.2-3.75 % (generic for ONEXTON) - Tier 1; PA; QL; AL* *clindamycin phosphate external foam (generic for CLINDACIN) - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; SP; QL; AL	*clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; PA; QL*
erythromycin external - Tier 1; QL	*clindamycin-tretinoin (generic for ZIANA) - Tier 1; PA; QL*
EUCRISA OINTMENT 2 % EXTERNAL - Tier 2; PA; AL	*clotrimazole-betamethasone external lotion - Tier 1; PA; QL*
EUCRISA OINTMENT 2 % EXTERNAL - Tier 2; PA; QL; AL	*CONDYLOX (brand for podofilox) - Tier 2; PA; QL*
FLUOROURACIL EXTERNAL CREAM 0.5 % - Tier 2; QL	COSENTYX UNOREADY - Tier 2; PA; ST; QL; AL
fluorouracil external cream 5 % - Tier 1; QL	*dapsone external (generic for ACZONE) - Tier 1; PA; QL*
fluorouracil external solution - Tier 1	*DERMASO PLUS (brand for calicylic) - Tier 2; PA*
GENADUR EXTERNAL (brand for liquid bandage) - Tier 2	*DEXERYL (brand for calicylic) - Tier 2; PA*
imiquimod external cream 5 % - Tier 1; QL	*diabetic skin barrier (generic for AMERICERIN) - Tier 1; PA*
MEDPURA BENZOYL PEROXIDE (brand for acne foaming wash) - Tier 2; QL	*diclofenac sodium external gel 3 % - Tier 1; PA; QL*
NUPERCAINAL (brand for dibucaine (perianal)) - Tier 2	*DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL*
PANOXYL (brand for bp wash) - Tier 2	*DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL*
pimecrolimus - Tier 1; QL; AL	*doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL*
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for ustekinumab-ttwe) - Tier 2; SP; QL; AL	*DYNASHIELD (brand for diabetic skin barrier) - Tier 2; PA*
selenium sulfide external lotion - Tier 1; QL	EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; QL; AL
	ENSTILAR - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; SP; QL; AL *tacrolimus external - Tier 1; QL; AL* TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; AL TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.25ML, 40 MG/0.5ML - Tier 2; PA; SP; AL TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL; AL *tretinoin external cream (generic for RETIN-A) - Tier 1; QL; AL* *tretinoin external gel 0.01 %, 0.025 % (generic for RETIN-A) - Tier 1; QL; AL* YESINTEK SUBCUTANEOUS SOLUTION - Tier 2; SP; QL; AL *zenatane (generic for ACCUTANE) - Tier 1; PA; QL; AL* *zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL*	*EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* *EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* EPIFOAM - Tier 2; PA ERY PAD 2% - Tier 2; PA; QL FINACEA EXTERNAL FOAM - Tier 2; PA; QL HALUCORT - Tier 2; PA *HPR PLUS EXTERNAL CREAM (brand for calicylic) - Tier 2; PA* *hydrocerin (generic for AMERICERIN) - Tier 1; PA* *hydrocort-pramoxine (perianal) (generic for ANALPRAM HC) - Tier 1; PA* *hydrolatum (generic for HYDROLATUM) - Tier 1; PA* *hydrophor (generic for HYDROLATUM) - Tier 1; PA* ICOTYDE - Tier 2; PA; AL ILUMYA - Tier 2; PA; SP; QL *imiquimod external cream 3.75 % (generic for ZYCLARA PUMP) - Tier 1; PA; QL* *imiquimod pump (generic for ZYCLARA PUMP) - Tier 1; PA; QL* IMULDOSA SUBCUTANEOUS - Tier 2; PA; SP; AL *isotretinoin oral (generic for ABSORICA) - Tier 1; PA; QL; AL* *ivermectin external cream (generic for SOOLANTRA) - Tier 1; PA; QL* *KLARON (brand for sulfacetamide sodium (acne)) - Tier 2; PA; QL* *LANAPHILIC (brand for cvs advanced healing) - Tier 2; PA* *LANASHIELD (brand for diabetic skin barrier) - Tier 2; PA* LEVULAN KERASTICK - Tier 2; PA *lidocaine-hydrocort (perianal) (generic for LIDOCORT) - Tier 1; PA* *lidocaine-hydrocortisone ace rectal kit - Tier 1; PA; QL* *LIDOCORT (brand for lidocaine-hydrocort (perianal)) - Tier 2; PA* LITFULO - Tier 2; PA; AL *methoxsalen rapid - Tier 1; PA* *MIMYX (brand for calicylic) - Tier 2; PA* *minerin creme (generic for AMERICERIN) - Tier 1; PA* *MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL* MYCOZYL HC EXTERNAL GEL - Tier 2; PA NEMLUVIO - Tier 2; PA; SP; QL; AL *NEOSALUS EXTERNAL CREAM (brand for calicylic) - Tier 2; PA* *NEOSALUS EXTERNAL LOTION (brand for bromi-lotion) - Tier 2; PA* NEO-SYNALAR - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
	neuac (generic for NEUAC) - Tier 1; PA; QL NUTRASEB - Tier 2; PA *ointment base (generic for HYDROLATUM) - Tier 1; PA* *ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL; AL* OTULFI SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; AL *OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (brand for ustekinumab-aauz) - Tier 2; PA; AL* *OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (brand for ustekinumab-aauz) - Tier 2; PA; SP; QL; AL* *PLEXION CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2; PA* *PLEXION EXTERNAL LOTION (brand for sulfacetamide sodium-sulfur) - Tier 2; PA* PODOCON-25 - Tier 2; PA *podofilox external (generic for CONDYLOX) - Tier 1; PA; QL* PRAMOSONE - Tier 2; PA PROCORT - Tier 2; PA PROMISEB - Tier 2; PA *PRUCLAIR (brand for calicylic) - Tier 2; PA* *PRUDOXIN (brand for doxepin hcl) - Tier 2; PA; QL* *PRUMYX (brand for calicylic) - Tier 2; PA* *PYZCHIVA SUBCUTANEOUS SOLUTION (brand for ustekinumab-ttwe) - Tier 2; PA; SP; AL* *RETIN-A (brand for tretinoin) - Tier 2; PA; QL; AL* *RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL* RHOFADE - Tier 2; PA ROCELIX - Tier 2; PA SELARSDI SUBCUTANEOUS SOLUTION - Tier 2; PA *SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for ustekinumab-aekn) - Tier 2; PA; SP; AL* *selenium sulfide external shampoo 2.25 % - Tier 1; PA* *SENI CARE BODY (brand for diabetic skin barrier) - Tier 2; PA* *sodium sulfacetamide external shampoo 10 % - Tier 1; PA* *sodium sulfacetamide wash - Tier 1; PA*

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Preferred Agents	Non-Preferred Agents
	SOFDRA - Tier 2; PA; QL; AL *SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL* *SORBIDON HYDRATE (brand for diabetic skin barrier) - Tier 2; PA* *SORILUX (brand for calcipotriene) - Tier 2; PA; QL* SOTYKTU - Tier 2; PA; SP; QL SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; AL SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL; AL *sss 10-5 (generic for AVAR-E EMOLLIENT) - Tier 1; PA* STARJEMZA SUBCUTANEOUS - Tier 2; PA; SP; AL STEQEYMA SUBCUTANEOUS SOLUTION - Tier 2; PA; AL STRATA CTX - Tier 2; PA STRATA MARK - Tier 2; PA STRATA XRT - Tier 2; PA *sulfacetamide sodium (acne) (generic for KLARON) - Tier 1; PA; QL* *sulfacetamide sodium (cleans) - Tier 1; PA* *sulfacetamide sodium external - Tier 1; PA* *sulfacetamide sodium-sulfur external cream 10-2 % - Tier 1; PA* *sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1; PA* *sulfacetamide sodium-sulfur external emulsion - Tier 1; PA* *sulfacetamide sodium-sulfur external liquid 10-2 % (generic for AVAR LS CLEANSER) - Tier 1; PA* *sulfacetamide sodium-sulfur external liquid 10-5 % (generic for AVAR CLEANSER) - Tier 1; PA* *sulfacetamide sodium-sulfur external liquid 9.8-4.8 % (generic for PLEXION CLEANSER) - Tier 1; PA* *sulfacetamide sodium-sulfur external liquid 9-4.5 % - Tier 1; PA; QL* *sulfacetamide sodium-sulfur external lotion (generic for PLEXION) - Tier 1; PA* *sulfacetamide sodium-sulfur external suspension 10-5 % - Tier 1; PA; QL* *sulfacetamide sodium-sulfur external suspension 8-4 % (generic for SULFACLEANSE 8/4) - Tier 1; PA* *sulfacetamide sodium-sulfur external suspension 9-4.25 % (generic for CLENIA PLUS) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
	sulfacetamide sodium-sulfur liquid 9-4 % external - Tier 1; PA *sulfacetamide sod-sulfur wash external liquid 9-4 % - Tier 1; PA* *sulfacetamide sod-sulfur wash external liquid 9-4.5 % - Tier 1; PA; QL* *SULFACLEANSE 8/4 (brand for sulfacetamide sodium-sulfur) - Tier 2; PA* SUMAXIN CP - Tier 2; PA; QL *SWEEN MOISTURIZING BODY (brand for diabetic skin barrier) - Tier 2; PA* *TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL* *tazarotene external cream (generic for TAZORAC) - Tier 1; PA; QL* TAZAROTENE EXTERNAL FOAM - Tier 2; PA; QL *tazarotene external gel (generic for TAZORAC) - Tier 1; PA; QL* *TAZORAC (brand for tazarotene) - Tier 2; PA; QL* TREMFYA INTRAVENOUS - Tier 2; PA; QL TREMFYA ONE-PRESS - Tier 2; PA; SP; QL; AL TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML - Tier 2; PA; SP; QL; AL TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML - Tier 2; PA; QL; AL TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL; AL TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML - Tier 2; PA; QL; AL TREMFYA-CD/UC INDUCTION - Tier 2; PA; QL; AL *tretinoin external gel 0.05 % (generic for ATRALIN) - Tier 1; PA; QL; AL* *tretinoin microsphere (generic for RETIN-A MICRO PUMP) - Tier 1; PA; QL; AL* *tretinoin microsphere pump (generic for RETIN-A MICRO PUMP) - Tier 1; PA; QL; AL* *USTEKINUMAB-AAUZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (brand for ustekinumab-aauz) - Tier 2; PA; AL* *USTEKINUMAB-AAUZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (brand for ustekinumab-aauz) - Tier 2; PA; SP; QL; AL* *USTEKINUMAB-AEKN (brand for ustekinumab-aekn) - Tier 2; PA; SP; AL* *USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION (brand for ustekinumab-ttwe) - Tier 2; PA; SP; AL*

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Preferred Agents	Non-Preferred Agents
	USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for ustekinumab-ttwe) - Tier 2; PA; SP; QL; AL *VANICREAM EXTERNAL OINTMENT (brand for cvs advanced healing) - Tier 2; PA* *VECTICAL (brand for calcitriol) - Tier 2; PA; QL; AL* VEREGEN - Tier 2; PA; QL VTAMA - Tier 2; PA; QL; AL WINLEVI - Tier 2; PA; AL YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; AL *ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL* *ZONALON (brand for doxepin hcl) - Tier 2; PA; QL* ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL *ZYCLARA PUMP (brand for imiquimod) - Tier 2; PA; QL*
Miscellaneous Therapeutic Agents	
	ZORYVE EXTERNAL CREAM 0.05 %, 0.15 % - Tier 2; PA; AL
Dermatological Agents - Hair Loss Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
	LEQSELVI - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Dermatological Agents - Skin Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
ABREVA (brand for docosanol) - Tier 2; QL *beauty 360 pure glycerin - Tier 1; QL* *DERMACINRX URACIN (brand for gormel) - Tier 2; QL* *docosanol external (generic for ABREVA) - Tier 1; QL* *glycerin external - Tier 1; QL* *glycerin external liquid 99.5 % - Tier 1; QL* *gormel (generic for DERMACINRX URACIN) - Tier 1; QL* *gormel 10 (generic for NUTRAPLUS) - Tier 1; QL* *NUTRAPLUS (brand for gormel 10) - Tier 2; QL* *urea 20 intensive hydrating (generic for DERMACINRX URACIN) - Tier 1; QL* *urea external cream 20 % (generic for DERMACINRX URACIN) - Tier 1; QL* *urea external cream 40 % - 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*	ANZUPGO - Tier 2; PA; SP; QL CIBINQO - Tier 2; PA; SP; QL; AL *DERMACINRX UREA (brand for urea) - Tier 2; PA* *DERMACURE (brand for urea) - Tier 2; PA* EPSOLAY - Tier 2; PA; QL FILSUVEZ - Tier 2; PA; QL LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 5-1 % - Tier 2; PA OPZELURA - Tier 2; PA; SP; QL; AL *SONAFINE (brand for abravo) - Tier 2; PA* UREA EXTERNAL CREAM 39.5 % - Tier 2; PA *urea external cream 41 % (generic for DERMACINRX UREA) - Tier 1; PA* XERAC AC - Tier 2; PA YCANTH - Tier 2; PA; QL ZORYVE EXTERNAL FOAM - Tier 2; PA; AL

Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL *ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; QL* *ACCU-CHEK GUIDE (brand for fondcircle blood glucose monit) - Tier 2; QL* *ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL* *ACCU-CHEK GUIDE KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL* *ACCU-CHEK GUIDE TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL* *ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; QL* *ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL* *ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL*	*ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL* *ACCU-CHEK GUIDE TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL* ACCU-CHEK LINKASSIST - Tier 2; PA *ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL* *ACCUTREND GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL* *ADVANCED GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *ADVOCATE INSULIN PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL* *AGAMATRIX PRESTO TEST (brand for blood glucose test) - Tier 2; PA; QL* *AQINJECT PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *ASSURE TITANIUM (brand for blood glucose test) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
ASSURE CONTROL SOLUTION 2/3 (brand for element compact control 2) - Tier 2; QL *CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL* *CARESENS S CONTROL SOLN A/B (brand for element compact control 2) - Tier 2; QL* *CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL* *CHEMSTRIP K (brand for ketone test) - Tier 2; QL* *CONTOUR NEXT EZ KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL* *CONTOUR NEXT GEN MONITOR KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL* *CONTOUR NEXT ONE KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL* *CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL*	*ASSURE TITANIUM BLOOD GLUCOSE (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *AUM MINI INSULIN PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *AUM MINI INSULIN PEN NEEDLE 32G X 5 MM , 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *AUM PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *AUM PEN NEEDLE 32G X 5 MM , 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *AUM READYGARD DUO PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL* *BD PEN NEEDLE MICRO ULTRAFINE (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *BD PEN NEEDLE NANO ULTRAFINE (brand for aqinject pen needle) - Tier 2; PA; QL* *BD ULTRA-FINE PEN NEEDLES (brand for aqinject pen needle) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
CONTOUR PLUS BLUE KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL	*BIOTEL CARE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
CONTOUR PLUS CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL	*BLOOD GLUCOSE METER DEVICE (brand for blood glucose monitoring 333) - Tier 2; PA; QL*
CONTOUR PLUS TEST STRIP (brand for blood glucose test) - Tier 2; QL	*BLOOD GLUCOSE MONITORING 333 (brand for blood glucose monitoring 333) - Tier 2; PA; QL*
CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL	*BLOOD GLUCOSE SYSTEM (brand for fondcircle blood glucose monit) - Tier 2; PA; QL*
DEXCOM G6 RECEIVER - Tier 2; PA; QL	*BLOOD GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL*
DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	*BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
DEXCOM G7 15 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	*BLOOD GLUCOSE TEST STRIPS 333 (brand for blood glucose test) - Tier 2; PA; QL*
DEXCOM G7 RECEIVER - Tier 2; PA; QL	*BLULINK GLUCOSE MONIT SYS (brand for blood glucose monitoring 333) - Tier 2; PA; QL*
DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL	*BLULINK GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL*
EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL	*CARESENS N FELIZ (brand for blood glucose monitoring 333) - Tier 2; PA; QL*
EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
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 aqinject pen needle) - Tier 2; QL* *EMBECTA PEN NEEDLE NANO 2 GEN (brand for aqinject pen needle) - Tier 2; QL* *EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; QL* FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL *FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *FREESTYLE LIBRE 2 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* FREESTYLE LIBRE 2 READER - Tier 2; PA; QL *FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL*	*CARESENS N FELIZ BT (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *CARESENS N GLUCOSE SYSTEM (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *CARESENS N PLUS BT (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *CARESENS N VOICE SYSTEM (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *CARESENS S FIT BLOOD GLUC MON (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *CARESENS S FIT BT BLOOD GLUC (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *CARESENS S GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *CARETOUCH MONITOR SYSTEM (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *CARETOUCH TEST (brand for blood glucose test) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
FREESTYLE LIBRE 3 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL FREESTYLE LIBRE 3 READER - Tier 2; PA; QL *IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* *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* *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 ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL*	*COMFORT EZ PRO PEN NEEDLES 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL* *CONTOUR MONITOR (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *CONTOUR MONITOR (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *CONTOUR NEXT EZ KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *CONTOUR NEXT GEN MONITOR KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *CONTOUR NEXT LINK KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *CONTOUR NEXT MONITOR KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* CONTOUR NEXT ONE KIT - Tier 2; PA; QL *CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - 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*	*CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL* *D-CARE BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL* *D-CARE GLUCOMETER (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *EASY MAX BLOOD GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *EASY MAX T1 GLUCOSE SYSTEM (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *EASY TOUCH GLUCOSE METER KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *EASY TOUCH HEALTHPRO GLUCOSE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *EASY TOUCH TEST (brand for blood glucose test) - Tier 2; PA; QL* *EASYMAX 15 TEST (brand for blood glucose test) - Tier 2; PA; QL* *EASYMAX NG BLOOD GLUCOSE (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *EASYMAX V BLOOD GLUCOSE (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *EMBRACE BLOOD GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *EMBRACE PEN NEEDLES 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL* *EMBRACE PEN NEEDLES 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *EMBRACE WAVE BLOOD GLUCOSE (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *EMBRACE WAVE GLUCOSE METER (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *ENLITE GLUCOSE SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *EVERSENSE 365 SENSOR/HOLDER (brand for guardian sensor 3) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	FONDCIRCLE BLOOD GLUCOSE MONIT (brand for fondcircle blood glucose monit) - *Tier 2; PA; QL* *FONDCIRCLE BLOOD GLUCOSE TEST (brand for blood glucose test)* - *Tier 2; PA; QL* *FORA 6 CONNECT/GTEL TEST (brand for blood glucose test)* - *Tier 2; PA; QL* *FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3)* - *Tier 2; PA; QL* *FREESTYLE PRECISION NEO SYSTEM (brand for fondcircle blood glucose monit)* - *Tier 2; PA; QL* *FREESTYLE PRECISION NEO TEST STRIPS (brand for blood glucose test)* - *Tier 2; PA; QL* *FREESTYLE TEST STRIPS (brand for blood glucose test)* - *Tier 2; PA; QL* *GLUCOCARD EXPRESSION TEST (brand for blood glucose test)* - *Tier 2; PA; QL* *GLUCOCARD SHINE TEST (brand for blood glucose test)* - *Tier 2; PA; QL* *GLUCOCARD VITAL TEST (brand for blood glucose test)* - *Tier 2; PA; QL* *GLUCOSE METER TEST STRIPS (brand for blood glucose test)* - *Tier 2; PA; QL* *GUARDIAN 4 GLUCOSE SENSOR (brand for guardian sensor 3)* - *Tier 2; PA; QL* *GUARDIAN SENSOR (3) (brand for guardian sensor 3)* - *Tier 2; PA; QL* *GUARDIAN SENSOR 3 (brand for guardian sensor 3)* - *Tier 2; PA; QL* *HEALTHPRO BLOOD GLUCOSE MONITO (brand for fondcircle blood glucose monit)* - *Tier 2; PA; QL* *IHEALTH BLOOD GLUCOSE TEST STR (brand for blood glucose test)* - *Tier 2; PA; QL* *INSULIN PEN NEEDLES (brand for pen needles)* - *Tier 2; PA; QL* *INSULIN PEN NEEDLES 32G X 4 MM (brand for aqinject pen needle)* - *Tier 2; PA; QL* *INSULIN PEN NEEDLES (brand for aum mini insulin pen needle)* - *Tier 2; PA; QL* *INSUPEN32G EXTR3ME (brand for aum mini insulin pen needle)* - *Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	MICRODOT TEST (brand for blood glucose test) - Tier 2; PA; QL *MINIMED INSTINCT GLUC SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *NEUTEK 2TEK TEST (brand for blood glucose test) - Tier 2; PA; QL* *ON CALL EXPRESS BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL* *ON CALL EXPRESS MONITORING SYS (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *ONETOUCH ULTRA 2 KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *ONETOUCH ULTRA BLUE TEST (brand for blood glucose test) - Tier 2; PA; QL* *ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL* *ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; ST; QL* *ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *ONETOUCH VERIO FLEX SYSTEM DEVICE (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; ST; QL* *OPTIUMEZ TEST (brand for blood glucose test) - Tier 2; PA; QL* *PEN NEEDLE/5-BEVEL TIP 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	PEN NEEDLES 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL *PEN NEEDLES 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *PIP BLOOD GLUCOSE MONITORING (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *PIP BLOOD GLUCOSE TEST STRIP (brand for blood glucose test) - Tier 2; PA; QL* *PRECISION XTRA BLOOD GLUCOSE STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *PTS PANELS EGLU TEST (brand for blood glucose test) - Tier 2; PA; QL* *PURE COMFORT SAFETY PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *QUICK TOUCH BLOOD GLUCOSE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *QUICK TOUCH BLOOD GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *QUICK TOUCH INSULIN PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *QUICK TOUCH INSULIN PEN NEEDLE 32G X 5 MM , 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *QUINTET AC BLOOD GLUCOSE (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *QUINTET AC BLOOD GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *QUINTET BLOOD GLUCOSE SYSTEM (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *QUINTET BLOOD GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *RELION GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *RELION TRUE MET AIR GLUC METER (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
	RELION ULTIMA GLUCOSE SYSTEM (brand for fondcircle blood glucose monit) - Tier 2; PA; QL *RELION ULTIMA TEST (brand for blood glucose test) - Tier 2; PA; QL* *RIGHTEST GT333 GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *SAFETY PEN NEEDLES 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL* *SIMPLERA SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *SIMPLERA SYNC SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *SIMPLERA SYSTEM (brand for guardian sensor 3) - Tier 2; PA; QL* *TECHLITE PLUS PEN NEEDLES (brand for aqinject pen needle) - Tier 2; PA; QL* *TRUE COMFORT SAFETY PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *TRUE FOCUS BLOOD GLUCOSE STRIP (brand for blood glucose test) - Tier 2; PA; QL* *TRUE METRIX AIR GLUCOSE METER (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *TRUE METRIX GLUCOSE TEST (brand for blood glucose test) - Tier 2; PA; QL* *TRUE METRIX GO GLUCOSE METER (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *TRUE METRIX METER (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *TRUETRACK BLOOD GLUCOSE DEVICE (brand for blood glucose monitoring 333) - Tier 2; PA; QL* UDSX MEDICATED SYSTEM - Tier 2; PA *UNIFINE OTC PEN NEEDLES 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *UNIFINE PROTECT PEN NEEDLE 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL* *UNIFINE PROTECT PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *UNISTRIP1 GENERIC (brand for blood glucose test) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	VERIFINE INSULIN PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL *VERIFINE INSULIN PEN NEEDLE 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *VERIFINE PLUS PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* VIVAGUARD INO GLUCOSE METER KIT - Tier 2; PA; QL *VIVAGUARD INO SMART GLUC METER (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *VIVAGUARD INO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	dichlorphenamide (generic for KEVEYIS) - Tier 1; PA; SP; QL *KEVEYIS (brand for dichlorphenamide) - Tier 2; PA; SP; QL* *ORMALVI (brand for dichlorphenamide) - Tier 2; PA; SP; QL*
Diuretics, Loop - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
bumetanide oral (generic for BUMEX) - Tier 1; QL *furosemide oral solution 10 mg/ml - Tier 1; QL* *furosemide oral solution 8 mg/ml - Tier 1* *furosemide oral tablet (generic for LASIX) - Tier 1; QL* *torsemide - Tier 1; QL*	*BUMEX (brand for bumetanide) - Tier 2; PA; QL* *EDECRIN (brand for ethacrynic acid) - Tier 2; PA; QL* ENBUMYST - Tier 2; PA; QL; AL *ethacrynic acid (generic for EDECRIN) - Tier 1; PA; QL* FUROSCIX - Tier 2; PA; QL *LASIX (brand for furosemide) - Tier 2; PA; QL* LASIX ONYU - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Diuretics, Potassium-sparing - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride hcl oral - Tier 1; QL *spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL; AL*	*ALDACTONE (brand for spironolactone) - Tier 2; PA; QL; AL* *CAROSPIR (brand for spironolactone) - Tier 2; PA; QL; AL* *DYRENIUM (brand for triamterene) - Tier 2; PA* *eplerenone - Tier 1; PA; QL* *spironolactone oral suspension (generic for CAROSPIR) - Tier 1; PA; QL; AL* *triamterene oral (generic for DYRENIUM) - Tier 1; PA*
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*	HEMICLOR - Tier 2; PA INZIRQO - Tier 2; PA THALITONE - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Dopamine Agonists - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
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*	*APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL* *apomorphine hcl subcutaneous (generic for APOKYN) - Tier 1; PA; SP; QL* *bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; PA; QL* NEUPRO - Tier 2; PA; QL ONAPGO - Tier 2; PA; SP; QL *PARLODEL (brand for bromocriptine mesylate) - Tier 2; PA; QL* *pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg - Tier 1; PA; QL* *pramipexole dihydrochloride er oral tablet extended release 24 hour 2.25 mg, 3.75 mg - Tier 1; PA* *ropinirole hcl er oral tablet extended release 24 hour 12 mg, 6 mg - Tier 1; PA* *ropinirole hcl er oral tablet extended release 24 hour 2 mg, 4 mg, 8 mg - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
carbidopa-levodopa er oral tablet extended release - Tier 1; QL *carbidopa-levodopa oral tablet 10-100 mg (generic for SINEMET) - Tier 1; QL* *carbidopa-levodopa oral tablet 25-100 mg (generic for DHIVY) - Tier 1; QL* *carbidopa-levodopa oral tablet 25-100 mg (generic for DHIVY) - Tier 1; QL* *carbidopa-levodopa oral tablet 25-250 mg - Tier 1; QL*	*carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL* *CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG (brand for carbidopa-levodopa er) - Tier 2; PA* *CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG (brand for carbidopa-levodopa er) - Tier 2; PA; QL* *carbidopa-levodopa oral tablet dispersible - Tier 1; PA* *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 25-100-200 mg, 37.5-150-200 mg - Tier 1; PA; QL* *carbidopa-levodopa-entacapone oral tablet 18.75-75-200 mg, 31.25-125-200 mg, 50-200-200 mg - Tier 1; PA* CREXONT - Tier 2; PA; QL; AL *DHIVY (brand for carbidopa-levodopa) - Tier 2; PA* DUOPA - Tier 2; PA *LODOSYN (brand for carbidopa) - 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 ORAL TABLET 10-100 MG (brand for carbidopa-levodopa) - Tier 2; PA; QL* *SINEMET ORAL TABLET 25-100 MG (brand for carbidopa-levodopa) - Tier 2; PA* VYALEV - Tier 2; PA; SP; QL; AL

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL *fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL* *fenofibrate oral tablet 145 mg (generic for TRICOR) - Tier 1; QL* *fenofibrate oral tablet 160 mg, 48 mg, 54 mg - Tier 1; QL* *gemfibrozil oral (generic for LOPID) - Tier 1; QL*	*fenofibrate micronized oral capsule 130 mg, 43 mg - Tier 1; PA* *fenofibrate oral capsule 150 mg, 50 mg (generic for LIPOFEN) - Tier 1; PA* *fenofibrate oral tablet 120 mg, 40 mg - Tier 1; PA; QL* *fenofibric acid - Tier 1; PA; QL* *LIPOFEN (brand for fenofibrate) - Tier 2; PA* *LOPID (brand for gemfibrozil) - Tier 2; PA; QL*
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL *lovastatin oral - Tier 1; QL* *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* *fluvastatin sodium er (generic for LESCOL XL) - Tier 1; PA* *fluvastatin sodium oral capsule 20 mg - Tier 1; PA; QL* *fluvastatin sodium oral capsule 40 mg - Tier 1; PA* *LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA* *LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL* *LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL; AL* *pitavastatin calcium (generic for LIVALO) - Tier 1; PA; QL; AL* *ZOCOR (brand for simvastatin) - Tier 2; PA; QL* ZYPITAMAG - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
cholestyramine light (generic for PREVALITE) - Tier 1; QL *cholestyramine oral (generic for QUESTRAN) - Tier 1; QL* *colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL* *ezetimibe (generic for ZETIA) - Tier 1; QL* *niacin er (antihyperlipidemic) - Tier 1; QL* *omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; QL* PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; SP; QL; AL PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/ML - Tier 2; PA; SP; QL; AL *prevalite (generic for PREVALITE) - Tier 1; QL* REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; SP; QL; AL REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; SP; QL	*colesevelam hcl oral packet (generic for WELCHOL) - Tier 1; PA* *colesevelam hcl oral tablet (generic for WELCHOL) - Tier 1; PA; QL* *COLESTID (brand for colestipol hcl) - Tier 2; PA; QL* *colestipol hcl oral granules (generic for COLESTID) - Tier 1; PA; QL* *colestipol hcl oral packet - Tier 1; PA; QL* *ezetimibe-simvastatin (generic for VYTORIN) - Tier 1; PA; QL* *icosapent ethyl (generic for VASCEPA) - Tier 1; PA; QL* JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG - Tier 2; PA; SP; QL JUXTAPID ORAL CAPSULE 2 MG - Tier 2; PA; QL *LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL* NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL *QUESTRAN (brand for cholestyramine) - Tier 2; PA; QL* *QUESTRAN LIGHT (brand for cholestyramine light) - Tier 2; PA; QL* *VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL* *VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL* *WELCHOL ORAL PACKET (brand for colesevelam hcl) - Tier 2; PA*

Preferred Agents	Non-Preferred Agents
	WELCHOL ORAL TABLET (brand for colesevelam hcl) - Tier 2; PA; QL *ZETIA (brand for ezetimibe) - 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	*ACUNOL (brand for cvs leg cramps pain relief) - Tier 2; PA*
cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL	*CARNITOR ORAL SOLUTION (brand for levocarnitine) - Tier 2; PA; QL*
calcium + vitamin d3 (generic for OYSCO 500+D) - Tier 1; QL	*CARNITOR ORAL TABLET (brand for levocarnitine) - Tier 2; PA*
calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL	*CARNITOR SF (brand for levocarnitine) - Tier 2; PA; QL*
calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL	*CHROMAGEN (brand for iron complex) - Tier 2; PA*
calcium 600 - Tier 1; QL	*COLCIGEL (brand for arnicare) - Tier 2; PA*
calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL	*CORVITE 150 ORAL TABLET (brand for corvite fe) - Tier 2; PA*
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL	*CORVITE FE (brand for corvite fe) - Tier 2; PA*
calcium carb-cholecalciferol oral tablet 600-5 mg-mcg (generic for ONEVITE CALCIUM+D3) - Tier 1; QL	DOJOLVI - Tier 2; PA
calcium carbonate - Tier 1; QL	*ECZEMOL (brand for cvs leg cramps pain relief) - Tier 2; PA*
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL	*ferrous sulfate oral solution 300 (60 fe) mg/5ml - Tier 1; PA; QL*
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL	FOLIVANE-F - Tier 2; PA
	GALZIN ORAL CAPSULE 25 MG - Tier 2; PA
	GALZIN ORAL CAPSULE 50 MG - Tier 2; PA; QL
	INTEGRA F - Tier 2; PA
	iron oral tablet extended release 45 mg (generic for SLOW FE) - Tier 1; PA
	iron slow release (generic for SLOW FE) - Tier 1; PA

Preferred Agents	Non-Preferred Agents
calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1	IROSPAN 24/6 - Tier 2; PA
calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1	*klor-con m15 (generic for KLOR-CON M15) - Tier 1; PA; QL*
calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1	K-PHOS NO 2 - Tier 2; PA
calcium citrate oral tablet 950 (200 ca) mg - Tier 1	*levocarnitine oral solution (generic for CARNITOR) - Tier 1; PA; QL*
calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1	*levocarnitine oral tablet (generic for CARNITOR) - Tier 1; PA*
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1	*levocarnitine sf (generic for CARNITOR) - Tier 1; PA; QL*
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL	*l-glutamine oral packet (generic for ENDARI) - Tier 1; PA; QL*
calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL	*NIFEREX (brand for corvite fe) - Tier 2; PA*
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL	*potassium chloride crys er oral tablet extended release 15 meq (generic for KLOR-CON M15) - Tier 1; PA; QL*
calcium fast dissolution - Tier 1; QL	*PSORIZIDE FORTE (brand for cvs leg cramps pain relief) - Tier 2; PA*
calcium high potency - Tier 1; QL	*PSORIZIDE ULTRA (brand for cvs leg cramps pain relief) - Tier 2; PA*
	SLOW FE (brand for cvs slow release iron) - Tier 2; PA
	slow release iron oral tablet extended release 45 mg (generic for SLOW FE) - Tier 1; PA
	SPEEDGEL RX (brand for arnicare) - Tier 2; PA
	TRANZGEL (brand for arnicare) - Tier 2; PA
	UROCIT-K 10 (brand for potassium citrate er) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
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; 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* *ENDARI (brand for l-glutamine) - Tier 2; QL* *ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL* *fe c tab (generic for ICAR-C) - Tier 1* *FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL* *ferosul (generic for FEROSUL) - Tier 1; QL* *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* *ICAR-C (brand for fe c tab) - Tier 2* *iferex 150 (generic for FERREX 150) - Tier 1*	*UROCIT-K 15 (brand for potassium citrate er) - Tier 2; PA*

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Preferred Agents	Non-Preferred Agents
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL *iron 100/c (generic for ICAR-C) - Tier 1* *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 MAGNEBIND 300 - Tier 2 *NU-IRON (brand for polysaccharide iron complex) - Tier 2* *ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL* *ONE VITE FERROUS SULFATE (brand for cvs iron) - Tier 2; QL* *ONEVITE CALCIUM+D3 ORAL TABLET 500-5 MG-MCG (brand for calcium + vitamin d3) - Tier 2; QL* *ONEVITE CALCIUM+D3 ORAL TABLET 600-200 MG-UNIT (brand for calcium carb-cholecalciferol) - Tier 2; QL* *oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL* *oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1* *oyster shell calcium + d3 - Tier 1* *oyster shell calcium oral tablet 1250 (500 ca) mg - Tier 1; QL* *oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL*	

Preferred Agents	Non-Preferred Agents
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* *pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL* PHOSPHO-TRIN K500 - Tier 2; QL *poly-iron 150 (generic for FERREX 150) - Tier 1* *polysaccharide iron complex (generic for FERREX 150) - Tier 1* *polysaccharide-iron complex (generic for FERREX 150) - Tier 1* *potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL* *potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL* *potassium chloride er oral capsule extended release - 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*	

Preferred Agents	Non-Preferred Agents
potassium citrate er oral tablet extended release 5 meq (540 mg) - Tier 1 *REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL* SLOW-MAG - Tier 2 SLOWMAG MG MUSCLE/HEART - Tier 2 *sodium chloride oral tablet 1 gm - Tier 1* *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* *ultra calcium + vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL*	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
adult mini (generic for CVS AIRSHIELD) - Tier 1; QL *adult multi gummies (generic for CVS AIRSHIELD) - Tier 1; QL* *adult multivitamin (generic for CVS AIRSHIELD) - Tier 1; QL* *AIRBORNE ELDERBERRY (brand for bariatric multivitamin/iron) - Tier 2; QL* *AIRBORNE ORAL TABLET CHEWABLE (brand for bariatric multivitamin/iron) - Tier 2; QL* *airshield (generic for CVS AIRSHIELD) - Tier 1; QL* *AIRSHIELD IMMUNITY SUPPORT (brand for bariatric multivitamin/iron) - Tier 2; QL* *ALIVE ADULT PREMIUM (brand for bariatric multivitamin/iron) - Tier 2; QL* *ALIVE IMMUNE/ELDERBERRY (brand for bariatric multivitamin/iron) - Tier 2; QL* *ALIVE MENS PREMIUM GUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL* *ALIVE WOMENS 50+ PREMIUM GUMMY (brand for bariatric multivitamin/iron) - Tier 2; QL*	ACCRUFER - Tier 2; PA; QL *ACTIFLOVIT EAR HEALTH (brand for b complex formula 1 (lipotrop)) - Tier 2; PA* ACTIVE FE - Tier 2; PA *ADRENAL C FORMULA (brand for anti-allergy) - Tier 2; PA* *ASCOR (brand for ascorbic acid) - Tier 2; PA* *ascorbic acid intravenous solution 25000 mg/50ml (generic for ASCOR) - Tier 1; PA* *b complex formula 1 (lipotrop) (generic for CVS BALANCED B50) - Tier 1; PA* *b complex formula 1 (w/ fa) (generic for BIG 100) - Tier 1; PA* *b-100 b-complex (generic for BIG 100 (BIOTIN)) - Tier 1; PA* *b-100 complex cr (generic for ENDUR-B) - Tier 1; PA* *b-100 complex pr (generic for ENDUR-B) - Tier 1; PA* *balanced b50 (generic for CVS BALANCED B50) - Tier 1; PA* CEREFOLIN BRAIN WELLNESS - Tier 2; PA CORVITE 150 ORAL TABLET 150-1.25 MG - Tier 2; PA DAVIMET-IRON - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
ALIVE WOMENS PREMIUM GUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL	DERMACINRX DOTREMIN - Tier 2; PA; QL
aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL	DIALYVITE 3000 - Tier 2; PA
ascorbic acid oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL	DIALYVITE 5000 - Tier 2; PA
ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL	EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ - Tier 2; PA
bariatric multivitamin/iron (generic for CVS AIRSHIELD) - Tier 1; QL	*ELFOLATE (brand for l-methylfolate) - Tier 2; PA*
bariatric multivitamins oral tablet chewable (generic for CVS AIRSHIELD) - Tier 1; QL	FERIVA 21/7 (WITH DOCUSATE) - Tier 2; PA
bariatric multivitamins/iron oral tablet chewable (generic for CVS AIRSHIELD) - Tier 1; QL	FERRALET 90 - Tier 2; PA; QL
BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL	FLORIVA ORAL LIQUID - Tier 2; PA; QL
BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; SP; QL	FOLITE - Tier 2; PA; QL
BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; QL	*FOLIVANE-PLUS (brand for iron folate plus) - Tier 2; PA*
	FUSION PLUS - Tier 2; PA
	GLP-DLAX - Tier 2; PA
	INFLAMEX (brand for pro hers rx) - Tier 2; PA
	INFUVITE PEDIATRIC - Tier 2; PA
	inner ear plus (generic for CVS BALANCED B50) - Tier 1; PA
	INTEGRA PLUS (brand for iron folate plus) - Tier 2; PA
	IRON FOLATE PLUS (brand for iron folate plus) - Tier 2; PA

Preferred Agents	Non-Preferred Agents
BRAIN BUILDER KIDS - Tier 2; QL	*iron oral tablet 200 (65 fe) mg (generic for FEOSOL) - Tier 1; PA*
c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL	KCL-LIDOCAINE-NACL - Tier 2; PA
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL	*K-PHOS-NEUTRAL (brand for phosphorous) - Tier 2; PA; QL*
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1	*k-tan plus (generic for K-TAN PLUS) - Tier 1; PA*
CENTRUM ADULT 50+ MULTIGUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL	*LIPO FLAVONOID ADVANCED BALANC (brand for b complex formula 1 (lipotrop)) - Tier 2; PA*
CENTRUM ADULTS MULTIGUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL	*l-methylfolate (generic for ELFOLATE) - Tier 1; PA*
CENTRUM DUAL ACT MULTI+ BEAUTY (brand for bariatric multivitamin/iron) - Tier 2; QL	*mega multiple/chelated mineral (generic for CVS BALANCED B50) - Tier 1; PA*
CENTRUM DUAL ACT MULTI+OMEGA-3 (brand for bariatric multivitamin/iron) - Tier 2; QL	METAFOLBIC PLUS - Tier 2; PA
CENTRUM FLAVOR BURST (brand for bariatric multivitamin/iron) - Tier 2; QL	*MIFEPREX (brand for mifepristone) - Tier 2; PA*
CENTRUM FLAVOR BURST ADULT (brand for bariatric multivitamin/iron) - Tier 2; QL	OBTREX - Tier 2; PA
	ORACIT - Tier 2; PA
	PAXLYTE (brand for benfotiamine multi-b) - Tier 2; PA
	PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; PA; QL
	POKONZA - Tier 2; PA; QL
	potassium chloride er oral tablet extended release 15 meq - Tier 1; PA; QL

Preferred Agents	Non-Preferred Agents
CENTRUM FRESH/FRUITY 50+ (brand for bariatric multivitamin/iron) - Tier 2; QL	*potassium chloride oral packet 40 meq - Tier 1; PA; QL*
CENTRUM FRESH/FRUITY ADULT (brand for bariatric multivitamin/iron) - Tier 2; QL	*PRO HERS RX (brand for pro hers rx) - Tier 2; PA*
CENTRUM MEN 50+ MULTIGUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL	*PRO HIS RX (brand for pro hers rx) - Tier 2; PA*
CENTRUM MEN MULTIGUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL	*PRO PCOS RX (brand for pro hers rx) - Tier 2; PA*
CENTRUM MULTI + OMEGA 3 (brand for bariatric multivitamin/iron) - Tier 2; QL	*purevit dualfe plus (generic for K-TAN PLUS) - Tier 1; PA*
CENTRUM MULTI+ MENTAL FOCUS (brand for bariatric multivitamin/iron) - Tier 2; QL	*risanoid plus (generic for CVS BALANCED B50) - Tier 1; PA*
CENTRUM POSTNATAL GUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL	*se-tan plus (generic for K-TAN PLUS) - Tier 1; PA*
CENTRUM SILVER ORAL TABLET CHEWABLE (brand for bariatric multivitamin/iron) - Tier 2; QL	*stress formula/zinc (b-compl) - Tier 1; PA*
CENTRUM VITAMINTS (brand for bariatric multivitamin/iron) - Tier 2; QL	*stress formula/zinc oral tablet - Tier 1; PA*
	TANDEM PLUS (brand for purevit dualfe plus) - Tier 2; PA
	TARON FORTE - Tier 2; PA
	tinnitus relief (generic for CVS BALANCED B50) - Tier 1; PA
	tricitrates - Tier 1; PA
	TRUE VITAMIN B2 ORAL TABLET 100 MG - Tier 2; PA
	vitamin b-2 - Tier 1; PA
	vitamin b-2 oral tablet 100 mg - Tier 1; PA
	vitamin c er oral capsule extended release - Tier 1; PA
	zinc oral lozenge - Tier 1; PA

Preferred Agents	Non-Preferred Agents
CENTRUM WOMEN 50+ MULTIGUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL *CENTRUM WOMEN MULTIGUMMIES (brand for bariatric multivitamin/iron) - Tier 2; QL* *chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL* *childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens chewables/ex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL* *childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL* *childrens/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE (brand for bariatric multivitamin/iron) - Tier 2; QL* *cholecalciferol oral (generic for THERA-D 2000) - Tier 1; QL* *crush vitamin c drops (generic for CRUSH VITAMIN C DROPS) - Tier 1* *CULTURELLE PROBIOTICS + MULTIV (brand for bariatric multivitamin/iron) - Tier 2; 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 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* *d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1 *d3-50 (generic for D3-50) - Tier 1; QL* *daily gummies (generic for CVS AIRSHIELD) - Tier 1; QL* *daily gummies adult (generic for CVS AIRSHIELD) - 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* *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* *d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL* *EMERGEN-C APPLE CIDER VINEGAR ORAL TABLET CHEWABLE (brand for bariatric multivitamin/iron) - Tier 2; QL* *EMERGEN-C ASHWAGANDHA ORAL TABLET CHEWABLE (brand for bariatric multivitamin/iron) - Tier 2; QL* *EMERGEN-C ELDERBERRY (brand for bariatric multivitamin/iron) - Tier 2; QL* *EMERGEN-C IMMUNE+ ELDERBERRY (brand for bariatric multivitamin/iron) - Tier 2; QL* *EMERGEN-C IMMUNE+ ORAL TABLET CHEWABLE (brand for bariatric multivitamin/iron) - Tier 2; QL* *EMERGEN-C TURMERIC & GINGER ORAL TABLET CHEWABLE (brand for bariatric multivitamin/iron) - Tier 2; QL* *ENLYTE GUMMY+ (brand for bariatric multivitamin/iron) - Tier 2; QL* *eye health gummies (generic for CVS AIRSHIELD) - Tier 1; 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*	

Preferred Agents	Non-Preferred Agents
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* *immune support oral tablet chewable (generic for CVS AIRSHIELD) - Tier 1; QL* *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* *mens daily gummies (generic for CVS AIRSHIELD) - Tier 1; QL* *mens multivitamin gummies (generic for CVS AIRSHIELD) - Tier 1; QL* *mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; PA* *multi + omega-3 gummies (generic for CVS AIRSHIELD) - Tier 1; QL* *MULTIPRO (brand for v-c forte) - Tier 2* *multivitamin gummies womens (generic for CVS AIRSHIELD) - Tier 1; QL* *multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; SP; QL* *multi-vitamin/iron (generic for FLORAVITA MINI) - Tier 1; QL* *MVW ORANGE CHEWABLES (brand for bariatric multivitamin/iron) - Tier 2; QL* *ONE-A-DAY WOMENS VITACRAVES (brand for bariatric multivitamin/iron) - Tier 2; 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* *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; SP; QL* *POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; SP; 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* *spectravite adult 50+ oral tablet chewable (generic for CVS AIRSHIELD) - Tier 1; QL* *spectravite women oral tablet chewable (generic for CVS AIRSHIELD) - Tier 1; QL* *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* *SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (brand for bariatric multivitamin/iron) - Tier 2; QL* *TREXION (brand for v-c forte) - Tier 2* *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 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL* *TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT) (brand for cvs d3) - Tier 2* TRUE VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT), 250 MCG (10000 UT) - Tier 2 TRUE VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL 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 adult multi vitamin (generic for CVS AIRSHIELD) - Tier 1; QL* *VITAFUSION MULTI WOMENS (brand for bariatric multivitamin/iron) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
vitamin c drops mouth/throat lozenge 60 mg (generic for CRUSH VITAMIN C DROPS) - Tier 1 *vitamin c oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL* *vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL* *vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL* *vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d high potency oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d oral capsule 125 mcg (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *vitamin d oral capsule 25 mcg (1000 ut) - Tier 1* *vitamin d oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *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*	

Preferred Agents	Non-Preferred Agents
vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1 *vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d-3 oral tablet (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1* *vitamin d3 oral tablet 50 mcg, 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL* *vitamin d3 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 *womens daily gummies (generic for CVS AIRSHIELD) - Tier 1; QL* *womens multivitamin + collagen (generic for CVS AIRSHIELD) - Tier 1; QL* *womens multivitamin gummies (generic for CVS AIRSHIELD) - Tier 1; QL* *YUM-VS COMPLETE MULTIVITAMIN (brand for bariatric multivitamin/iron) - 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* *sodium polystyrene sulfonate oral - Tier 1* *SPS (SODIUM POLYSTYRENE SULF) (brand for sodium polystyrene sulfonate) - Tier 2; QL* VELTASSA ORAL PACKET 1 GM - Tier 2; QL; AL	CUVRIOR - Tier 2; PA; SP; QL *deferiprone (generic for FERRIPROX) - Tier 1; PA; SP; QL* *EXJADE (brand for deferasirox) - Tier 2; PA; SP* FERRIPROX ORAL SOLUTION - Tier 2; PA; SP *FERRIPROX ORAL TABLET (brand for deferiprone) - Tier 2; PA; SP; QL* FERRIPROX TWICE-A-DAY - Tier 2; PA; SP; QL *JADENU (brand for deferasirox) - Tier 2; PA; SP; QL* *JADENU SPRINKLE (brand for deferasirox) - Tier 2; 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* *SYPRINE (brand for trientine hcl) - Tier 2; PA; SP* *tolvaptan (hyponatremia) (generic for SAMSCA) - Tier 1; PA; SP* *tolvaptan oral tablet (generic for JYNARQUE) - Tier 1; PA; SP* *tolvaptan oral tablet therapy pack (generic for JYNARQUE) - Tier 1; PA; SP; QL* *trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP* *trientine hcl oral capsule 500 mg - Tier 1; PA; SP; QL* VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM - Tier 2; PA; QL; AL

Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
aprepitant oral capsule (generic for EMEND BIPACK) - Tier 1 *dronabinol (generic for MARINOL) - Tier 1; AL* *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*	*aprepitant oral capsule therapy pack (generic for EMEND TRIPACK) - Tier 1; PA; QL* CINVANTI - Tier 2; PA *EMEND BIPACK (brand for aprepitant) - Tier 2; PA* EMEND ORAL - Tier 2; PA; QL *EMEND TRIPACK (brand for aprepitant) - Tier 2; PA; QL* *granisetron hcl oral - Tier 1; PA; QL* GRANISOL - Tier 2; PA *MARINOL (brand for dronabinol) - Tier 2; PA; AL* *ondansetron odt oral tablet dispersible 16 mg - Tier 1; PA* SANCUSO - Tier 2; PA; QL SUSTOL - Tier 2; PA
Enzyme Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
etoposide oral - Tier 1	BALVERSA - Tier 2; PA; SP; QL HYCAMTIN ORAL - Tier 2; PA; SP KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG - Tier 2; PA LYTGOBI (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LYTGOBI (16 MG DAILY DOSE) - Tier 2; PA; SP; QL LYTGOBI (20 MG DAILY DOSE) - Tier 2; PA; SP; QL PEMAZYRE - Tier 2; PA; SP; QL TALZENNA ORAL CAPSULE 0.25 MG, 1 MG - Tier 2; PA; SP; QL 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	
	EVRYSDI - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Ergot Alkaloids - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
	BREKIYA - Tier 2; PA *CAFERGOT (brand for ergotamine-caffeine) - Tier 2; PA; QL* *dihydroergotamine mesylate nasal - Tier 1; PA; QL* ERGOMAR - Tier 2; PA *ergotamine-caffeine (generic for CAFERGOT) - Tier 1; PA; QL* MIGERGOT - Tier 2; PA; QL
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
abigale (generic for ABIGALE) - Tier 1; QL *abigale lo (generic for ABIGALE LO) - Tier 1* *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* *amethyst (generic for AMETHYST) - Tier 1; QL* *apri - Tier 1; QL* *aranelle - Tier 1; QL* *ashlyna - Tier 1* *aubra eq (generic for AFIRMELLE) - Tier 1; QL* *aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *aurovela 24 fe - Tier 1; QL* *aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *aurovela fe 1/20 - Tier 1; QL* *aviane (generic for AFIRMELLE) - Tier 1; QL* *ayuna (generic for ALTAVERA) - Tier 1; QL*	*ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL* ANGELIQ - Tier 2; PA ANNOVERA - Tier 2; PA; QL *aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; PA; QL* *BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL* BIJUVA ORAL CAPSULE 0.5-100 MG - Tier 2; PA; QL; AL BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL CLIMARA PRO - Tier 2; PA COMBIPATCH - Tier 2; PA; QL *COVARYX (brand for est estrogens-methyltest) - Tier 2; PA; QL* *COVARYX HS (brand for est estrogens-methyltest hs) - Tier 2; PA; QL* *DELESTROGEN (brand for estradiol valerate) - 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* DUAVEE - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
azurette (generic for AZURETTE) - Tier 1; QL	*EEMT (brand for est estrogens-methyltest) - Tier 2; PA; QL*
BALCOLTRA TABLET 0.1-20 MG-MCG(21) ORAL (brand for levonorgest-eth estradiol-iron) - Tier 2; QL	ELESTRIN - Tier 2; PA
balziva (generic for BALZIVA) - Tier 1; QL	*est estrogens-methyltest (generic for COVARYX) - Tier 1; PA; QL*
BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; QL	*est estrogens-methyltest ds (generic for COVARYX) - Tier 1; PA; QL*
blisovi 24 fe - Tier 1; QL	*est estrogens-methyltest hs (generic for COVARYX HS) - Tier 1; PA; QL*
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL	*ESTRACE (brand for estradiol) - Tier 2; PA; QL*
blisovi fe 1/20 - Tier 1; QL	*estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1.25 mg/1.25gm (generic for DIVIGEL) - Tier 1; PA; QL*
briellyn (generic for BALZIVA) - Tier 1; QL	*estradiol transdermal gel 0.75 mg/1.25 gm (0.06%) (generic for ESTROGEL) - Tier 1; PA*
camrese - Tier 1	*estradiol transdermal gel 1 mg/gm (generic for DIVIGEL) - Tier 1; PA*
camrese lo (generic for CAMRESE LO) - Tier 1	*estradiol vaginal tablet (generic for YUVAFEM) - Tier 1; PA; QL*
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL	*estradiol valerate intramuscular (generic for DELESTROGEN) - Tier 1; PA; QL*
chateal eq (generic for ALTAVERA) - Tier 1; QL	*ESTRATEST H.S. (brand for est estrogens-methyltest hs) - Tier 2; PA; QL*
CLIMARA (brand for estradiol) - Tier 2; QL	ESTRING - Tier 2; PA; QL
cryselle - Tier 1; QL	*ESTROGEL (brand for estradiol) - Tier 2; PA*
cyred eq - Tier 1; QL	*estrogens conjugated (generic for PREMARIN) - Tier 1; PA; 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	

Preferred Agents	Non-Preferred Agents
daysee - Tier 1	EVAMIST - Tier 2; PA
delyla (generic for AFIRMELLE) - Tier 1; QL	FEMRING - Tier 2; PA; QL
DEPO-ESTRADIOL - Tier 2; QL	*galbriela - Tier 1; PA; QL*
desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; QL	*hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PA; QL*
dolishale (generic for AMETHYST) - Tier 1; QL	*junel 1/20 (generic for AUROVELA 1/20) - Tier 1; PA; QL*
dotti (generic for DOTTI) - Tier 1; QL	*larin 1/20 (generic for AUROVELA 1/20) - Tier 1; PA; QL*
drospiren-eth estrad-levomefol (generic for BEYAZ) - Tier 1; QL	*LOESTRIN 1/20 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; PA; QL*
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL	*luizza 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PA; QL*
elinest - Tier 1; QL	*luizza 1/20 (generic for AUROVELA 1/20) - Tier 1; PA; QL*
eluryng (generic for ELURYNG) - Tier 1; QL; GE	MENOSTAR - Tier 2; PA; QL
enilloring (generic for ELURYNG) - Tier 1; QL; GE	*microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; PA; QL*
enskyce - Tier 1; QL	*microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; PA; QL*
estarylla (generic for ESTARYLLA) - Tier 1; QL	*norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg (generic for AUROVELA 1/20) - Tier 1; PA; QL*
estradiol oral - Tier 1; QL	*NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE*
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL	*PREMARIN ORAL (brand for estrogens conjugated) - Tier 2; PA; QL*
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL	PREMARIN VAGINAL - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
estradiol vaginal cream (generic for ESTRACE) - Tier 1; QL *estradiol-norethindrone acet oral tablet 0.5-0.1 mg (generic for ABIGALE LO) - Tier 1* *estradiol-norethindrone acet oral tablet 1-0.5 mg (generic for ABIGALE) - Tier 1; QL* *ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL* *etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE* *falmina (generic for AFIRMELLE) - Tier 1; QL* *feirza 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *feirza 1/20 - Tier 1; QL* FEMLYV - Tier 2; QL *finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL* *fyavolv oral tablet 0.5-2.5 mg-mcg (generic for FYAVOLV) - Tier 1* *fyavolv oral tablet 1-5 mg-mcg (generic for FYAVOLV) - Tier 1; QL* *gemmily (generic for GEMMILY) - Tier 1; QL* *hailey 24 fe - Tier 1; QL* *hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *hailey fe 1/20 - Tier 1; QL* *iclevia (generic for ICLEVIA) - Tier 1* *introvale (generic for ICLEVIA) - Tier 1* *isibloom - Tier 1; QL* *jaimiess - Tier 1* *jasmiel (generic for JASMIEL) - Tier 1; QL* *jinteli (generic for FYAVOLV) - Tier 1; QL* *jolessa (generic for ICLEVIA) - Tier 1* *joyeaux (generic for JOYEAUX) - Tier 1; QL* *juleber - Tier 1; QL* *junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *kaitlib fe - Tier 1; QL* *kalliga - 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 24 fe - Tier 1; QL*	PREMPHASE - Tier 2; PA; QL PREMPRO - Tier 2; PA; QL *rosyrah (generic for RIVELSA) - Tier 1; PA; QL* TWIRLA - Tier 2; PA; QL; GE *VAGIFEM (brand for estradiol) - Tier 2; PA; QL* *VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL* *xarah fe - Tier 1; PA; QL* *xelria fe (generic for WYMZYA FE) - Tier 1; PA; QL* *yuvafem (generic for YUVAFEM) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
larin fe 1.5/30 (generic for AUROVELA 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 est & eth est (generic for RIVELSA) - Tier 1* *levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg (generic for CAMRESE LO) - Tier 1* *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for ICLEVIA) - Tier 1* *levonorgest-eth estradiol-iron (generic for JOYEAUX) - Tier 1; QL* *levonorgestrel-ethinyl estrad (generic for AFIRMELLE) - Tier 1; QL* *levonorg-eth estrad triphasic (generic for LEVONEST) - Tier 1; QL* LO LOESTRIN FE - Tier 2; QL *LOESTRIN 1.5/30 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; QL* *LOESTRIN FE 1.5/30 (brand for norethin ace-eth estrad-fe) - Tier 2; QL* LOESTRIN FE 1/20 - Tier 2; QL *lojaimiess (generic for CAMRESE LO) - Tier 1* *loryna (generic for JASMIEL) - Tier 1; QL* *low-ogestrel - Tier 1; QL* *lo-zumandimine (generic for JASMIEL) - Tier 1; QL* *lyllana (generic for DOTTI) - Tier 1; QL* *marlissa (generic for ALTAVERA) - Tier 1; QL* *mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL* *microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *microgestin fe 1/20 - Tier 1; QL* *mili (generic for ESTARYLLA) - Tier 1; QL* *mimvey (generic for ABIGALE) - Tier 1; QL* *MINIVELLE (brand for estradiol) - Tier 2; QL* *minzoya (generic for JOYEAUX) - Tier 1; QL* *mono-linyah (generic for ESTARYLLA) - Tier 1; QL* MYFEMBREE - Tier 2; QL; AL NATAZIA - Tier 2; QL *necon 0.5/35 (28) - Tier 1; QL* NEXTSTELLIS - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
nikki (generic for JASMIEL) - Tier 1; QL *norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL; GE* *norethin ace-eth estrad-fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *norethindrone acet-ethinyl est oral tablet 1.5-30 mg-mcg (generic for AUROVELA 1.5/30) - Tier 1; QL* *norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg (generic for FYAVOLV) - Tier 1* *norethindrone-eth estradiol oral tablet 1-5 mg-mcg (generic for FYAVOLV) - 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* *reclipsen - Tier 1; QL* *rivelsa (generic for RIVELSA) - Tier 1* *SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; QL* *setlakin (generic for ICLEVIA) - Tier 1* *simliya (generic for AZURETTE) - Tier 1; QL* *simpesse - Tier 1* *sprintec 28 (generic for ESTARYLLA) - Tier 1; QL* *syeda (generic for SYEDA) - Tier 1; QL* *tarina 24 fe - Tier 1; QL* *tarina fe 1/20 eq - Tier 1; QL* *taysofy (generic for GEMMILY) - Tier 1; QL* *TAYTULLA (brand for norethin ace-eth estrad-fe) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
tilia fe - Tier 1; QL *tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-legest fe - Tier 1; QL* *tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL* *tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL* *turqoz - Tier 1; QL* TYBLUME - Tier 2; QL *tydemy (generic for TYDEMY) - Tier 1; QL* *valtya 1/35 (generic for KELNOR 1/35) - Tier 1; QL* *valtya 1/50 (generic for VALTYA 1/50) - Tier 1; QL* *velivet - Tier 1; QL* *vestura (generic for JASMIEL) - Tier 1; QL* *vienva (generic for AFIRMELLE) - Tier 1; QL* *viorele (generic for AZURETTE) - Tier 1; QL* *volnea (generic for AZURETTE) - Tier 1; QL* *vyfemla (generic for BALZIVA) - Tier 1; QL* *vylibra (generic for ESTARYLLA) - Tier 1; QL* *wera - Tier 1; QL* *wymzya fe (generic for WYMZYA FE) - Tier 1; QL* *xulane (generic for XULANE) - Tier 1; QL; GE* *YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; QL* *YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; QL* *zafemy (generic for XULANE) - Tier 1; QL; GE* *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*	*duloxetine hcl oral capsule delayed release particles 40 mg - Tier 1; PA; QL; AL* *LYRICA (brand for pregabalin) - Tier 2; PA; QL* *LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL* *milnacipran hcl oral (generic for SAVELLA TITRATION PACK) - Tier 1; PA; QL* *milnacipran hcl oral tablet (generic for SAVELLA) - Tier 1; PA; QL; AL* *pregabalin er (generic for LYRICA CR) - Tier 1; PA; QL* *SAVELLA (brand for milnacipran hcl) - Tier 2; PA; QL; AL* *SAVELLA TITRATION PACK (brand for milnacipran hcl) - Tier 2; PA; QL* VENLAFAXINE BESYLATE ER - Tier 2; PA; ST; QL

Preferred Agents	Non-Preferred Agents
GABA Receptor Modulators - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
eszopiclone (generic for LUNESTA) - Tier 1; QL; AL *temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL* *zaleplon - Tier 1; QL* *zolpidem tartrate oral tablet 10 mg (generic for AMBIEN) - Tier 1* *zolpidem tartrate oral tablet 5 mg (generic for AMBIEN) - Tier 1; QL*	*AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG (brand for zolpidem tartrate er) - Tier 2; PA* *AMBIEN CR ORAL TABLET EXTENDED RELEASE 6.25 MG (brand for zolpidem tartrate er) - Tier 2; PA; QL* *AMBIEN ORAL TABLET 10 MG (brand for zolpidem tartrate) - Tier 2; PA* *AMBIEN ORAL TABLET 5 MG (brand for zolpidem tartrate) - Tier 2; PA; QL* EDLUAR - Tier 2; PA; QL *flurazepam hcl - Tier 1; PA; QL* *LUNESTA (brand for eszopiclone) - Tier 2; PA; QL; AL* *RESTORIL (brand for temazepam) - Tier 2; PA; QL* *temazepam oral capsule 22.5 mg, 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL* *zolpidem tartrate er oral tablet extended release 12.5 mg (generic for AMBIEN CR) - Tier 1; PA* *zolpidem tartrate er oral tablet extended release 6.25 mg (generic for AMBIEN CR) - Tier 1; PA; QL* ZOLPIDEM TARTRATE ORAL CAPSULE - Tier 2; PA; QL *zolpidem tartrate sublingual - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
clobazam oral suspension 2.5 mg/ml (generic for ONFI) - Tier 1 *clobazam oral tablet (generic for ONFI) - Tier 1; QL* *diazepam rectal - Tier 1; QL* *gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL* *primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL* *tiagabine hcl - Tier 1; PA; QL; AL* *valproic acid oral capsule - Tier 1; QL* *valproic acid oral solution 250 mg/5ml - Tier 1; QL* *vigabatrin oral packet (generic for SABRIL) - Tier 1; PA; SP; QL*	*gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; ST* GABARONE - Tier 2; PA; ST; QL *MYSOLINE (brand for primidone) - Tier 2; PA; QL* *NEURONTIN ORAL CAPSULE (brand for gabapentin) - Tier 2; PA; QL* *NEURONTIN ORAL SOLUTION (brand for gabapentin) - Tier 2; PA; ST* *NEURONTIN ORAL TABLET (brand for gabapentin) - Tier 2; PA; QL* *ONFI ORAL SUSPENSION (brand for clobazam) - Tier 2; PA* *ONFI ORAL TABLET (brand for clobazam) - Tier 2; PA; QL* *primidone oral tablet 125 mg - Tier 1; PA; ST* RELGAABI ORAL CAPSULE 200 MG - Tier 2; PA; ST; QL *RELGAABI ORAL CAPSULE 300 MG, 400 MG (brand for gabapentin) - Tier 2; PA; QL* *SABRIL ORAL PACKET (brand for vigabatrin) - Tier 2; PA; SP; QL* *SABRIL ORAL TABLET (brand for vigabatrin) - Tier 2; PA; ST; SP; QL* SYMPAZAN - Tier 2; PA VALTOCO 10 MG DOSE - Tier 2; PA; QL; AL VALTOCO 15 MG DOSE - Tier 2; PA; QL; AL VALTOCO 20 MG DOSE - Tier 2; PA; QL; AL VALTOCO 5 MG DOSE - Tier 2; PA; QL; AL *vigabatrin oral tablet (generic for SABRIL) - Tier 1; PA; ST; SP; QL* *VIGADRONE ORAL PACKET (brand for vigabatrin) - Tier 2; PA; SP; QL* *VIGADRONE ORAL TABLET (brand for vigabatrin) - Tier 2; PA; ST; SP; QL* VIGAFYDE - Tier 2; PA; SP; QL; AL

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

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents, Other	
Gastrointestinal Agents	
	SUFLAVE - Tier 2; PA; QL
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
ACID GONE ORAL SUSPENSION - Tier 2 *acid gone oral tablet chewable (generic for ACID GONE) - Tier 1* *adult 50+ probiotic (generic for BIOCORE IMMUNE+) - Tier 1; QL* *adult probiotic (generic for BIOCORE IMMUNE+) - 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* *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*	*alvimopan - Tier 1; PA* *amoxicill-clarithro-lansopraz - Tier 1; PA; QL* *anti-diarrheal oral solution 1 mg/7.5ml (generic for IMODIUM A-D) - Tier 1; PA* *BILAC (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL* *BIOCORE IMMUNE+ (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL* *BIOCORE RESTORE (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL* *BIONARA ULTRA (brand for eq probiotic) - Tier 2; PA* *bis subcit-metronid-tetracyc (generic for PYLERA) - Tier 1; PA; QL* *bismuth/metronidaz/tetracyclin (generic for PYLERA) - Tier 1; PA; QL* BYLVAY - Tier 2; PA; SP; QL BYLVAY (PELLETS) - Tier 2; PA; SP; QL *cromolyn sodium oral (generic for GASTROCROM) - Tier 1; PA; QL* CTEXLI - Tier 2; PA; SP *DERMACINRX PROBISOL (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL* *FLORRAGUT (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL* *GASTROCROM (brand for cromolyn sodium) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL	*GUTVIA (brand for gutvia) - Tier 2; PA*
antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL	IQIRVO - Tier 2; PA; QL
antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL	LIVDELZI - Tier 2; PA
antacid advanced (generic for MINTOX) - Tier 1; QL	LIVMARLI ORAL SOLUTION 19 MG/ML, 9.5 MG/ML - Tier 2; PA; SP; QL; AL
antacid anti-gas (generic for MINTOX) - Tier 1; QL	LIVMARLI ORAL TABLET - Tier 2; PA; SP; QL
antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL	*LOMOTIL (brand for diphenoxylate-atropine) - Tier 2; PA; QL*
antacid calcium (generic for CAL-GEST ANTACID) - Tier 1	*loperamide hcl oral solution (generic for IMODIUM A-D) - Tier 1; PA*
antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1	*MICROBIOTA (brand for gutvia) - Tier 2; PA; QL*
antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1	*MICROVARA (brand for eq probiotic) - Tier 2; PA*
antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL	*MICROVIA (brand for gutvia) - Tier 2; PA*
antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1	*MICROWELL (brand for gutvia) - Tier 2; PA*
	MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA
	MOTOFEN - Tier 2; PA; QL
	MOVANTIK - Tier 2; PA; QL
	MOVYRA (brand for gutvia) - Tier 2; PA
	MYALEPT - Tier 2; PA; SP; QL
	MYTESI - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1	*NEXIVA (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL*
antacid fast relief (generic for MINTOX) - Tier 1; QL	*NOVORA (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL*
antacid i (generic for MINTOX) - Tier 1; QL	*opium - Tier 1; PA; QL*
antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL	*PAXOTIN (brand for gutvia) - Tier 2; PA*
antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1	*PROBENTRA (brand for eq probiotic) - Tier 2; PA*
antacid liquid (generic for MINTOX) - Tier 1; QL	*PROBINATE (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL*
antacid m (generic for MINTOX) - Tier 1; QL	*PRORIVA (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL*
antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1	*prucalopride succinate (generic for MOTEGRITY) - Tier 1; PA*
antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL	*PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA; QL*
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1	*RELTONE (brand for ursodiol) - Tier 2; PA; QL*
	REZDIFFRA - Tier 2; PA; SP; QL
	SEROSTIM - Tier 2; PA; SP
	SUREBIOTIC PROBIOTIC SUPPORT (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL
	SYMPROIC - Tier 2; PA; QL; AL
	URSO FORTE (brand for ursodiol) - Tier 2; PA
	URSODIOL ORAL CAPSULE 200 MG, 400 MG (brand for ursodiol) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL *antacid oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1* *antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid regular strength oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1* *antacid ultra strength (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1* *antacid/antigas (generic for MINTOX) - Tier 1; QL* *antacid/anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *anti-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-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1* *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*	*VIREX (brand for acidophilus) - Tier 2; PA* VOQUEZNA DUAL PAK - Tier 2; PA; QL VOQUEZNA TRIPLE PAK - Tier 2; PA; QL *WELLPRO 31 (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL* *ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; PA; QL* *ZENVYRA (brand for gutvia) - Tier 2; PA*

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

Preferred Agents	Non-Preferred Agents
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* *comfort gel (generic for MINTOX) - Tier 1; QL* *comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2* *CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2* *CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2* *CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2* *CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2* *digestive probiotic capsule oral (generic for BIOCORE IMMUNE+) - Tier 1; QL* *dairy digestive fast acting oral tablet (generic for LACTAID FAST ACT) - 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* *diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL* *FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *gas relief extra st (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*	

Preferred Agents	Non-Preferred Agents
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* GATTEX - Tier 2; PA; SP; QL *GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2* GELUSIL - Tier 2 *gentle laxative oral suspension (generic for DULCOLAX) - Tier 1* *geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL* *geri-mox (generic for MINTOX) - Tier 1; QL* *geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *heartburn antacid (generic for ACID GONE) - Tier 1* *heartburn antacid ex st (generic for ACID GONE) - Tier 1* *heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - Tier 1* *heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *heartland gas relief - Tier 1* *IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2* *infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1*	

Preferred Agents	Non-Preferred Agents
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1 *KAOPECTATE MAX (brand for cvs stomach relief) - Tier 2* *KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2* *KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - Tier 2* *KAOPECTATE ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL* *LACTAID (brand for cvs dairy relief) - Tier 2* *LACTAID FAST ACT ORAL TABLET (brand for cvs dairy relief fast acting) - Tier 2* *lactase enzyme oral tablet 3000 unit (generic for LACTAID) - Tier 1* *lactase enzyme oral tablet 9000 unit (generic for LACTAID FAST ACT) - Tier 1* *lactase enzyme ultra str (generic for LACTAID FAST ACT) - Tier 1* *lacto-pectin (generic for BIOCORE IMMUNE+) - 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 tablet (generic for IMODIUM A-D) - Tier 1* *mag-al plus oral liquid (generic for MINTOX) - Tier 1; QL* *mag-al plus xs oral liquid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *magnesium oxide -mg supplement oral tablet 400 (240 mg) mg, 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1* *magnesium oxide oral tablet 400 (240 mg) mg, 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1* *magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1* *magnesium-aluminum-simethicone (generic for MINTOX) - Tier 1; QL* *magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1* *MAOX (brand for magnesium oxide) - Tier 2* *mega probiotic (generic for BIOCORE IMMUNE+) - Tier 1; QL* *milk of magnesia (generic for DULCOLAX) - Tier 1* *milk of magnesia concentrate - Tier 1*	

Preferred Agents	Non-Preferred Agents
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL *mintox plus - Tier 1* *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2* *PEPTO BISMOL ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2* *PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2* *PEPTO-BISMOL ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL* *PHAZYME (brand for cvs gas relief extra strength) - Tier 2* *PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2* *pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral tablet 262 mg (generic for SOOTHE) - Tier 1* *pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *probiotic blend (generic for BIOCORE IMMUNE+) - Tier 1; QL* *probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1* *probiotic maximum strength (generic for BIOCORE IMMUNE+) - Tier 1; QL* *probiotic oral capsule (generic for BIOCORE IMMUNE+) - Tier 1; QL* *probiotic pearls ex st (generic for BIOCORE IMMUNE+) - Tier 1; QL* *RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL* *RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL* *senior probiotic (generic for BIOCORE IMMUNE+) - Tier 1; QL* *SIMEPED (brand for cvs gas relief infants) - Tier 2*	

Preferred Agents	Non-Preferred Agents
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1 *simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone oral suspension 20 mg/0.3ml, 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1* *simethicone oral tablet chewable (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *sodium bicarbonate oral tablet - Tier 1* *soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *soothe oral suspension (generic for SOOTHE) - Tier 1* *soothe oral tablet (generic for SOOTHE) - Tier 1* *soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1* *stomach relief oral tablet 262 mg (generic for SOOTHE) - Tier 1* *stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *surelac (generic for LACTAID) - Tier 1*	

Preferred Agents	Non-Preferred Agents
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2 *TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG (brand for ft magnesium oxide) - Tier 2* *tum-ease (generic for CAL-GEST ANTACID) - Tier 1* *TUMS (brand for antacid) - Tier 2* *TUMS CHEWY BITES (brand for antacid) - Tier 2* *TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2* *TUMS E-X 750 (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2* *TUMS LASTING EFFECTS (brand for antacid) - Tier 2* *TUMS SMOOTHIES (brand for antacid) - Tier 2* *TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2* *TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2* *ursodiol oral capsule 300 mg - Tier 1; QL* *ursodiol oral tablet (generic for URSO FORTE) - Tier 1* *VISBIOME GI CARE (brand for cvs adult 50+ probiotic) - Tier 2; QL* *WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2*	

Preferred Agents	Non-Preferred Agents
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
CREON - Tier 2 CYSTAGON - Tier 2; SP; QL *glycerol phenylbutyrate (generic for RAVICTI) - Tier 1; PA; SP; QL* NITYR - Tier 2; DX2RX; SP; QL *sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; PA; SP; QL* *sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; PA; SP* STRENSIQ - Tier 2; PA; SP; QL WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL; AL *ZAVESCA (brand for miglustat) - Tier 2; PA; SP* *zelvysia (generic for ZELVYSIA) - Tier 1; PA; SP; QL* ZENPEP - Tier 2	*betaine (generic for CYSTADANE) - Tier 1; PA; SP* *BUPHENYL ORAL TABLET (brand for sodium phenylbutyrate) - Tier 2; PA; SP; QL* CERDELGA - Tier 2; PA; SP; QL CEREZYME - Tier 2; PA CHOLBAM - Tier 2; PA; SP; QL *CYSTADANE (brand for betaine) - Tier 2; PA; SP* ELELYSO - Tier 2; PA GALAFOLD - Tier 2; PA; SP; QL KANUMA - Tier 2; PA *miglustat (generic for ZAVESCA) - Tier 1; PA; SP* *nitisinone (generic for ORFADIN) - Tier 1; PA; SP; QL* OLPRUVA (2 GM DOSE) - Tier 2; PA; SP; QL OLPRUVA (3 GM DOSE) - Tier 2; PA; SP; QL OLPRUVA (4 GM DOSE) - Tier 2; PA; SP; QL OLPRUVA (5 GM DOSE) - Tier 2; PA; SP; QL OLPRUVA (6 GM DOSE) - Tier 2; PA; SP; QL OLPRUVA (6.67 GM DOSE) - Tier 2; PA; SP; QL OPFOLDA - Tier 2; PA; SP; QL *ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL* PALYNZIQ - Tier 2; PA; SP; QL PERTZYE - Tier 2; PA PHEBURANE - Tier 2; PA; SP; QL PROCYSBI - Tier 2; PA; SP; QL *sodium phenylbutyrate oral tablet (generic for BUPHENYL) - Tier 1; PA; SP; QL* VIOKACE - Tier 2; PA VOXZOGO - Tier 2; PA; SP; QL VPRIV - Tier 2; PA YORVIPATH - Tier 2; PA; SP; QL; AL YUVIWEL - Tier 2; PA; SP; QL; AL

Preferred Agents	Non-Preferred Agents
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
ATTRUBY - Tier 2; PA; SP	DUVYZAT - Tier 2; PA; SP; QL
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* ENCARE - Tier 2; QL *penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; PA; 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	CERVIDIL - Tier 2; PA *CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP* *DEPEN TITRATABS (brand for penicillamine) - Tier 2; PA; SP; QL* ELMIRON - Tier 2; PA; QL FILSPARI - Tier 2; PA; SP; QL; AL LITHOSTAT - Tier 2; PA *MB CAPS (brand for mb caps) - Tier 2; PA* *me/naphos/mb/hyo1 (generic for UROGESIC-BLUE) - Tier 1; PA* *penicillamine oral capsule (generic for CUPRIMINE) - Tier 1; PA; SP* PREPIDIL - Tier 2; PA RIVFLOZA - Tier 2; PA; SP; QL *THIOLA (brand for tiopronin) - Tier 2; PA; SP* *THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL* *tiopronin oral tablet (generic for THIOLA) - Tier 1; PA; SP* *tiopronin oral tablet delayed release (generic for THIOLA EC) - Tier 1; PA; SP; QL* TRIMO-SAN - Tier 2; PA URELLE - Tier 2; PA

Preferred Agents	Non-Preferred Agents
	URIMAR-T (brand for mb caps) - Tier 2; PA *UROGESIC-BLUE (brand for me/naphos/mb/hyo1) - Tier 2; PA* *URO-MP (brand for uro-mp) - Tier 2; PA* *VENXXIVA (brand for tiopronin) - Tier 2; PA; SP; QL* *VILAMIT MB (brand for uro-mp) - Tier 2; PA* VILEVEV MB - Tier 2; PA
Glucocorticoids - Drugs to Treat Inflammation	
Anti-inflammatory Agents - Drugs to Treat Inflammation	
	hydrocortisone ace-pramoxine external cream 2.5-1 % - Tier 1; PA

Preferred Agents	Non-Preferred Agents
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* *hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL* *hydrocortisone rectal (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* *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*	*ANALPRAM HC EXTERNAL CREAM 1-1 % (brand for hydrocortisone ace-pramoxine) - Tier 2; PA* ANALPRAM HC EXTERNAL LOTION - Tier 2; PA *ANUCORT-HC (brand for hydrocortisone acetate) - Tier 2; PA* *ANUSOL-HC RECTAL (brand for hydrocortisone acetate) - Tier 2; PA* *budesonide er (generic for UCERIS) - Tier 1; PA; QL* *budesonide rectal (generic for UCERIS) - Tier 1; PA; QL* *CORTENEMA (brand for hydrocortisone) - Tier 2; PA; QL* CORTIFOAM - Tier 2; PA; QL EOHILIA - Tier 2; PA; AL *HEMMOREX-HC (brand for hydrocortisone acetate) - Tier 2; PA* *hydrocortisone ace-pramoxine external cream 1-1 % (generic for ANALPRAM HC) - Tier 1; PA* *hydrocortisone acetate rectal (generic for ANUSOL-HC) - Tier 1; PA* *PROCTOCORT RECTAL (brand for hydrocortisone acetate) - Tier 2; PA* PROCTOFOAM HC - Tier 2; PA 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; QL; AL *felbamate oral tablet (generic for FELBATOL) - Tier 1; QL* *lamotrigine er (generic for LAMICTAL XR) - Tier 1; ST; QL* *lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL* *lamotrigine oral tablet chewable 25 mg, 5 mg (generic for LAMICTAL) - Tier 1; QL; AL* *lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL* *lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL* *lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL* *subvenite oral tablet (generic for SUBVENITE) - Tier 1; QL* *subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL* *subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL* *subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL* *topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; QL; AL* *topiramate oral capsule sprinkle 50 mg - Tier 1; ST; QL; AL* *topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL*	*EPRONTIA (brand for topiramate) - Tier 2; PA; QL; AL* *FELBATOL (brand for felbamate) - Tier 2; PA; QL* *FYCOMPA (brand for perampanel) - Tier 2; PA; QL; AL* *LAMICTAL ODT ORAL KIT (brand for lamotrigine) - Tier 2; PA; QL* *LAMICTAL ODT ORAL TABLET DISPERSIBLE (brand for lamotrigine) - Tier 2; PA; ST; QL* *LAMICTAL ORAL TABLET (brand for lamotrigine) - Tier 2; PA; QL* *LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (brand for lamotrigine) - Tier 2; PA; QL; AL* *LAMICTAL STARTER (brand for lamotrigine starter kit-blue) - Tier 2; PA; QL* LAMICTAL XR ORAL KIT - Tier 2; PA; QL *LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for lamotrigine er) - Tier 2; PA; ST; QL* *lamotrigine oral kit (generic for LAMICTAL ODT) - Tier 1; PA; QL* *lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; PA; ST; QL* *perampanel (generic for FYCOMPA) - Tier 1; PA; QL; AL* SUBVENITE ORAL SUSPENSION - Tier 2; PA; ST; QL; AL *TOPAMAX (brand for topiramate) - Tier 2; PA; QL* *TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; QL; AL* *topiramate er oral capsule er 24 hour sprinkle - Tier 1; PA; ST* *topiramate er oral capsule extended release 24 hour (generic for TROKENDI XR) - Tier 1; PA; ST; QL* *topiramate oral solution (generic for EPRONTIA) - Tier 1; PA; QL; AL* *TROKENDI XR (brand for topiramate er) - Tier 2; PA; ST; QL*

Preferred Agents	Non-Preferred Agents
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
BAQSIMI ONE PACK - Tier 2; QL; AL BAQSIMI TWO PACK - Tier 2; QL; AL *ft glucose (generic for FT GLUCOSE) - Tier 1; QL* GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML - Tier 2 *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* *glucose oral tablet chewable 4-6 gm-mg (generic for RELION GLUCOSE) - Tier 1* GVOKE HYPOPEN 1-PACK - Tier 2; QL; AL GVOKE HYPOPEN 2-PACK - Tier 2; QL; AL GVOKE PFS - Tier 2; 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*	*diazoxide oral (generic for PROGLYCEM) - Tier 1; PA* *glucagon emergency solution reconstituted 1 mg injection - Tier 1; PA; QL* *GLUCO TO GO 15 (brand for glucose) - Tier 2; PA* *GLUTOSE 5 (brand for glucose) - Tier 2; PA* GVOKE KIT - Tier 2; PA; AL

Preferred Agents	Non-Preferred Agents
Hemostasis Agents - Drugs to Stop Bleeding	
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
COAGADEX - Tier 2; SP KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; SP NUWIQ - Tier 2; SP	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 ELOCTATE - Tier 2; PA; SP ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; PA; SP ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT - Tier 2; PA JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT - Tier 2; PA; SP; AL JIVI INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT - Tier 2; PA; AL PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT - Tier 2; PA; SP REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT - Tier 2; PA; SP REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT - Tier 2; PA THROMBOGEN - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
ALPHANATE - Tier 2; SP ALPROLIX - Tier 2; SP *aminocaproic acid oral - Tier 1; QL* BENEFIX - Tier 2; SP CORIFACT - Tier 2; PA; SP HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML - Tier 2; SP; QL HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML - Tier 2; QL HUMATE-P - Tier 2; SP KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT - Tier 2; SP NOVOEIGHT - Tier 2; SP NOVOSEVEN RT - Tier 2; SP *tranexamic acid oral - Tier 1; QL* WILATE - Tier 2; SP XYNTHA - Tier 2; SP XYNTHA SOLOFUSE - Tier 2; SP	ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT - Tier 2; PA; SP ADYNOVATE - Tier 2; PA; SP; AL AFSTYLA - Tier 2; PA; SP ALTUVIIIO - Tier 2; PA AQVESME - Tier 2; PA; SP; QL; AL FEIBA - Tier 2; PA; SP HEMOFIL M - Tier 2; PA; SP HYMPAVZI - Tier 2; PA; SP; QL; AL IDELVION - Tier 2; PA; SP *IXINITY (brand for rixubis) - Tier 2; PA; SP* KOATE - Tier 2; PA; SP KOATE-DVI - Tier 2; PA; SP MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION - Tier 2; PA OBIZUR - Tier 2; PA; SP PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT - Tier 2; PA; SP PYRUKYND - Tier 2; PA; SP; QL PYRUKYND TAPER PACK - Tier 2; PA; SP; QL RECOMBINATE - Tier 2; PA; SP RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT - Tier 2; PA RECOTHROM SPRAY KIT - Tier 2; PA *RIXUBIS (brand for rixubis) - Tier 2; PA; SP* SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG - Tier 2; PA; SP; AL SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 2 MG - Tier 2; PA; AL TAVALISSE - Tier 2; PA; SP; QL TRETTEN - Tier 2; PA; SP VONVENDI - Tier 2; PA; SP

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* *famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *famotidine oral (generic for PEPCID) - 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* *PEPCID AC (brand for acid controller) - Tier 2; QL*	*acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; PA* *cimetidine hcl - Tier 1; PA; QL* *cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; PA* *cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; PA; QL* *heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; PA* *nizatidine - Tier 1; PA* *PEPCID (brand for famotidine) - Tier 2; PA; QL* *TAGAMET HB 200 (brand for cimetidine) - Tier 2; PA*
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	
hydrocortisone acetate external ointment - Tier 1	HEMADY - Tier 2; PA; QL *hydrocortisone external gel (generic for HYDROXATE) - Tier 1; PA; QL* *HYDROXATE (brand for hydrocortisone) - Tier 2; PA; QL* HYDROXYM EXTERNAL CREAM - Tier 2; PA *HYDROXYM EXTERNAL GEL (brand for hydrocortisone) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	
anti-itch maximum strength (generic for AVEENO ANTI-ITCH MAX ST) - 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 ointment - Tier 1; QL* *clobetasol propionate external solution - 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 oral elixir - Tier 1; QL* *dexamethasone oral solution - Tier 1; QL* *dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1* *dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL* *fludrocortisone acetate oral - Tier 1; QL* *fluticasone propionate external cream - Tier 1; QL* *fluticasone propionate external ointment - Tier 1; QL*	ACTHAR - Tier 2; PA; SP; QL AGAMREE - Tier 2; PA; SP; QL *ala-cort (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; PA* *alclometasone dipropionate - Tier 1; PA; QL* ALKINDI SPRINKLE - Tier 2; PA; QL; AL *amcinonide external cream - Tier 1; PA* *betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; PA; QL* *betamethasone dipropionate external cream - Tier 1; PA; QL* *betamethasone dipropionate external lotion - Tier 1; PA* *betamethasone dipropionate external ointment - Tier 1; PA; QL* *betamethasone valerate external - Tier 1; PA; QL* *clobetasol propionate emulsion (generic for TOVET) - Tier 1; PA; QL* *clobetasol propionate external foam - Tier 1; PA; QL* *clobetasol propionate external gel - Tier 1; PA; QL* *clobetasol propionate external liquid (generic for CLOBEX SPRAY) - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
halobetasol propionate external cream - Tier 1; QL	*clobetasol propionate external lotion (generic for CLOBEX) - Tier 1; PA; QL*
halobetasol propionate external ointment - Tier 1; QL	*clobetasol propionate external shampoo (generic for CLODAN) - Tier 1; PA; QL*
hydrocortisone acetate external cream 1 % - Tier 1	*CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL*
hydrocortisone anti-itch - Tier 1; QL	*CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL*
hydrocortisone cream 1 % external (otc) (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1	*clocortolone pivalate - Tier 1; PA; QL*
hydrocortisone cream 1 % external (otc) (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; QL	*clodan (generic for CLODAN) - Tier 1; PA; QL*
hydrocortisone cream 1 % external (rx) (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1	*CORTEF (brand for hydrocortisone) - Tier 2; PA; QL*
hydrocortisone cream 1 % external (rx) (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; QL	CORTISONE ACETATE ORAL - Tier 2; PA
hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL	CORTROPHIN - Tier 2; PA; SP; QL
hydrocortisone external lotion 2.5 % - Tier 1; QL	*desonide external cream - Tier 1; PA; QL*
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL	*desonide external lotion - Tier 1; PA; QL*
hydrocortisone external ointment 2.5 % - Tier 1; QL	*desonide external ointment - Tier 1; PA; QL*
	desoximetasone external (generic for TOPICORT) - Tier 1; PA; QL
	dexamethasone intensol - Tier 1; PA
	dexamethasone oral tablet therapy pack 1.5 mg (21) (generic for HIDEX 6-DAY) - Tier 1; PA

Preferred Agents	Non-Preferred Agents
hydrocortisone max st cream 1 % external (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; QL *hydrocortisone max st external cream 1 % (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1* *hydrocortisone max st/12 moist (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; QL* *hydrocortisone oral (generic for CORTEF) - Tier 1; QL* *hydrocortisone plus external cream 1 % (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; QL* *hydrocortisone/aloe (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1* *instacort 5 - Tier 1; QL* *methylprednisolone oral tablet 4 mg (generic for MEDROL) - Tier 1; QL* *methylprednisolone oral tablet therapy pack (generic for MEDROL) - Tier 1; QL* *mometasone furoate external - Tier 1; QL* *prednisolone oral solution - Tier 1; QL*	*dexamethasone oral tablet therapy pack 1.5 mg (35) - Tier 1; PA* *diflorasone diacetate external cream - Tier 1; PA; QL* *diflorasone diacetate external ointment - Tier 1; PA* *DIPROLENE (brand for betamethasone dipropionate aug) - Tier 2; PA; QL* *fluocinolone acetonide body (generic for DERMA-SMOOTHE/FS BODY) - Tier 1; PA; QL* *fluocinolone acetonide external (generic for SYNALAR) - Tier 1; PA; QL* *fluocinolone acetonide scalp (generic for DERMA-SMOOTHE/FS SCALP) - Tier 1; PA; QL* *fluocinonide emulsified base - Tier 1; PA; QL* *fluocinonide external (generic for VANOS) - Tier 1; PA; QL* *flurandrenolide - Tier 1; PA; QL* *fluticasone propionate external lotion - Tier 1; PA; QL* *halcinonide (generic for HALOG) - Tier 1; PA; QL* *halobetasol propionate external foam (generic for LEXETTE) - Tier 1; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1 *prednisolone sodium phosphate oral solution 25 mg/5ml, 5 mg/5ml - Tier 1; QL* *prednisone oral tablet - Tier 1; QL* *prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL* *prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1* *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 in absorbase - Tier 1* *triderm (generic for TRIDERM) - Tier 1; QL*	*HALOBETASOL PROPIONATE EXTERNAL LOTION (brand for halobetasol propionate) - Tier 2; PA; QL* *HALOG (brand for halcinonide) - Tier 2; PA; QL* *HIDEX 6-DAY (brand for dexamethasone) - Tier 2; PA* *HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 % (brand for hydrocortisone acetate) - Tier 2; PA; QL* *hydrocortisone butyrate - Tier 1; PA; QL* *hydrocortisone cream 1 % external (otc) (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; PA; QL* *hydrocortisone cream 1 % external (rx) (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; PA* *HYDROCORTISONE EXTERNAL SOLUTION (brand for hydrocortisone) - Tier 2; PA* *hydrocortisone max st cream 1 % external (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; PA* *hydrocortisone max st cream 1 % external (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; PA; QL* *hydrocortisone valerate - Tier 1; PA; QL* *hydrocortisone/aloe max str (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; PA; QL* *itch relief max strength external cream (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; PA; QL* *itch relief/aloe max str (generic for AVEENO ANTI-ITCH MAX ST) - Tier 1; PA; QL* KHINDIVI - Tier 2; PA *LEXETTE (brand for halobetasol propionate) - Tier 2; PA; QL; AL* *MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (brand for methylprednisolone) - Tier 2; PA; QL* MEDROL ORAL TABLET 2 MG - Tier 2; PA *MEDROL ORAL TABLET THERAPY PACK (brand for methylprednisolone) - Tier 2; PA; QL* *methylprednisolone oral tablet 16 mg, 8 mg (generic for MEDROL) - Tier 1; PA; QL* *methylprednisolone oral tablet 32 mg - Tier 1; PA; QL* *MICORT HC (brand for hydrocortisone acetate) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
	ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG (brand for prednisolone sodium phosphate) - Tier 2; PA; QL *ORAPRED ODT ORAL TABLET DISPERSIBLE 30 MG (brand for prednisolone sodium phosphate) - Tier 2; PA* *prednisolone oral tablet - Tier 1; PA; QL* *prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml - Tier 1; PA; QL* *prednisolone sodium phosphate oral tablet dispersible 30 mg (generic for ORAPRED ODT) - Tier 1; PA* *prednisone intensol - Tier 1; PA; QL* *prednisone oral solution - Tier 1; PA; QL* PREDNISONE ORAL TABLET DELAYED RELEASE - Tier 2; PA; QL *SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (brand for hydrocortisone sod suc (pf)) - Tier 2; PA* *SYNALAR (brand for fluocinolone acetonide) - Tier 2; PA; QL* TAPERDEX 12-DAY - Tier 2; PA; QL *TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA* TAPERDEX 7-DAY - Tier 2; PA; QL *TEXACORT (brand for hydrocortisone) - Tier 2; PA* *TOPICORT (brand for desoximetasone) - Tier 2; PA; QL* *TOPICORT SPRAY (brand for desoximetasone) - Tier 2; PA; QL* *tovet (generic for TOVET) - Tier 1; PA; QL* *triamcinolone acetonide external aerosol solution - Tier 1; PA; QL* *ULTRAVATE (brand for halobetasol propionate) - Tier 2; PA; QL* *VANOS (brand for fluocinonide) - Tier 2; PA; QL*
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
	NGENLA - Tier 2; PA; AL SOGROYA - Tier 2; PA; SP; QL; AL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
	VEOZAH - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
desmopressin ace spray refrig - Tier 1; QL *desmopressin acetate oral (generic for DDAVP) - Tier 1; QL* *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 NUTROPIN AQ NUSPIN 10 - Tier 2; SP	ACTHAR GEL - Tier 2; PA; SP; QL *CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; PA* *CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 % (brand for clobetasol propionate) - Tier 2; PA; QL* CORTROPHIN GEL - Tier 2; PA *DDAVP ORAL (brand for desmopressin acetate) - Tier 2; PA; QL* DESMODA - Tier 2; PA; QL EGRIFTA SV - Tier 2; PA; SP; QL EGRIFTA WR - Tier 2; PA; SP; QL; AL HUMATROPE - Tier 2; PA; SP *IMPOYZ (brand for clobetasol propionate) - Tier 2; PA; QL* NOVAREL - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP *PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA* SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG - Tier 2; PA SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG - Tier 2; PA; SP; QL SKYTROFA SUBCUTANEOUS CARTRIDGE 3 MG - Tier 2; PA; 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	*KORLYM (brand for mifepristone) - Tier 2; 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 thyroid) - Tier 2; QL *EVEXITHROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (brand for thyroid) - Tier 2; QL* EVEXITHROID ORAL TABLET 180 MG - Tier 2; QL *levothyroxine sodium oral tablet 125 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium tablet 100 mcg oral (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium tablet 100 mcg oral (generic for LEVO-T) - Tier 1* *levothyroxine sodium tablet 112 mcg oral (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium tablet 112 mcg oral (generic for LEVO-T) - Tier 1* *levothyroxine sodium tablet 137 mcg oral (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium tablet 137 mcg oral (generic for LEVO-T) - Tier 1*	*CYTOMEL (brand for liothyronine sodium) - Tier 2; PA; QL* *levo-t oral tablet 100 mcg, 112 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (generic for LEVO-T) - Tier 1; PA* *levo-t oral tablet 125 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (generic for LEVO-T) - Tier 1; PA; QL* *levothyroxine sodium tablet 100 mcg oral (generic for LEVO-T) - Tier 1; PA* *levothyroxine sodium tablet 112 mcg oral (generic for LEVO-T) - Tier 1; PA* *levothyroxine sodium tablet 137 mcg oral (generic for LEVO-T) - Tier 1; PA* *levothyroxine sodium tablet 150 mcg oral (generic for LEVO-T) - Tier 1; PA* *levothyroxine sodium tablet 175 mcg oral (generic for LEVO-T) - Tier 1; PA* *levothyroxine sodium tablet 200 mcg oral (generic for LEVO-T) - Tier 1; PA*

Preferred Agents	Non-Preferred Agents
levothyroxine sodium tablet 150 mcg oral (generic for LEVO-T) - Tier 1; QL *levothyroxine sodium tablet 150 mcg oral (generic for LEVO-T) - Tier 1* *levothyroxine sodium tablet 175 mcg oral (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium tablet 175 mcg oral (generic for LEVO-T) - Tier 1* *levothyroxine sodium tablet 200 mcg oral (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium tablet 200 mcg oral (generic for LEVO-T) - Tier 1* *levothyroxine sodium tablet 300 mcg oral (generic for LEVO-T) - Tier 1; QL* *levothyroxine sodium tablet 300 mcg oral (generic for LEVO-T) - Tier 1* *levoxyl oral tablet 100 mcg, 112 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg (generic for LEVO-T) - Tier 1* *levoxyl oral tablet 125 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (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 thyroid) - Tier 2; QL* *np thyroid (generic for NP THYROID) - Tier 1; QL* *thyroid oral tablet 120 mg, 60 mg (generic for NP THYROID) - Tier 1; QL* *thyroid oral tablet 120 mg, 60 mg (generic for NP THYROID) - Tier 1; QL* *thyroid tablet 15 mg oral (generic for NP THYROID) - Tier 1; QL* *thyroid tablet 30 mg oral (generic for NP THYROID) - Tier 1; QL* *thyroid tablet 90 mg oral (generic for NP THYROID) - Tier 1; QL* *unithroid oral tablet 100 mcg, 112 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg (generic for LEVO-T) - Tier 1* *unithroid oral tablet 125 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg (generic for LEVO-T) - Tier 1; QL*	*levothyroxine sodium tablet 300 mcg oral (generic for LEVO-T) - Tier 1; PA* *RENTHYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (brand for thyroid) - Tier 2; PA; QL* *SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 300 MCG (brand for levothyroxine sodium) - Tier 2; PA* *SYNTHROID ORAL TABLET 125 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones	
EVEXITHROID ORAL TABLET 45 MG, 75 MG - Tier 2; QL	RENTHYROID ORAL TABLET 45 MG, 75 MG - Tier 2; PA; QL
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants	
LYSODREN - Tier 2; QL	ISTURISA - Tier 2; PA; SP; QL RECORLEV - Tier 2; PA; SP; 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; QL* LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL *octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP* *octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL* *octreotide acetate injection solution 200 mcg/ml - Tier 1; SP* *octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL*	ELIGARD - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL LUTRATE DEPOT - Tier 2; PA; SP; QL MYCAPSSA - Tier 2; PA; SP; 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; AL TRIPTODUR - Tier 2; PA; SP; QL VABRINTY - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml - Tier 1; SP *octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml - Tier 1; SP; QL* ORIAHNN - Tier 2; PA; QL; AL ORILISSA - Tier 2; PA; QL 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-BWWD (brand for adalimumab-bwwd) - Tier 2; DX2RX; SP; QL; AL *azathioprine oral tablet 100 mg, 75 mg (generic for AZASAN) - Tier 1* *azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL* *cyclosporine modified oral capsule 100 mg, 25 mg (generic for GENGRAF) - Tier 1; QL* ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML - Tier 2; DX2RX; SP; QL ENBREL SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; DX2RX; SP; QL ENBREL SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; DX2RX; SP ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; DX2RX; SP; QL *everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1; AL* *gengraf (generic for GENGRAF) - Tier 1; QL* *HADLIMA (brand for adalimumab-bwwd) - Tier 2; DX2RX; SP; QL; AL*	ABRILADA (1 PEN) - Tier 2; PA; SP; AL ABRILADA (2 PEN) - Tier 2; PA; SP; AL ABRILADA (2 SYRINGE) - Tier 2; PA; SP; AL ADALIMUMAB-AACF (2 PEN) - Tier 2; PA; SP; QL; AL ADALIMUMAB-AACF (2 SYRINGE) - Tier 2; PA; SP; QL; AL ADALIMUMAB-AACF (CD/UC/HS STRT) - Tier 2; PA; SP; QL; AL ADALIMUMAB-AACF (PS/UV STARTER) - Tier 2; PA; SP; QL; AL *ADALIMUMAB-AATY (1 PEN) (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; SP; QL; AL* *ADALIMUMAB-AATY (2 PEN) (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; SP; QL; AL* *ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; AL* *ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL; AL*

Preferred Agents	Non-Preferred Agents
HADLIMA PUSHTOUCH (brand for adalimumab-bwwd) - Tier 2; DX2RX; SP; QL; AL *methotrexate sodium - Tier 1* *methotrexate sodium (pf) - Tier 1* *mycophenolate mofetil oral capsule (generic for CELLCEPT) - Tier 1; QL* *mycophenolate mofetil oral tablet (generic for CELLCEPT) - Tier 1; QL* *mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL* *mycophenolic acid (generic for MYFORTIC) - Tier 1; QL* *SIMLANDI (1 PEN) (brand for adalimumab-ryvk (1 pen)) - Tier 2; AL* *SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; AL* *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*	*ADALIMUMAB-AATY CD/UC/HS START (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; SP; QL; AL* *ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; AL* *ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (brand for adalimumab-adaz) - Tier 2; PA; QL; AL* *ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for adalimumab-adaz) - Tier 2; PA; QL; AL* *ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; AL* *ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL; AL* *ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL; AL* *ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (brand for adalimumab-adbm (2 syringe)) - Tier 2; PA; SP; QL; AL* *ADALIMUMAB-FKJP (2 PEN) (brand for adalimumab-fkjp (2 pen)) - Tier 2; PA; SP; QL; AL* *ADALIMUMAB-FKJP (2 SYRINGE) (brand for adalimumab-fkjp (2 syringe)) - Tier 2; PA; SP; QL; AL* *ADALIMUMAB-RYVK (1 PEN) (brand for adalimumab-ryvk (1 pen)) - Tier 2; PA; AL* *ADALIMUMAB-RYVK (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; AL* *ADALIMUMAB-RYVK (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; AL* AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA; SP; AL AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
	AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML - Tier 2; PA; SP; AL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML - Tier 2; PA; SP AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML - Tier 2; PA; SP; QL AMJEVITA-PED 15KG TO <30KG - Tier 2; PA; SP; AL *ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG (brand for tacrolimus er) - Tier 2; PA; QL* *ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG (brand for tacrolimus er) - Tier 2; PA* *AZASAN (brand for azathioprine) - Tier 2; PA* *CELLCEPT (brand for mycophenolate mofetil) - Tier 2; PA; QL* CIMZIA (2 SYRINGE) - Tier 2; PA; SP; QL CIMZIA VIAL KIT - Tier 2; PA; SP; QL CIMZIA-STARTER - Tier 2; PA; SP; QL *cyclosporine modified oral capsule 50 mg - Tier 1; PA; QL* *cyclosporine modified oral solution (generic for NEORAL) - Tier 1; PA; QL* *cyclosporine oral (generic for SANDIMMUNE) - Tier 1; PA; QL* *CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL; AL* *CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; AL* *CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (brand for adalimumab-adbm (2 syringe)) - Tier 2; PA; SP; QL; AL* ENSPRYNG - Tier 2; PA; SP; QL ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG - Tier 2; PA; QL ENVARSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG - Tier 2; PA *HULIO (2 PEN) (brand for adalimumab-fkjp (2 pen)) - Tier 2; PA; SP; QL; AL* *HULIO (2 SYRINGE) (brand for adalimumab-fkjp (2 syringe)) - Tier 2; PA; SP; QL; AL*

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

Preferred Agents	Non-Preferred Agents
	HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA HUMIRA (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL HUMIRA (2 PEN) AUTO-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; SP HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS - Tier 2; PA; SP HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS - Tier 2; PA; SP; QL HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS - Tier 2; PA; SP HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS - Tier 2; PA; SP; QL HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP HUMIRA-PSORIASIS/UVEIT STARTER - Tier 2; PA; SP; QL *HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; AL* *HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (brand for adalimumab-adaz) - Tier 2; PA; QL; AL* *HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for adalimumab-adaz) - Tier 2; PA; QL; AL* *HYRIMOZ-CROHNS/UC STARTER (brand for adalimumab-adaz) - Tier 2; PA; QL; AL* HYRIMOZ-PED<40KG CROHN STARTER - Tier 2; PA; QL HYRIMOZ-PED>/=40KG CROHN START - Tier 2; PA; QL; AL HYRIMOZ-PLAQ PSOR/UVEIT START - Tier 2; PA; QL; AL

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

Preferred Agents	Non-Preferred Agents
	HYRIMOZ-PLAQUE PSORIASIS START - Tier 2; PA; QL; AL *IMURAN (brand for azathioprine) - Tier 2; PA; QL* JYLAMVO - Tier 2; PA KINERET - Tier 2; PA; SP; QL LUPKYNIS - Tier 2; PA; SP; QL *mycophenolate mofetil oral suspension reconstituted (generic for CELLCEPT) - Tier 1; PA; QL* *MYFORTIC (brand for mycophenolate sodium) - Tier 2; PA; QL* MYHIBBIN - Tier 2; PA; QL; AL *NEORAL (brand for cyclosporine modified) - Tier 2; PA; QL* OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA OMVOH (300 MG DOSE) - Tier 2; PA; AL OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; AL OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL *PROGRAF ORAL CAPSULE 0.5 MG, 5 MG (brand for tacrolimus) - Tier 2; PA* *PROGRAF ORAL CAPSULE 1 MG (brand for tacrolimus) - Tier 2; PA; QL* PROGRAF ORAL PACKET - Tier 2; PA RASUVO - Tier 2; PA; QL *SANDIMMUNE ORAL (brand for cyclosporine) - Tier 2; PA; QL* *SIMLANDI (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; AL* SIMPONI - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL *STELARA SUBCUTANEOUS (brand for ustekinumab) - Tier 2; PA; SP; QL; AL* *tacrolimus er oral capsule extended release 24 hour 0.5 mg, 1 mg (generic for ASTAGRAF XL) - Tier 1; PA; QL* *tacrolimus er oral capsule extended release 24 hour 5 mg (generic for ASTAGRAF XL) - Tier 1; PA*

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

Preferred Agents	Non-Preferred Agents
	TREXALL - Tier 2; PA *USTEKINUMAB SUBCUTANEOUS (brand for ustekinumab) - Tier 2; PA; SP; QL; AL* XATMEP - Tier 2; PA; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL *YUFLYMA (1 PEN) (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; SP; QL; AL* *YUFLYMA (2 PEN) (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; SP; QL; AL* *YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; AL* *YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL; AL* *YUFLYMA-CD/UC/HS STARTER (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; SP; QL; AL* YUSIMRY - Tier 2; PA; SP; QL; AL *ZORTRESS (brand for everolimus) - Tier 2; PA; AL* ZYMFENTRA (1 PEN) - Tier 2; PA; QL ZYMFENTRA (2 PEN) - Tier 2; PA; QL ZYMFENTRA (2 SYRINGE) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Immunizing Agents, Passive - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
HYPERTET - Tier 2; QL	HEPAGAM B - Tier 2; PA HYPERHEP B - Tier 2; PA HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML - Tier 2; PA HYPERRHO - Tier 2; PA KEDRAB - Tier 2; PA NABI-HB - Tier 2; PA OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML - Tier 2; PA RHOGAM ULTRA-FILTERED PLUS - Tier 2; PA
Immunological Agents, Other	
Immunological Agents	
	BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML - Tier 2; PA; SP; QL; AL BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 320 MG/2ML - Tier 2; PA; QL; AL BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML - Tier 2; PA; SP; AL BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 320 MG/2ML - Tier 2; PA; AL REZUROCK - Tier 2; PA; SP; QL; AL VIJOICE - Tier 2; PA; SP; QL VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; QL; AL

Preferred Agents	Non-Preferred Agents
Immunomodulators - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ACTIMMUNE - Tier 2; PA; SP *leflunomide oral (generic for ARAVA) - Tier 1; QL* OTEZLA ORAL TABLET 20 MG - Tier 2; DX2RX; ST OTEZLA ORAL TABLET 30 MG - Tier 2; DX2RX; SP; QL OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG - Tier 2; DX2RX; SP; QL OTEZLA ORAL TABLET THERAPY PACK 4 X 10 & 51 X20 MG - Tier 2; DX2RX; ST TAKHZYRO - Tier 2; SP; QL; AL XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS - Tier 2; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL *ARAVA (brand for leflunomide) - Tier 2; PA; QL* ARCALYST - Tier 2; PA; SP; QL *AURANOFIN (brand for auranofin) - Tier 2; PA; QL* BENLYSTA SUBCUTANEOUS - Tier 2; PA; SP; QL BEYFORTUS - Tier 2; PA ENTYVIO PEN - Tier 2; PA; SP; QL; AL ILARIS - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL OTEZLA XR - Tier 2; PA; SP; QL; AL OTEZLA/OTEZLA XR INITIATION PK - Tier 2; PA; SP; QL; AL *RIDAURA (brand for auranofin) - Tier 2; PA; QL* RINVOQ - Tier 2; PA; SP; QL RINVOQ LQ - Tier 2; PA; QL; AL TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; AL TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; AL XOLAIR SOLUTION RECONSTITUTED 150 MG SUBCUTANEOUS - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
HUMALOG INJECTION (brand for insulin lispro) - Tier 2; QL *HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; QL* *HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; QL* HUMULIN 70/30 KWIKPEN - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N KWIKPEN - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R SOLUTION 100 UNIT/ML INJECTION - Tier 2; QL HUMULIN R U-500 KWIKPEN - Tier 2; QL *INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL* *INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; QL* *INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL* LANTUS SOLOSTAR - Tier 2; QL	*ADMELOG (brand for insulin lispro) - Tier 2; PA; QL* *ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL BASAGLAR KWIKPEN - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL FIASP PENFILL - Tier 2; PA; QL FIASP PUMPCART - Tier 2; PA; QL *HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL* HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL HUMALOG MIX 75/25 - Tier 2; PA; QL HUMALOG SUBCUTANEOUS - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
LANTUS U-100 VIAL - Tier 2; QL MERILOG - Tier 2 NOVOLIN R FLEXPEN - Tier 2; QL NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION - Tier 2; QL	HUMALOG TEMPO PEN - Tier 2; PA; QL HUMULIN R SOLUTION 100 UNIT/ML INJECTION - Tier 2; PA; QL *INSULIN GLARGINE MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL* *INSULIN GLARGINE SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL* *INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL* *INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; PA; QL* KIRSTY - Tier 2; PA LYUMJEV - Tier 2; PA; QL LYUMJEV KWIKPEN - Tier 2; PA; QL LYUMJEV TEMPO PEN - Tier 2; PA; QL MERILOG SOLOSTAR - Tier 2; PA NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN RELION - Tier 2; PA; QL NOVOLIN 70/30 RELION - Tier 2; PA; QL NOVOLIN 70/30 VIAL - Tier 2; PA; QL NOVOLIN N FLEXPEN - Tier 2; PA; QL NOVOLIN N FLEXPEN RELION - Tier 2; PA; QL NOVOLIN N RELION - Tier 2; PA; QL NOVOLIN N VIAL - Tier 2; PA; QL NOVOLIN R FLEXPEN RELION SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION - Tier 2; PA; QL NOVOLIN R RELION - Tier 2; PA; QL NOVOLIN R VIAL - Tier 2; PA; QL *NOVOLOG 70/30 FLEXPEN RELION (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL* *NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL* *NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL* NOVOLOG MIX 70/30 RELION - Tier 2; PA; QL NOVOLOG MIX 70/30 VIAL - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
	NOVOLOG PENFILL - Tier 2; PA; QL *NOVOLOG RELION (brand for insulin aspart) - Tier 2; PA; QL* *NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL* REZVOGLAR KWIKPEN - Tier 2; PA; QL *SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL* SOLIQUA - Tier 2; PA; QL *TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL* *TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL* TRESIBA - Tier 2; PA; QL *TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL*
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
LINZESS - Tier 2; QL; AL *lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; QL; AL* *lubiprostone oral capsule 8 mcg (generic for AMITIZA) - Tier 1; QL; AL*	*alosetron hcl - Tier 1; PA* *AMITIZA (brand for lubiprostone) - Tier 2; PA; QL; AL* IBSRELA - Tier 2; PA; QL; AL *lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; QL; AL* TALICIA - Tier 2; PA; QL VIBERZI - Tier 2; PA; QL; AL

Preferred Agents	Non-Preferred Agents
Laxatives - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; 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 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* *fiber-caps (generic for FIBERCON) - Tier 1*	SUTAB - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
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* *chocolate laxative (generic for EX-LAX) - Tier 1* *chocolate laxative pieces (generic for EX-LAX) - Tier 1* *chocolated laxative (generic for EX-LAX) - Tier 1* *CITRUCEL (brand for cvs fiber therapy) - Tier 2* *c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *COLACE (brand for cvs stool softener) - Tier 2; QL* *COLACE CLEAR (brand for cvs stool softener) - Tier 2* *COLACE EXTRA STRENGTH (brand for cvs stool softener) - Tier 2; QL* *constulose - Tier 1; QL* *docusate calcium - Tier 1*	CLENPIQ - Tier 2; PA; QL *GOLYTELY (brand for peg-3350/electrolytes) - Tier 2; PA; QL* *KRISTALOSE (brand for lactulose) - Tier 2; PA; QL* *lactulose oral packet (generic for KRISTALOSE) - Tier 1; PA; QL* *MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL* *na sulfate-k sulfate-mg sulf (generic for SUPREP BOWEL PREP KIT) - Tier 1; PA; QL* *peg-3350/electrolytes/ascorbat (generic for MOVIPREP) - Tier 1; PA; QL* *peg-kcl-nacl-nasulf-na asc-c (generic for MOVIPREP) - Tier 1; PA; QL* *SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
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 (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin child rectal suppository 1 gm - Tier 1* *glycerin child rectal suppository 1.2 gm (generic for PROCTOZONE-G CHILDRENS) - Tier 1* *glycerin childrens - Tier 1* *lactulose encephalopathy - Tier 1; QL* *lactulose oral solution - Tier 1; QL* *LAXACIN (brand for cvs senna plus) - Tier 2* *laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative oral tablet chewable 15 mg (generic for EX-LAX) - 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 rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL* *laxative regular strength (generic for SENNA SMOOTH) - Tier 1* *magnesium citrate oral solution (generic for FRESKARO MAGNESIUM CITRATE) - Tier 1; QL* *natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ONELAX (brand for bisacodyl) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
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* *ready-to-use enema rectal enema 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1* *senexon-s (generic for SENOKOT S) - Tier 1* *senna lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna oral liquid 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral syrup 26.4 mg/15ml, 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1* *senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna plus (generic for SENOKOT S) - Tier 1* *senna s (generic for SENOKOT S) - Tier 1* *senna smooth (generic for SENNA SMOOTH) - Tier 1* *senna-docusate sodium (generic for SENOKOT S) - Tier 1* *senna-extra (generic for SENOKOT EXTRA STRENGTH) - 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*	

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

Preferred Agents	Non-Preferred Agents
womens laxative (generic for EX-LAX ULTRA) - Tier 1; QL	

Local Anesthetics

Anesthetics - Drugs for Numbing

ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL	*AGONEAZE (brand for lidocaine-prilocaine) - Tier 2; PA; QL*
ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL	*ANODYNE LPT (brand for lidocaine-prilocaine) - Tier 2; PA; QL*
COLLAVERA (brand for burn gel) - Tier 2	ASTERO - Tier 2; PA
cough drops mouth/throat lozenge 5.4 mg (generic for CEPACOL SORE THROAT) - Tier 1	BRUSELIX EXTERNAL CREAM - Tier 2; PA
cough simply menthol (generic for CEPACOL SORE THROAT) - Tier 1	BRUSELIX EXTERNAL GEL - Tier 2; PA; QL
lidocaine cream 4 % external (generic for ANECREAM) - Tier 1; QL	*COCAINE HCL NASAL (brand for cocaine hcl) - Tier 2; PA*
lidocaine hcl external cream 3 % (generic for DERMACINRX LIDOCAINE) - Tier 1; QL	GEBAUERS PAIN EASE - Tier 2; PA
lidocaine hcl urethral/mucosal external gel - Tier 1; QL	GEBAUERS SPRAY AND STRETCH - Tier 2; PA
lidocaine viscous hcl - Tier 1; QL	L.E.T. (RACEPINEPHRINE) EXTERNAL SOLUTION - Tier 2; PA
lidocaine-prilocaine external cream - Tier 1; QL	LDO PLUS - Tier 2; PA
LIDOMAX (brand for burn gel) - Tier 2	LIDEXA - Tier 2; PA
LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL	*LIDO BDK (brand for lidocaine-prilocaine) - Tier 2; PA; QL*
LMX 4 (brand for lidocaine) - Tier 2; QL	*lidocaine external ointment 5 % - Tier 1; PA; QL*
PROXIVOL (brand for burn gel) - Tier 2	*lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; PA; QL*
	LIDOCAINE HCL EXTERNAL CREAM 4.12 % (brand for lidocaine hcl) - Tier 2; PA
	lidocaine hcl external solution - Tier 1; PA

Preferred Agents	Non-Preferred Agents
TYLENOL EXTERNAL CREAM 4 % (brand for lidocaine) - Tier 2; QL	LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 200 MG/10ML - Tier 2; PA *lidocaine hcl mouth/throat - Tier 1; PA* *lidocaine-prilocaine external kit (generic for LIDO BDK) - Tier 1; PA; QL* *LIDOCAN (brand for lidocaine) - Tier 2; PA; QL* *LIDODERM (brand for lidocaine) - Tier 2; PA; QL* LIDO-RACEPINEPHRINE-TETRACAINE - Tier 2; PA LIDOREX - Tier 2; PA; QL *LIDOTHOL EXTERNAL PATCH (brand for zeruvia) - Tier 2; PA* LIDOTRAL EXTERNAL GEL 3.88 % - Tier 2; PA; QL LIDOTRAL EXTERNAL LIQUID - Tier 2; PA LIDOTRAN - Tier 2; PA LIDOVARA - Tier 2; PA; QL *LIVIXIL PAK (brand for lidocaine-prilocaine) - Tier 2; PA; QL* *LYDEXA (brand for lidocaine hcl) - Tier 2; PA* *NEUROZYL (brand for lidocaine hcl) - Tier 2; PA* *NUMBRINO (brand for cocaine hcl) - Tier 2; PA* PLIAGLIS - Tier 2; PA *PRILOVIX (brand for lidocaine-prilocaine) - Tier 2; PA; QL* *PRILOVIX PLUS (brand for lidocaine-prilocaine) - Tier 2; PA; QL* *RELADOR PAK (brand for lidocaine-prilocaine) - Tier 2; PA; QL* *RELADOR PAK PLUS (brand for lidocaine-prilocaine) - Tier 2; PA; QL* *TRIDACAINE II (brand for lidocaine) - Tier 2; PA; QL* *TRIDACAINE III (brand for lidocaine) - Tier 2; PA; QL* *ZERUVIA (brand for zeruvia) - Tier 2; PA*

Preferred Agents	Non-Preferred Agents
Macrolides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
azithromycin oral (generic for ZITHROMAX) - Tier 1; QL *clarithromycin oral - Tier 1; QL* *E.E.S. GRANULES (brand for erythromycin ethylsuccinate) - Tier 2; QL*	*clarithromycin er - Tier 1; PA; QL* *DIFICID (brand for fidaxomicin) - Tier 2; PA; QL* *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; PA; QL* *ERYPED 400 (brand for erythromycin ethylsuccinate) - Tier 2; PA; QL* *erythromycin base oral (generic for ERY-TAB) - Tier 1; PA; QL* *erythromycin ethylsuccinate oral suspension reconstituted (generic for E.E.S. GRANULES) - Tier 1; PA; QL* *erythromycin oral (generic for ERY-TAB) - Tier 1; PA; QL* *fidaxomicin (generic for DIFICID) - Tier 1; PA; QL* *ZITHROMAX ORAL (brand for azithromycin) - Tier 2; PA; QL* *ZITHROMAX TRI-PAK (brand for azithromycin) - Tier 2; PA; QL* *ZITHROMAX Z-PAK (brand for azithromycin) - Tier 2; PA; 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 oral tablet (generic for FOSAMAX) - Tier 1; QL *calcitonin (salmon) nasal - Tier 1; QL* *cinacalcet hcl (generic for SENSIPAR) - Tier 1; QL; AL* *ibandronate sodium oral - Tier 1; QL*	*ACTONEL (brand for risedronate sodium) - Tier 2; PA; QL* *alendronate sodium oral solution - Tier 1; PA; QL* *ATELVIA (brand for risedronate sodium) - Tier 2; PA* BINOSTO - Tier 2; PA; QL *FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL* FOSAMAX PLUS D - Tier 2; PA; QL RAYALDEE - Tier 2; PA; QL *risedronate sodium oral tablet (generic for ACTONEL) - Tier 1; PA; QL* *risedronate sodium oral tablet delayed release (generic for ATELVIA) - Tier 1; PA* TYMLOS - Tier 2; PA; SP; QL
Miscellaneous Therapeutic Agents	
	BONSITY (brand for teriparatide) - Tier 2; PA; QL *FORTEO (brand for teriparatide) - Tier 2; PA; QL* *teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous (generic for BONSITY) - Tier 1; PA; QL* *TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS (brand for teriparatide) - Tier 2; PA; 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; AL*	
Mineralocorticoid Receptor Antagonists	
Cardiovascular Agents	
KERENDIA - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL	ACCU-CHEK TENDER 1 INFUSION - Tier 2; PA
ALCOHOL SWABS PAD 70 % (brand for alcohol prep) - Tier 2; QL	*ACE AEROSOL CLOUD ENHANCER (brand for adult aerosol mask) - Tier 2; PA; QL*
ASSURE ID PRO PEN NEEDLES (brand for pen needles) - Tier 2; QL	ACESO AG - Tier 2; PA
AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL	*ADULT AEROSOL MASK (brand for adult aerosol mask) - Tier 2; PA; QL*
BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL	*AEROBIKA (brand for adult mask) - Tier 2; PA*
BD PEN NEEDLE MINI ULTRAFINE (brand for aqinject pen needle) - Tier 2; QL	*AEROCHAMBER HOLDING CHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; QL	*AEROCHAMBER PLS FLOVU MTHPIECE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
corn & callus remover (generic for COMPOUND W) - Tier 1	*AEROCHAMBER PLUS FLO-VU INTERM (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
corn and callus remover (generic for COMPOUND W) - Tier 1	*AEROCHAMBER PLUS FLO-VU LARGE DEVICE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
DEXCOM G6 TRANSMITTER - Tier 2; PA; QL	*AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL	*AEROCHAMBER PLUS FLO-VU SMALL DEVICE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL	

Preferred Agents	Non-Preferred Agents
EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL *EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL* *EMBECTA AUTOSHIELD DUO (brand for pen needles) - Tier 2; QL* *EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL* *EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML (brand for careone insulin syringe) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML (brand for true comfort insulin syringe) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML (brand for insulin syringe-needle u-100) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML (brand for global easy glide insulin syr) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML (brand for insulin syringe-needle u-100) - Tier 2; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; QL* EMBECTA INSULIN SYRINGE U-500 - Tier 2; QL *EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; QL* *EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; QL*	*AEROCHAMBER2GO ANTI-STATIC (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* *AEROECLIPSE EZ TWIST TUBING (brand for adult aerosol mask) - Tier 2; PA; QL* *AEROECLIPSE MASK LARGE (brand for adult aerosol mask) - Tier 2; PA; QL* *AEROECLIPSE MASK MEDIUM (brand for adult aerosol mask) - Tier 2; PA; QL* *AEROECLIPSE MASK SMALL (brand for adult aerosol mask) - Tier 2; PA; QL* ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/1.5ML, 60 MG/1.5ML - Tier 2; PA; AL ALHEMO SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/3ML - Tier 2; PA ALYFTREK - Tier 2; PA; AL *aminoam rms - Tier 1; PA* *aminorelief rms - Tier 1; PA* ANDEMBRY - Tier 2; PA; SP; AL ANTIVENIN LATRODECTUS MACTANS - Tier 2; PA ANTIVENIN MICRURUS FULVIUS - Tier 2; PA *AQ INSULIN SYRINGE (brand for aq insulin syringe) - Tier 2; PA; QL* *AQINJECT PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* AQNEURSA - Tier 2; PA; SP; QL *ASSURE ID DUO PRO PEN NEEDLES (brand for aqinject pen needle) - Tier 2; PA; QL* *AUM INSULIN SAFETY PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL* *AUM MINI INSULIN PEN NEEDLE 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *AUM PEN NEEDLE 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *AUM SAFETY PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL* AVERI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
EMBECTA PEN NEEDLE ULTRAFINE 31G X 8 MM (brand for aurora pen needles) - Tier 2; QL *EMBRACE PEN NEEDLES 30G X 5 MM (brand for pen needles) - Tier 2; QL* *eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1* *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* *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* *INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL*	AVTOZMA SUBCUTANEOUS - Tier 2; PA; AL *AXONA (brand for pro-critic) - Tier 2; PA* BATIZIA - Tier 2; PA *BD PEN NEEDLE ORIG ULTRAFINE (brand for sure comfort pen needles) - Tier 2; PA; QL* *BD PEN NEEDLE SHORT ULTRAFINE (brand for aurora pen needles) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES (brand for global inject ease insulin syr) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES (brand for careone insulin syringe) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.5 ML (brand for true comfort insulin syringe) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML (brand for insulin syringe-needle u-100) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES (brand for techlite insulin syringe) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
INSPIREASE RESERVOIR BAGS - Tier 2; QL	*BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL*
INSULIN PEN NEEDLES 30G X 5 MM (brand for pen needles) - Tier 2; QL	*BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL*
liquid corn & callus rem (generic for COMPOUND W) - Tier 1	BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL
liquid wart remover (generic for COMPOUND W) - Tier 1	*BD VEO INSULIN SYR ULTRAFINE (brand for global easy glide insulin syr) - Tier 2; PA; QL*
liquid wart remover max st (generic for COMPOUND W) - Tier 1	BEIZRAY INTRAVENOUS SOLUTION - Tier 2; PA
methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL	BLUESTAR - Tier 2; PA
natural fish oil (generic for SUPER DHA GEMS) - Tier 1	BLUJEPA - Tier 2; PA; QL
NOZIN NASAL SANITIZER POPSWAB - Tier 2	*BREATHE COMFORT CHAMBER/ADULT (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
odorless coated fish oil (generic for OMEGAPURE 600 EC) - Tier 1	*BREATHE COMFORT CHAMBER/CHILD (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
omega 3 fish oil (generic for SUPER DHA GEMS) - Tier 1	*BREATHE EASE NEB MASK/CHILD (brand for adult aerosol mask) - Tier 2; PA; QL*
omega-3 fish oil oral capsule 1000 mg (generic for SUPER DHA GEMS) - Tier 1	*BREATHE EASE NEB MASK/INFANT (brand for adult aerosol mask) - Tier 2; PA; QL*
omega-3 fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1	BRINSUPRI ORAL TABLET 10 MG, 25 MG - Tier 2; PA; SP; QL; AL
omega-3 oral capsule 1000 mg (generic for SUPER DHA GEMS) - Tier 1	*BRUSELIX ORAL (brand for acai+superfruit/green tea) - Tier 2; PA*
omega-3 oral capsule 1400 mg - Tier 1	CAMINO PRO COMPLETE/GLYTACTIN - Tier 2; PA
OMNIFLEX DIAPHRAGM - Tier 2; QL; GE	CARDAMYST - Tier 2; PA; QL
SAFETY PEN NEEDLES 30G X 5 MM (brand for pen needles) - Tier 2; QL	*CARETOUCH 2 CPAP HOSE HANGER (brand for adult aerosol mask) - Tier 2; PA; QL*
salzix wart remover (generic for COMPOUND W) - Tier 1	*CARETOUCH CPAP & BIPAP HOSE (brand for adult aerosol mask) - Tier 2; PA; QL*
sam-e.p.a. (generic for OVEGA-3) - Tier 1	*CARETOUCH CPAP MASK WIPES (brand for adult aerosol mask) - Tier 2; PA; QL*
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1	*CARETOUCH CPAP PRE-WASH SOLN (brand for adult aerosol mask) - Tier 2; PA; QL*
SUPERIOR OMEGA3 - Tier 2	*CARETOUCH CPAP TUBE BRUSH (brand for adult aerosol mask) - Tier 2; PA; QL*
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (brand for pen needles) - Tier 2; QL	*CARETOUCH UNIVERSL CPAP FILTER (brand for adult aerosol mask) - Tier 2; PA; QL*
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1	CAYA - Tier 2; PA; QL
wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1	

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Preferred Agents	Non-Preferred Agents
	COMFORT EZ PRO PEN NEEDLES 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA; QL *COMFORT EZ PRO PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *CONTOUR CONTROL SOLUTION (brand for easy plus ii control) - Tier 2; PA* CRENESSITY ORAL CAPSULE 100 MG - Tier 2; PA; SP; QL CRENESSITY ORAL CAPSULE 25 MG, 50 MG - Tier 2; PA; SP; QL; AL CRENESSITY ORAL SOLUTION - Tier 2; PA; SP; QL CROFAB - Tier 2; PA DAWNZERA - Tier 2; PA; QL; AL *DERMACINRX SALICYLIC ACID (brand for salicylic acid) - Tier 2; PA; QL* DIABECIN HR - Tier 2; PA DROPLET MICRON - Tier 2; PA; QL *DROPSAFE AUTOPROTECT DUO (brand for aqinject pen needle) - Tier 2; PA; QL* *DROPSAFE SAFETY SYRINGE/NEEDLE (brand for aq insulin syringe) - Tier 2; PA; QL* *EASY AIR NEBULIZER FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL* *EASY NEB NEBULIZER FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL* *EASYMAX CONTROL (brand for fondcircle control solution) - Tier 2; PA* *EBASE CONTROLLER KIT (brand for adult aerosol mask) - Tier 2; PA; QL* EKTERLY - Tier 2; PA; SP; AL *EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL* *EMBECTA INS SYR U/F 1/2 UNIT 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL* *EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML (brand for careone insulin syringe) - Tier 2; PA; QL* *EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.5 ML (brand for true comfort insulin syringe) - Tier 2; PA; QL* *EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 1 ML (brand for insulin syringe-needle u-100) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
	EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL *EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML (brand for insulin syringe-needle u-100) - Tier 2; PA; QL* *EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL* *EMBECTA INSULIN SYRINGE (brand for insulin syringe-needle u-100) - Tier 2; PA; QL* EMBECTA INSULIN SYRINGE U-100 - Tier 2; PA; QL *EMBRACE PEN NEEDLES 29G X 12MM (brand for raya sure pen needle) - Tier 2; PA; QL* *EMBRACE PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *EMBRACE PEN NEEDLES 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL* *EMBRACE PEN NEEDLES 31G X 8 MM (brand for aurora pen needles) - Tier 2; PA; QL* *EMBRACE WAVE GLUCOSE CONTROL (brand for easy plus ii control) - Tier 2; PA* ENCELTO - Tier 2; PA EPISIL - Tier 2; PA EVERSENSE 365 SMART TRANSMIT - Tier 2; PA; QL EXDENSUR - Tier 2; PA; AL EXXUA - Tier 2; PA; ST; QL; AL EXXUA TITRATION PACK - Tier 2; PA; ST; QL; AL FEMCAP - Tier 2; PA; QL *FILTER AIR PP (brand for adult aerosol mask) - Tier 2; PA; QL* FIRDAPSE - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
	FLEXICHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL FLEXICHAMBER ADULT MASK/SMALL - Tier 2; PA; QL FLEXICHAMBER CHILD MASK/LARGE - Tier 2; PA; QL FLEXICHAMBER CHILD MASK/SMALL - Tier 2; PA; QL *FONDCIRCLE CONTROL SOLUTION (brand for fondcircle control solution) - Tier 2; PA* FORZINITY - Tier 2; PA; SP; QL GELSYN-3 - Tier 2; PA *GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW (brand for easy plus ii control) - Tier 2; PA* *GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION NORMAL (brand for fondcircle control solution) - Tier 2; PA* GLYCTERA - Tier 2; PA GLYTACTIN COMPLETE 10PE - Tier 2; PA GUARDIAN 4 TRANSMITTER - Tier 2; PA; QL *HAN-EASE (brand for inject-ease) - Tier 2; PA* HARLIKU - Tier 2; PA; SP; QL; AL HERNEXEOS - Tier 2; PA; SP; QL *HUMATROPEN FOR 12MG (brand for inject-ease) - Tier 2; PA* *HUMATROPEN FOR 24MG (brand for inject-ease) - Tier 2; PA* *HUMATROPEN FOR 6MG (brand for inject-ease) - Tier 2; PA* HURRI-FREEZE MEDIUM STREAM - Tier 2; PA HURRI-FREEZE MIST SPRAY - Tier 2; PA HYMOVIS - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL *INFINITY CONTROL IN VITRO SOLUTION HIGH , LOW (brand for easy plus ii control) - Tier 2; PA* INSULIN PEN NEEDLES 29G X 10MM , 29G X 4MM , 29G X 8MM - Tier 2; PA; QL *INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 29G X 12MM (brand for raya sure pen needle) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 29G X 5MM , 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	INSULIN PEN NEEDLES 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA; QL *INSULIN PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 31G X 8 MM (brand for aurora pen needles) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* *INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML (brand for insulin syringe-needle u-100) - Tier 2; PA; QL* INSULIN SYRINGES 28G X 5/16" 1 ML, 29G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML - Tier 2; PA; QL *INSULIN SYRINGES 29G X 1/2" 0.3 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL* *INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 29G X 5/16" 1 ML, 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 30G X 1/2" 0.3 ML (brand for careone insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 5/16" 1 ML, 32G X 5/16" 1 ML (brand for true comfort insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 30G X 5/16" 0.3 ML (brand for mm insulin syringe/needle) - Tier 2; PA; QL* *INSULIN SYRINGES 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL* *IVENIX LVP DUAL INLET/Y-SITE (brand for fluid administration set) - Tier 2; PA* *IVENIX LVP PRIM 1-INLET MICROB (brand for fluid administration set) - Tier 2; PA* *IVENIX LVP PRIMARY 1-SET INLET (brand for fluid administration set) - Tier 2; PA*

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Preferred Agents	Non-Preferred Agents
	IVENIX LVP PRIMARY ADMIN SET (brand for fluid administration set) - Tier 2; PA JAKAFI XR - Tier 2; PA JASCAYD - Tier 2; PA JOURNAVX - Tier 2; PA; SP; AL *KERALYT EXTERNAL GEL 6 % (brand for salicylic acid) - Tier 2; PA; QL* KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-% - Tier 2; PA KOMZIFTI - Tier 2; PA; SP KYGEVVI - Tier 2; PA; SP; QL LYNKUET - Tier 2; PA; QL; AL *METHERGINE (brand for methylergonovine maleate) - Tier 2; PA; QL* METHOHEXITAL SODIUM INTRAVENOUS - Tier 2; PA METOPIRONE - Tier 2; PA *MICROCHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* MIPLYFFA - Tier 2; PA; SP; QL MODEYSO - Tier 2; PA; SP; QL MORCIN - Tier 2; PA MUGARD - Tier 2; PA NANRAN - Tier 2; PA *NAVAGE NASAL ASPIRATOR BABY (brand for adult mask) - Tier 2; PA* *NEBULIZER MASK ADULT (brand for adult aerosol mask) - Tier 2; PA; QL* *NEBULIZER MASK ADULT/TUBING (brand for adult aerosol mask) - Tier 2; PA; QL* *NEBULIZER MASK CHILD (brand for adult aerosol mask) - Tier 2; PA; QL* *NEBULIZER MASK PED/TUBING (brand for adult aerosol mask) - Tier 2; PA; QL* NEODOT THERMOMETER - Tier 2; PA; QL NEREUS - Tier 2; PA; QL *NICAPRIN (brand for proleva) - Tier 2; PA* *nitrofurantoin oral suspension 25 mg/5ml - Tier 1; PA; QL; AL* NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML - Tier 2; PA; QL *NORDIPEN 5 INJECTION DEVICE (brand for inject-ease) - Tier 2; PA*

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Preferred Agents	Non-Preferred Agents
	NORDIPEN DELIVERY SYSTEM (brand for inject-ease) - Tier 2; PA OASIS ULTRA MATRIX FENESTRATED EXTERNAL SHEET 3X7CM - Tier 2; PA OASIS WOUND MATRIX FENESTRATED EXTERNAL SHEET 3X7CM - Tier 2; PA *OMBRA COMPRESSOR AIR FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL* OMNIPOD 5 DEXCOM INTRO KIT - Tier 2; PA; QL OMNIPOD 5 DEXCOM PODS - Tier 2; PA OMNIPOD 5 DEXCOM PODS - Tier 2; PA; QL OMNIPOD 5 LIBRE PODS - Tier 2; PA *ONETOUCH VERIO IN VITRO LIQUID HIGH (brand for easy plus ii control) - Tier 2; PA* ORLYNVAH - Tier 2; PA; QL; AL PALFORZIA (12 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (120 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (160 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (20 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (200 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (240 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (3 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (300 MG MAINTENANCE) - Tier 2; PA; SP; AL PALFORZIA (300 MG TITRATION) - Tier 2; PA; SP; AL PALFORZIA (40 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (6 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA (80 MG DAILY DOSE) - Tier 2; PA; SP; AL PALFORZIA INITIAL DOSE 4-17YRS - Tier 2; PA; SP; AL PALSONIFY - Tier 2; PA; SP; QL; AL *PARI ALTERA NEBULIZER HANDSET (brand for adult aerosol mask) - Tier 2; PA; QL* *PARI BABY CONVERSION KIT (brand for adult aerosol mask) - Tier 2; PA; QL* *PARI BUBBLES PEDIATRIC MASK (brand for adult aerosol mask) - Tier 2; PA; QL* *PARI ERAPID NEBULIZER HANDSET (brand for adult aerosol mask) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	PARI SMARTMASK BABY/ELBOW (brand for adult aerosol mask) - Tier 2; PA; QL *PARI TREK S COMBO PACK (brand for adult mask) - Tier 2; PA* PARI VORTEX ADULT MASK - Tier 2; PA; QL PARI VORTEX PEDIATRIC MASK - Tier 2; PA; QL *PEN NEEDLE/5-BEVEL TIP 31G X 8 MM (brand for aurora pen needles) - Tier 2; PA; QL* *PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *PEN NEEDLES 31G X 8 MM (brand for aurora pen needles) - Tier 2; PA; QL* PH STRIPS - Tier 2; PA PHEXX - Tier 2; PA; QL PIVYA - Tier 2; PA; GE; AL PKU EASY MICROTABS - Tier 2; PA PKU EASY MICROTABS PLUS - Tier 2; PA *potassium iodide (expectorant) (generic for SSKI) - Tier 1; PA; QL* *PROCHAMBER VHC (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* *PRO-CRITIC (brand for pro-critic) - Tier 2; PA* *PROLEVA (brand for proleva) - Tier 2; PA* *PRONEB ULTRA FILTER SET (brand for adult aerosol mask) - Tier 2; PA; QL* *PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *PURE COMFORT SAFETY PEN NEEDLE 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL* QFITLIA - Tier 2; PA; SP; AL *QUICK TOUCH INSULIN PEN NEEDLE 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL* *QUICK TOUCH INSULIN PEN NEEDLE 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA; QL* *QUICK TOUCH INSULIN PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	QUICK TOUCH INSULIN PEN NEEDLE 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL *QUICK TOUCH INSULIN PEN NEEDLE 31G X 8 MM (brand for aurora pen needles) - Tier 2; PA; QL* *QUICK TOUCH INSULIN PEN NEEDLE 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL* QUICK TOUCH INSULIN PEN NEEDLE 33G X 8 MM - Tier 2; PA; QL *RAYA SURE PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL* REDEMPLO - Tier 2; PA REFRESH AA 15 PKU - Tier 2; PA REFRESH AA 15 TYR - Tier 2; PA *REPLACEMENT FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL* *REUSABLE COMFORTSEAL MASK-LRG (brand for adult aerosol mask) - Tier 2; PA; QL* *REUSABLE COMFORTSEAL MASK-MED (brand for adult aerosol mask) - Tier 2; PA; QL* *REUSABLE COMFORTSEAL MASK-SML (brand for adult aerosol mask) - Tier 2; PA; QL* RHAPSIDO - Tier 2; PA; SP; QL RYONCIL <12.5KG - Tier 2; PA RYONCIL 12.5KG TO <25KG - Tier 2; PA RYONCIL 25KG TO <37.5KG - Tier 2; PA RYONCIL 37.5KG TO <50KG - Tier 2; PA RYONCIL 50KG TO <62.5KG - Tier 2; PA RYONCIL 62.5KG TO <75KG - Tier 2; PA RYONCIL 75KG TO <87.5KG - Tier 2; PA RYONCIL 87.5KG TO <100KG - Tier 2; PA SAFRYCYN - Tier 2; PA SALICATE - Tier 2; PA; QL *salicylic acid external gel 6 % (generic for DERMACINRX SALICYLIC ACID) - Tier 1; PA; QL* *salicylic acid wart remover (generic for VIRASAL) - Tier 1; PA; QL* SALVAX - Tier 2; PA SALYCIM - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
	SEPHIENCE - Tier 2; PA; SP; QL SOHONOS ORAL CAPSULE 1 MG - Tier 2; PA SOHONOS ORAL CAPSULE 1.5 MG, 10 MG, 2.5 MG, 5 MG - Tier 2; PA; SP SOLESTA - Tier 2; PA SPINRAZA INTRATHECAL SOLUTION 28 MG/5ML, 50 MG/5ML - Tier 2; PA SYMBRAVO - Tier 2; PA; AL TAVNEOS - Tier 2; PA; SP; QL *TRUE COMFORT SAFETY PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *TRUE COMFORT SAFETY PEN NEEDLE 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL* TRYNGOLZA - Tier 2; PA; SP; QL; AL TRYPTYR - Tier 2; PA *TUBING/WING TIP (brand for adult aerosol mask) - Tier 2; PA; QL* TWYNEO - Tier 2; PA; QL; AL TYLACTIN COMPLETE 15 PE - Tier 2; PA ULTRA HERS RX - Tier 2; PA ULTRA HIS - Tier 2; PA *ULTRA NEB ACCESSORIES KIT (brand for adult aerosol mask) - Tier 2; PA; QL* ULTRA PCOS - Tier 2; PA *UNIFINE OTC PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *UNISTRIP CONTROL (brand for easy plus ii control) - Tier 2; PA* VANRAFIA - Tier 2; PA; SP; QL; AL VASCAZEN - Tier 2; PA *VERIFINE INSULIN PEN NEEDLE 29G X 12MM (brand for raya sure pen needle) - Tier 2; PA; QL* *VERIFINE INSULIN PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *VERIFINE INSULIN PEN NEEDLE 31G X 8 MM (brand for aurora pen needles) - Tier 2; PA; QL* *VERIFINE INSULIN SYRINGE (brand for aq insulin syringe) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	VERIFINE PLUS PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL *VERIFINE PLUS PEN NEEDLE 31G X 8 MM (brand for aurora pen needles) - Tier 2; PA; QL* *VERSAPAP (brand for adult mask) - Tier 2; PA* *VERSAPAP W/UNIVERSAL TUBING (brand for adult mask) - Tier 2; PA* *VIRASAL (brand for salicylic acid wart remover) - Tier 2; PA; QL* VISTOGARD - Tier 2; PA; QL *VORTEX VALVE CHAMBER-PEDI MASK (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* *VORTEX VALVED HOLDING CHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* VOYXACT - Tier 2; PA; QL; AL VYKAT XR - Tier 2; PA; SP; QL WAYRILZ - Tier 2; PA; SP WIDAPLIK - Tier 2; PA WIDE-SEAL DIAPHRAGM 60 - Tier 2; PA; QL WIDE-SEAL DIAPHRAGM 65 - Tier 2; PA; QL WIDE-SEAL DIAPHRAGM 70 - Tier 2; PA; QL WIDE-SEAL DIAPHRAGM 75 - Tier 2; PA; QL WIDE-SEAL DIAPHRAGM 80 - Tier 2; PA; QL WIDE-SEAL DIAPHRAGM 85 - Tier 2; PA; QL WIDE-SEAL DIAPHRAGM 90 - Tier 2; PA; QL WIDE-SEAL DIAPHRAGM 95 - Tier 2; PA; QL ZELSUVMI - Tier 2; PA; QL ZOKINVY - Tier 2; PA; SP; QL ZUNVEYL - Tier 2; PA ZYCUBO - Tier 2; PA; SP; QL; AL *ZYVEXOL (brand for proleva) - Tier 2; PA*

Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
imatinib mesylate oral (generic for GLEEVEC) - Tier 1; SP; QL MEKINIST ORAL TABLET - Tier 2; SP; QL *sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; SP; QL* *sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; SP* TAFINLAR ORAL CAPSULE - Tier 2; SP; QL	*AFINITOR DISPERZ (brand for everolimus) - Tier 2; PA; SP; QL* *AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG (brand for everolimus) - Tier 2; PA; SP; QL* *AFINITOR ORAL TABLET 7.5 MG (brand for everolimus) - Tier 2; PA; SP* ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL AYVAKIT - Tier 2; PA; SP; QL; AL BOSULIF ORAL CAPSULE - Tier 2; PA; SP BOSULIF ORAL TABLET - Tier 2; PA; SP; QL BRAFTOVI - Tier 2; PA; SP; QL BRUKINSA ORAL CAPSULE - Tier 2; PA; SP BRUKINSA ORAL TABLET - Tier 2; PA CABOMETYX - Tier 2; PA; SP; QL CALQUENCE - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
	COTELLIC - Tier 2; PA; SP; QL DANZITEN - Tier 2; PA; SP *dasatinib (generic for PHYRAGO) - Tier 1; PA; SP; QL* DAURISMO - Tier 2; PA; SP; QL ERIVEDGE - Tier 2; PA; SP; QL *erlotinib hcl - Tier 1; PA; SP; QL* *everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for TORPENZ) - Tier 1; PA; SP; QL* *everolimus oral tablet 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP* *everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL* FOTIVDA - Tier 2; PA; SP; QL GAVRETO - Tier 2; PA; SP; QL *gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL* GILOTRIF - Tier 2; PA; SP; QL *GLEEVEC ORAL TABLET 100 MG (brand for imatinib mesylate) - Tier 2; PA; SP; QL* IBRANCE - Tier 2; PA; SP; QL ICLUSIG - Tier 2; PA; SP; QL IDHIFA - Tier 2; PA; SP; QL IMBRUVICA - Tier 2; PA; SP; QL IMKELDI - Tier 2; PA INLYTA - Tier 2; PA; SP; QL *IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL* JAKAFI - Tier 2; PA; SP; QL *lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL* LAZCLUZE - Tier 2; PA 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

Preferred Agents	Non-Preferred Agents
	MEKINIST ORAL SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL MEKTOVI - Tier 2; PA; SP; QL NERLYNX - Tier 2; PA; SP; QL *NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL* *nilotinib hcl (generic for TASIGNA) - Tier 1; PA; SP; QL* ODOMZO - Tier 2; PA; SP; QL OJEMDA ORAL SUSPENSION RECONSTITUTED - Tier 2; PA; SP; AL OJEMDA ORAL TABLET - Tier 2; PA; SP; QL *pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL* *PHYRAGO (brand for dasatinib) - Tier 2; PA; SP; QL* QINLOCK - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA; AL REZLIDHIA - Tier 2; PA; SP; QL RUBRACA - Tier 2; PA; SP; QL RYDAPT - Tier 2; PA; SP; QL *sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL* *SPRYCEL (brand for dasatinib) - Tier 2; PA; SP; QL* STIVARGA - Tier 2; PA; SP; QL *SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (brand for sunitinib malate) - Tier 2; PA; SP; QL* *SUTENT ORAL CAPSULE 37.5 MG (brand for sunitinib malate) - Tier 2; PA; SP* TABRECTA - Tier 2; PA; SP; QL TAFINLAR ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL TAGRISSO - Tier 2; PA; SP; QL *TASIGNA (brand for nilotinib hcl) - Tier 2; PA; SP; QL* TEPMETKO - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL *torpenz oral tablet 10 mg, 2.5 mg, 5 mg (generic for TORPENZ) - Tier 1; PA; SP; QL* *torpenz oral tablet 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP* TUKYSA - Tier 2; PA; SP; QL TURALIO - Tier 2; PA; SP; QL *TYKERB (brand for lapatinib ditosylate) - Tier 2; PA; SP; QL* VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
	VITRAKVI - Tier 2; PA; SP; QL VIZIMPRO - Tier 2; PA; SP; QL *VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL* XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL XALKORI ORAL CAPSULE SPRINKLE - Tier 2; PA; SP XOSPATA - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG ORAL TABLET 100 MG - Tier 2; PA; SP; QL
Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
selegiline hcl oral - Tier 1; QL	*AZILECT (brand for rasagiline mesylate) - Tier 2; PA; QL* *rasagiline mesylate oral (generic for AZILECT) - Tier 1; PA; QL* XADAGO - Tier 2; PA; QL
Monoamine Oxidase Inhibitors - Antidepressants	
Antidepressants - Drugs to Treat Depression	
tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL; AL	EMSAM - Tier 2; PA; QL; AL MARPLAN - Tier 2; PA; QL; AL *NARDIL (brand for phenelzine sulfate) - Tier 2; PA; QL; AL* *PARNATE (brand for tranylcypromine sulfate) - Tier 2; PA; QL; AL* *phenelzine sulfate oral (generic for NARDIL) - Tier 1; PA; QL; AL*
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	IMFINZI INTRAVENOUS SOLUTION 500 MG/10ML - Tier 2; PA IMJUDO - Tier 2; PA OPDIVO INTRAVENOUS SOLUTION 240 MG/24ML - Tier 2; PA TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Monoclonal Antibodies/Antibody-Drug Conjugate - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	ELREXFIO - Tier 2; PA LUNSUMIO VELO - Tier 2; PA RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1600-26800 MG - UT/13.4ML - Tier 2; PA TALVEY - Tier 2; PA
Mood Stabilizers - Mood Disorder Drugs	
Bipolar Agents - Drugs to Treat Mood Disorders	
DEPAKOTE ER (brand for divalproex sodium er) - Tier 2; ST; QL *DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 500 MG (brand for divalproex sodium) - Tier 2; QL; AL* *divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; ST; QL* *divalproex sodium oral (generic for DEPAKOTE) - Tier 1; QL; AL* *lithium - Tier 1; QL; AL* *lithium carbonate er (generic for LITHOBID) - Tier 1; QL; AL* *lithium carbonate oral - Tier 1; QL; AL* *LITHOBID (brand for lithium carbonate er) - Tier 2; QL; AL*	*DEPAKOTE ORAL TABLET DELAYED RELEASE 250 MG (brand for divalproex sodium) - Tier 2; PA; QL; AL* *DEPAKOTE SPRINKLES (brand for divalproex sodium) - Tier 2; PA; QL; AL* EQUETRO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	cladribine (10 tabs) (generic for MAVENCLAD (10 TABS)) - *Tier 1; PA; SP; QL* *cladribine (4 tabs) (generic for MAVENCLAD (4 TABS))* - *Tier 1; PA; SP; QL* *cladribine (5 tabs) (generic for MAVENCLAD (5 TABS))* - *Tier 1; PA; SP; QL* *cladribine (6 tabs) (generic for MAVENCLAD (6 TABS))* - *Tier 1; PA; SP; QL* *cladribine (7 tabs) (generic for MAVENCLAD (7 TABS))* - *Tier 1; PA; SP; QL* *cladribine (8 tabs) (generic for MAVENCLAD (8 TABS))* - *Tier 1; PA; SP; QL* *cladribine (9 tabs) (generic for MAVENCLAD (9 TABS))* - *Tier 1; PA; SP; QL* *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; SP; QL AVONEX PREFILLED - Tier 2; SP; QL *COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (brand for glatiramer acetate) - Tier 2; SP; QL* *dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; SP; QL* *fingolimod hcl (generic for GILENYA) - Tier 1; SP; QL* KESIMPTA - Tier 2; ST; SP; QL *teriflunomide (generic for AUBAGIO) - Tier 1; SP; QL*	*AMPYRA (brand for dalfampridine er) - Tier 2; PA; SP; QL* *AUBAGIO (brand for teriflunomide) - Tier 2; PA; SP; QL* BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP *COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (brand for glatiramer acetate) - Tier 2; PA; SP; QL* *dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL* *dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; PA; SP; QL* *GILENYA (brand for fingolimod hcl) - Tier 2; PA; SP; QL* *glatiramer acetate (generic for GLATOPA) - Tier 1; PA; SP; QL* *glatopa (generic for GLATOPA) - Tier 1; PA; SP; QL* MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; PA; SP; QL PONVORY - Tier 2; PA; SP; QL PONVORY STARTER PACK - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG - Tier 2; PA; SP; AL TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG - Tier 2; PA; SP; QL *TECFIDERA (brand for dimethyl fumarate) - Tier 2; PA; SP; QL* VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL; AL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL; AL ZEPOSIA STARTER KIT - Tier 2; PA; SP; QL; AL

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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 tablet - Tier 1; QL	*memantine hcl er - Tier 1; PA; QL* *memantine hcl oral solution 2 mg/ml - Tier 1; PA; QL*
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 CHEWABLE (brand for cvs ibuprofen childrens) - Tier 2; QL* *ADVIL LIQUI-GELS MINIS (brand for cvs ibuprofen) - Tier 2; QL* *ADVIL MIGRAINE (brand for cvs ibuprofen) - Tier 2; QL* *ALEVE ALL DAY STRONG (brand for all day pain relief) - Tier 2; QL* *all day pain relief (generic for ALEVE ALL DAY STRONG) - Tier 1; QL* *all day relief (generic for ALEVE ALL DAY STRONG) - Tier 1; QL* *aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*	*ARTHROTEC (brand for diclofenac-misoprostol) - Tier 2; PA; QL* *CAMBIA (brand for diclofenac potassium(migraine)) - Tier 2; PA; QL* *CELEBREX (brand for celecoxib) - Tier 2; PA; QL* *COXANTO (brand for oxaprozin) - Tier 2; PA; QL* *DICLOFENAC PATCH 1.3% (brand for diclofenac epolamine) - Tier 2; PA; QL* *diclofenac potassium (generic for LOFENA) - Tier 1; PA; QL* *diclofenac potassium(migraine) (generic for CAMBIA) - Tier 1; PA; QL* *diclofenac sodium er - Tier 1; PA; QL* *diclofenac sodium external solution - Tier 1; PA; QL* *diclofenac-misoprostol (generic for ARTHROTEC) - Tier 1; PA; QL* *diflunisal oral - Tier 1; PA; QL; AL* DOLOBID - Tier 2; PA; AL ELYXYB - Tier 2; PA; QL; AL *etodolac (generic for LODINE) - Tier 1; PA; QL* *etodolac er - Tier 1; PA; QL* *fenoprofen calcium oral - Tier 1; PA* FENOPRON - Tier 2; PA

Preferred Agents	Non-Preferred Agents
aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	*FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL*
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL	*flurbiprofen oral tablet 100 mg (generic for LURBIRO) - Tier 1; PA; QL*
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL	IBUPAK - Tier 2; PA; QL
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL	*ibuprofen oral tablet 300 mg - Tier 1; PA*
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	*ibuprofen-famotidine - Tier 1; PA; QL*
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL	*INDOCIN (brand for indomethacin) - Tier 2; PA; QL*
aspirin rectal suppository 300 mg - Tier 1	*indomethacin er - Tier 1; PA; QL*
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	*indomethacin oral suspension (generic for INDOCIN) - Tier 1; PA; QL*
BAYER ASPIRIN (brand for aspirin) - Tier 2; QL	*indomethacin rectal suppository 50 mg (generic for INDOCIN) - Tier 1; PA; QL*
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL	*ketoprofen er - Tier 1; PA; QL*
	ketoprofen oral capsule 50 mg, 75 mg - Tier 1; PA; QL
	LODINE (brand for etodolac) - Tier 2; PA; QL
	LOFENA (brand for diclofenac potassium) - Tier 2; PA; QL
	LURBIRO (brand for flurbiprofen) - Tier 2; PA; QL
	meclofenamate sodium oral - Tier 1; PA; QL
	mefenamic acid oral - Tier 1; PA; QL
	meloxicam oral capsule - Tier 1; PA; QL

Preferred Agents	Non-Preferred Agents
BUFFERIN (brand for tri-buffered aspirin) - Tier 2	*MELOXICAM ORAL SUSPENSION (brand for meloxicam) - Tier 2; PA; QL; AL*
celecoxib oral (generic for CELEBREX) - Tier 1; QL	*NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG (brand for naproxen sodium er) - Tier 2; PA*
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL	*NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL*
diclofenac sodium oral - Tier 1; QL	*naproxen oral suspension - Tier 1; PA; QL*
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL	*naproxen sodium er oral tablet extended release 24 hour 375 mg (generic for NAPRELAN) - Tier 1; PA*
enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL	*naproxen sodium er oral tablet extended release 24 hour 500 mg (generic for NAPRELAN) - Tier 1; PA; QL*
FLANAX (brand for all day pain relief) - Tier 2; QL	*naproxen sodium er oral tablet extended release 24 hour 750 mg - Tier 1; PA*
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL	*naproxen sodium oral tablet 275 mg, 550 mg - Tier 1; PA; QL*
ibuprofen (generic for IBU) - Tier 1; QL	*naproxen-esomeprazole mg - Tier 1; PA; QL*
ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL	ORUDIS - Tier 2; PA; QL
ibuprofen ib childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL	*OXAPROZIN ORAL CAPSULE (brand for oxaprozin) - Tier 2; PA; QL*
ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL	*oxaprozin oral tablet - Tier 1; PA; QL*
ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL	
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL	

Preferred Agents	Non-Preferred Agents
ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - 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 oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL* *indomethacin oral capsule - Tier 1; QL* *INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL* *infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL* *ketorolac tromethamine oral - Tier 1; QL* *medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL* *MEDIPROXEN (brand for all day pain relief) - Tier 2; QL* *medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *meloxicam oral tablet - Tier 1; QL* *MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL* *MOTRIN IB (brand for cvs ibuprofen) - Tier 2; QL* *MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL* *nabumetone oral - Tier 1; QL* *naproxen dr - Tier 1; QL* *naproxen oral tablet - Tier 1; QL* *naproxen oral tablet delayed release - Tier 1; QL* *naproxen sodium oral tablet 220 mg (generic for ALEVE ALL DAY STRONG) - Tier 1; QL* *pain relief oral tablet 200 mg (generic for ADDAPRIN) - 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*	*piroxicam oral - Tier 1; PA; QL* RELAFEN DS - Tier 2; PA; QL *TOLECTIN 600 (brand for tolmetin sodium) - Tier 2; PA; QL* *TOLECTIN DS (brand for tolmetin sodium) - Tier 2; PA; QL* *tolmetin sodium (generic for TOLECTIN 600) - Tier 1; PA; QL* VYSCOXA - Tier 2; PA; QL; AL *ZIPSOR (brand for diclofenac potassium) - Tier 2; PA; QL* *ZYBIC (brand for meloxicam) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
Ophthalmic Agents, Other	
Ophthalmic Agents	
	IZERVAY - Tier 2; PA
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
ALCON TEARS - Tier 2 *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 ophthalmic solution 0.5-0.6 %, 5-6 mg/ml (generic for CLEAR EYES NATURAL 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*	CEQUA - Tier 2; PA; QL CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2; PA *CYCLOGYL OPHTHALMIC SOLUTION 1 % (brand for cyclopentolate hcl) - Tier 2; PA; QL* *cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; PA; QL* *cyclosporine (pf) emulsion 0.05 % ophthalmic (generic for RESTASIS) - Tier 1; PA* *cyclosporine (pf) emulsion 0.05 % ophthalmic (generic for RESTASIS) - Tier 1; PA; QL* CYSTADROPS - Tier 2; PA; SP; QL EYLEA HD - Tier 2; PA KLARITY-C DROPS - Tier 2; PA; QL LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.5 MG/0.05ML - Tier 2; PA MIEBO - Tier 2; PA; QL *MYDRIACYL (brand for tropicamide) - Tier 2; PA* *neomycin-bacitracin zn-polymyx - Tier 1; PA; QL* *neomycin-polymyxin-gramicidin - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL CYSTARAN - Tier 2; PA; 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 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*	OXERVATE - Tier 2; PA; SP; QL TOBRADEX ST - Tier 2; PA; QL *tropicamide ophthalmic solution 1 % (generic for MYDRIACYL) - Tier 1; PA* VERKAZIA - Tier 2; PA; QL VEVYE - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
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* *nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL* *nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL* *nighttime relief lubricant eye (generic for ALTALUBE) - Tier 1; QL* *phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1* *polymyxin b-trimethoprim - Tier 1; QL* *polyvinyl alcohol ophthalmic - Tier 1* *REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *REFRESH OPTIVE OPHTHALMIC SOLUTION (brand for lubricant drops/dual-action) - Tier 2* REFRESH OPTIVE PF - Tier 2 *REFRESH PLUS (brand for carboxymethylcellulose sod pf) - Tier 2* *REFRESH RELIEVA (brand for lubricant drops/dual-action) - Tier 2* REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % - Tier 2 REFRESH RELIEVA PF XTRA - Tier 2 *REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL* REFRESH TEARS PF - Tier 2 *relief eye drops (generic for VISINE A.C.) - Tier 1; QL* *RESTASIS (brand for cyclosporine (pf)) - Tier 2; QL* *RESTASIS MULTIDOSE (brand for cyclosporine (pf)) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
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* RHOPRESSA - Tier 2; PA; ST; QL ROCKLATAN - Tier 2; PA; ST *sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1* *sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL* *sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1* *sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL* *SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL* *SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL* *SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL* *SYSTANE CONTACTS (brand for artificial tears) - Tier 2* *SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* SYSTANE NIGHT - Tier 2; QL *SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL* *SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *tobramycin-dexamethasone - Tier 1; QL* *tropicamide ophthalmic solution 0.5 % - Tier 1* *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*	

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

Preferred Agents	Non-Preferred Agents
XIIDRA - Tier 2; QL	
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* *cromolyn sodium ophthalmic - Tier 1; QL* *eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL* *ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL* *NAPHCON-A (brand for allergy eye) - Tier 2* *VISINE (brand for allergy eye) - Tier 2*	*azelastine hcl ophthalmic - Tier 1; PA; QL* *bepotastine besilate (generic for BEPREVE) - Tier 1; PA; QL* *BEPREVE (brand for bepotastine besilate) - Tier 2; PA; QL* CYCLOMYDRIL - Tier 2; PA *epinastine hcl - Tier 1; PA* LASTACAFT - Tier 2; PA *PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for cvs olopatadine hcl) - Tier 2; PA; QL* *ZADITOR (brand for cvs allergy eye drops) - Tier 2; PA; QL* ZERVIATE - Tier 2; PA; AL

Preferred Agents	Non-Preferred Agents
Ophthalmic Antibiotics - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
ciprofloxacin hcl ophthalmic - Tier 1; QL *erythromycin ophthalmic - Tier 1; QL* *gentamicin sulfate ophthalmic - Tier 1; QL* *ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL* *tobramycin ophthalmic - Tier 1; QL*	AZASITE - Tier 2; PA; QL *BESIFLOXACIN HCL (brand for besifloxacin hcl) - Tier 2; PA; QL* *BESIVANCE (brand for besifloxacin hcl) - Tier 2; PA; QL* *BETADINE OPHTHALMIC PREP (brand for povidone-iodine) - Tier 2; PA* CILOXAN - Tier 2; PA; QL *gatifloxacin ophthalmic - Tier 1; PA; QL* KLARITY-A - Tier 2; PA; QL *levofloxacin ophthalmic solution 0.5 % - Tier 1; PA* *moxifloxacin hcl (2x day) - Tier 1; PA; QL* *moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; PA; QL* *OCUFLOX (brand for ofloxacin) - Tier 2; PA; QL* *POVIDONE-IODINE OPHTHALMIC (brand for povidone-iodine) - Tier 2; PA* *sulfacetamide sodium ophthalmic - Tier 1; PA; QL* TOBREX - Tier 2; PA; QL *VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL* XDEMVY - Tier 2; PA

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* *ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; QL* *brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL* *COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; QL* DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL *dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL* *dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL* *levobunolol hcl - Tier 1; QL* *methazolamide oral - Tier 1; QL* *pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % - Tier 1* *timolol maleate ophthalmic - Tier 1; QL*	*apraclonidine hcl - Tier 1; PA; QL* *AZOPT (brand for brinzolamide) - Tier 2; PA* *betaxolol hcl ophthalmic - Tier 1; PA; QL* *BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL* BETOPTIC-S - Tier 2; PA; QL *brimonidine tartrate ophthalmic solution 0.1 %, 0.15 % (generic for ALPHAGAN P) - Tier 1; PA; QL* *brimonidine tartrate-timolol (generic for COMBIGAN) - Tier 1; PA; QL* *brinzolamide (generic for AZOPT) - Tier 1; PA* *carteolol hcl - Tier 1; PA* *COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL* *COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA* *dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1; PA* IOPIDINE - Tier 2; PA *ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL* *pilocarpine hcl ophthalmic solution 1.25 % (generic for VUITY) - Tier 1; PA; QL* SIMBRINZA - Tier 2; PA; QL *timolol hemihydrate (generic for BETIMOL) - Tier 1; PA; QL* *timolol maleate (once-daily) (generic for ISTALOL) - Tier 1; PA; QL* *timolol maleate ocudose (generic for TIMOLOL MALEATE OCUDOSE) - Tier 1; PA; QL* *timolol maleate pf (generic for TIMOLOL MALEATE OCUDOSE) - Tier 1; PA; QL* *TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL* *VUITY (brand for pilocarpine hcl) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-inflammatories	
Ophthalmic Agents	
	BYQLOVI (brand for clobetasol propionate) - Tier 2; PA; QL *CLOBETASOL PROPIONATE OPHTHALMIC (brand for clobetasol propionate) - Tier 2; PA; QL*
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
diclofenac sodium ophthalmic - Tier 1; QL *fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL* *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* PRED MILD - Tier 2; QL *prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL* *sulfacetamide-prednisolone - Tier 1*	*ACULAR (brand for ketorolac tromethamine) - Tier 2; PA; QL* *ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA* ACUVAIL - Tier 2; PA; QL *ALREX (brand for loteprednol etabonate) - Tier 2; PA; QL* *bacitra-neomycin-polymyxin-hc - Tier 1; PA; QL* *bromfenac sodium (once-daily) - Tier 1; PA* *bromfenac sodium ophthalmic (generic for BROMSITE) - Tier 1; PA; QL* *BROMSITE (brand for bromfenac sodium) - Tier 2; PA; QL* *dexamethasone sodium phosphate ophthalmic - Tier 1; PA* DEXYCU - Tier 2; PA *difluprednate (generic for DUREZOL) - Tier 1; PA; QL* *DUREZOL (brand for difluprednate) - Tier 2; PA; QL* EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA; QL *flurbiprofen sodium - Tier 1; PA; QL* FML FORTE - Tier 2; PA; QL *FML LIQUIFILM (brand for fluorometholone) - Tier 2; PA; QL* ILEVRO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
	INVELTYS - Tier 2; PA; QL *ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1; PA* *LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL* LOTEMAX SM - Tier 2; PA; QL *loteprednol etabonate (generic for ALREX) - Tier 1; PA; QL* *loteprednol-tobramycin (generic for ZYLET) - Tier 1; PA; QL* *MAXITROL (brand for neomycin-polymyxin-dexameth) - Tier 2; PA; QL* MITOSOL - Tier 2; PA *neomycin-polymyxin-hc ophthalmic - Tier 1; PA; QL* NEVANAC - Tier 2; PA; QL *PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL* *PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; PA; QL* *prednisolone sodium phosphate ophthalmic - Tier 1; PA* *PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL* *ZYLET (brand for loteprednol-tobramycin) - Tier 2; PA; QL*
Ophthalmic Antivirals - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
trifluridine - Tier 1; QL	NATACYN - Tier 2; PA ZIRGAN - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL *TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; QL*	*bimatoprost external (generic for LATISSE) - Tier 1; PA* *bimatoprost ophthalmic solution 0.03 % - Tier 1; PA; QL* *bimatoprost solution 0.01 % ophthalmic (generic for LUMIGAN) - Tier 1; PA; QL* *BIMATOPROST SOLUTION 0.01 % OPHTHALMIC (brand for bimatoprost) - Tier 2; PA; QL* IYUZEH - Tier 2; PA; QL *LATISSE (brand for bimatoprost) - Tier 2; PA* *LUMIGAN (brand for bimatoprost) - Tier 2; PA; QL* *tafluprost (pf) (generic for ZIOPTAN) - Tier 1; PA; QL* *travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA; QL* VYZULTA - Tier 2; PA; QL *XALATAN (brand for latanoprost) - 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	
BUTRANS (brand for buprenorphine) - Tier 2; PA; QL *fentanyl - Tier 1; PA; QL* *morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL* OXYCONTIN - Tier 2; ST; QL *tramadol hcl er - Tier 1; PA; QL; AL*	BELBUCA - Tier 2; PA; QL; AL *buprenorphine (generic for BUTRANS) - Tier 1; PA; QL* *CONZIP (brand for tramadol hcl (er biphasic)) - Tier 2; PA; QL* *diskets (generic for DISKETS) - Tier 1; PA; QL* *hydrocodone bitartrate er oral capsule extended release 12 hour - Tier 1; PA; QL* *hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent (generic for HYSINGLA ER) - Tier 1; PA; QL* *hydromorphone hcl er - Tier 1; PA; QL* *HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL* *levorphanol tartrate oral (generic for XYVONA) - 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 beads - Tier 1; PA; QL* *morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg - Tier 1; PA; QL* *MS CONTIN (brand for morphine sulfate er) - Tier 2; PA; QL* *NUCYNTA ER (brand for tapentadol hcl er) - Tier 2; PA; QL* *oxymorphone hcl er - Tier 1; PA; QL* *TAPENTADOL HCL ER (brand for tapentadol hcl er) - Tier 2; PA; QL* *TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR (brand for tramadol hcl (er biphasic)) - Tier 2; PA; QL* *tramadol hcl (er biphasic) oral tablet extended release 24 hour - Tier 1; PA; QL* *xyvona (generic for XYVONA) - Tier 1; PA; QL*

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

Preferred Agents	Non-Preferred Agents
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; AL *acetaminophen-codeine oral tablet - Tier 1; QL; AL* *codeine sulfate - Tier 1; QL; AL* *endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL* *hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL* *hydrocodone-acetaminophen oral tablet - Tier 1; QL* *hydrocodone-ibuprofen - Tier 1; QL* *hydromorphone hcl oral tablet (generic for DILAUDID) - Tier 1; QL* *morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL* *morphine sulfate oral - Tier 1; QL* *oxycodone hcl oral solution - Tier 1; QL* *oxycodone hcl oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL* *oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; 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*	*apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL; AL* *ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; PA; QL* *butalbital-apap-caff-cod - Tier 1; PA; QL* *butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; PA; QL* *butorphanol tartrate nasal - Tier 1; PA; QL* *DILAUDID ORAL (brand for hydromorphone hcl) - Tier 2; PA; QL* *endocet oral tablet 5-325 mg (generic for ENDOCET) - Tier 1; PA; QL* *fentanyl citrate (pf) injection solution 50 mcg/ml - Tier 1; PA* FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML - Tier 2; PA FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-% - Tier 2; PA FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-% - Tier 2; PA

Preferred Agents	Non-Preferred Agents
tramadol hcl oral tablet 50 mg - Tier 1; QL; AL	*hydrocodone-acetaminophen oral solution 10-300 mg/15ml - Tier 1; PA; QL* *hydromorphone hcl oral liquid (generic for DILAUDID) - Tier 1; PA; QL* *hydromorphone hcl rectal - Tier 1; PA; QL* HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 50-0.9 MG/50ML-% - Tier 2; PA HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 15-0.9 MG/30ML-% - Tier 2; PA *meperidine hcl oral - Tier 1; PA; QL* *morphine sulfate (pf) injection solution 10 mg/ml, 2 mg/ml, 4 mg/ml - Tier 1; PA* *morphine sulfate (pf) intravenous solution 1 mg/ml - Tier 1; PA* *morphine sulfate rectal - Tier 1; PA; QL* MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-% - Tier 2; PA NALOCET - Tier 2; PA; QL *oxycodone hcl oral capsule - Tier 1; PA; QL* *oxycodone hcl oral concentrate - Tier 1; PA; QL* *OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT (brand for oxycodone hcl) - Tier 2; PA; QL* *OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (brand for oxycodone-acetaminophen) - Tier 2; PA; QL* OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG - Tier 2; PA; QL *oxymorphone hcl - Tier 1; PA; QL* *pentazocine-naloxone hcl - Tier 1; PA; QL* *PERCOCET (brand for oxycodone-acetaminophen) - Tier 2; PA; QL* *PROLATE ORAL TABLET (brand for oxycodone-acetaminophen) - Tier 2; PA; QL* *ROXICODONE (brand for oxycodone hcl) - Tier 2; PA; QL* *ROXYBOND (brand for oxycodone hcl) - Tier 2; PA; QL* *tapentadol hcl (generic for NUCYNTA) - Tier 1; PA; QL* TRAMADOL HCL ORAL SOLUTION - Tier 2; PA; QL; AL *tramadol hcl oral tablet 100 mg - Tier 1; PA; QL; AL* *tramadol hcl oral tablet 25 mg, 75 mg - Tier 1; PA; QL* *tramadol-acetaminophen - Tier 1; PA; QL; AL*

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

Preferred Agents	Non-Preferred Agents
	TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL; AL
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
buprenorphine hcl sublingual - Tier 1; QL; AL *buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL; AL* *naltrexone hcl oral - Tier 1; AL* *SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL; AL*	*buprenorphine hcl-naloxone hcl sublingual film (generic for SUBOXONE) - Tier 1; PA; QL; AL* ZUBSOLV - Tier 2; PA; QL; AL
Opioid Reversal Agents - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
naloxone hcl injection solution - Tier 1; QL *NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (brand for ft naloxone hcl) - Tier 2; QL*	KLOXXADO - Tier 2; PA; QL *naloxone hcl (generic for NARCAN) - Tier 1; PA; QL* *naloxone hcl injection solution cartridge - Tier 1; PA; QL* *naloxone hcl injection solution prefilled syringe - Tier 1; PA; QL* *naloxone hcl nasal (generic for NARCAN) - Tier 1; PA; QL* *NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (brand for ft naloxone hcl) - Tier 2; PA; QL* OPVEE - Tier 2; PA; QL; AL *prebiotic fiber (generic for NARCAN) - Tier 1; PA; QL* REXTOVY - Tier 2; PA REZENOPY - Tier 2; PA; QL ZURNAI - Tier 2; PA

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-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 drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *earwax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1* *neomycin-polymyxin-hc otic - Tier 1; QL*	*CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL* *CIPRO HC (brand for ciprofloxacin-hydrocortisone) - Tier 2; PA; QL* *ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; PA; QL* *CIPROFLOXACIN-FLUOCINOLONE PF (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL* *ciprofloxacin-hydrocortisone (generic for CIPRO HC) - Tier 1; PA; QL* CORTISPORIN-TC - Tier 2; PA; QL *DERMOTIC (brand for fluocinolone acetonide) - Tier 2; PA; QL* *fluocinolone acetonide otic (generic for DERMOTIC) - Tier 1; PA; QL* *hydrocortisone-acetic acid - Tier 1; PA; QL* *OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; 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*	*MESTINON (brand for pyridostigmine bromide) - Tier 2; PA; QL* *pyridostigmine bromide oral tablet 30 mg - Tier 1; PA; QL*
Pediculicides/Scabicides - Scabies and Lice Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
lice killing external liquid 1 % (generic for NIX CREME RINSE) - Tier 1 *lice killing external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - 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 solution combination kit - Tier 1; QL* *NATROBA (brand for spinosad) - Tier 2; QL* *permethrin external - Tier 1; QL*	CROTAN - Tier 2; PA; QL *malathion (generic for OVIDE) - Tier 1; PA; QL* *OVIDE (brand for malathion) - Tier 2; PA; QL* *spinosad (generic for NATROBA) - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
Phosphate Binders - Phosphate-Removing Agents	
Electrolytes/Minerals/Metals/Vitamins	
calcium acetate (phos binder) oral tablet (generic for CALPHRON) - Tier 1; QL *calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL* *calcium acetate oral tablet 668 (169 ca) mg - Tier 1* *sevelamer carbonate (generic for RENVELA) - Tier 1; QL*	*AURYXIA (brand for ferric citrate) - Tier 2; PA; QL* *calcium acetate (phos binder) oral capsule - Tier 1; PA; QL* *ferric citrate tablet 1 gm 210 mg(fe) oral (generic for AURYXIA) - Tier 1; PA; QL* *FERRIC CITRATE TABLET 1 GM 210 MG(FE) ORAL (brand for ferric citrate) - Tier 2; PA; QL* FOSRENOL ORAL PACKET - Tier 2; PA; QL *FOSRENOL ORAL TABLET CHEWABLE 1000 MG (brand for lanthanum carbonate) - Tier 2; PA; QL* *FOSRENOL ORAL TABLET CHEWABLE 500 MG, 750 MG (brand for lanthanum carbonate) - Tier 2; PA* *lanthanum carbonate oral tablet chewable 1000 mg (generic for FOSRENOL) - Tier 1; PA; QL* *lanthanum carbonate oral tablet chewable 500 mg, 750 mg (generic for FOSRENOL) - Tier 1; PA* *RENVELA (brand for sevelamer carbonate) - Tier 2; PA; QL* *sevelamer hcl - Tier 1; PA; QL* VELPHORO - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL *roflumilast (generic for DALIRESP) - Tier 1; PA; QL* THEO-24 - Tier 2 *theophylline er oral tablet extended release 12 hour 100 mg, 450 mg - Tier 1* *theophylline er oral tablet extended release 12 hour 200 mg, 300 mg - Tier 1; QL* *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*	*DALIRESP (brand for roflumilast) - Tier 2; PA; QL*
Platelet Modifying Agents - Platelet Modifying Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
CABLIVI - Tier 2; PA; SP; QL *cilostazol - Tier 1; QL* *clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL* *dipyridamole oral - Tier 1; QL* *prasugrel hcl (generic for EFFIENT) - Tier 1*	*aspirin-dipyridamole er - Tier 1; PA; QL* *BRILINTA (brand for ticagrelor) - Tier 2; PA; QL* *EFFIENT (brand for prasugrel hcl) - Tier 2; PA* *PLAVIX (brand for clopidogrel bisulfate) - Tier 2; PA; QL* *ticagrelor (generic for BRILINTA) - Tier 1; PA; 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* *incassia (generic for CAMILA) - Tier 1; QL* *jencycla (generic for CAMILA) - Tier 1; QL* *levonorgestrel (generic for AFTERA) - Tier 1; QL* *lyleq (generic for CAMILA) - Tier 1; QL* *lyza (generic for CAMILA) - Tier 1; QL* *medroxyprogesterone acetate intramuscular suspension (generic for DEPO-PROVERA) - Tier 1; QL* *medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL* *megestrol acetate oral suspension 40 mg/ml - Tier 1; QL*	CRINONE - Tier 2; PA *DEPO-PROVERA (brand for medroxyprogesterone acetate) - Tier 2; PA; QL* DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL *emzahh (generic for CAMILA) - Tier 1; PA; QL* *medroxyprogesterone acetate intramuscular suspension prefilled syringe (generic for DEPO-PROVERA) - Tier 1; PA; QL* *megestrol acetate oral suspension 625 mg/5ml - Tier 1; PA; QL* *orquidea (generic for CAMILA) - Tier 1; PA; QL* *progesterone intramuscular - Tier 1; PA* *PROMETRIUM (brand for progesterone) - Tier 2; DX2RX; QL* *PROVERA (brand for medroxyprogesterone acetate) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
megestrol acetate oral tablet 20 mg - Tier 1 *megestrol acetate oral tablet 40 mg - Tier 1; QL* *meleya (generic for CAMILA) - 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* *nora-be (generic for CAMILA) - Tier 1; QL* *norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL* *norethindrone oral (generic for CAMILA) - Tier 1; QL* *norlyroc (generic for CAMILA) - Tier 1; QL* *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; DX2RX; QL* *sharobel (generic for CAMILA) - Tier 1; QL* *shewise (generic for AFTERA) - Tier 1; QL* SLYND - Tier 2; 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 (generic for CARAFATE) - Tier 1; QL*	*CARAFATE (brand for sucralfate) - Tier 2; PA; QL* *CYTOTEC (brand for misoprostol) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL *acid reducer oral tablet delayed release 20 mg (generic for PRILOSEC OTC) - Tier 1; QL* *esomeprazole magnesium oral capsule delayed release (generic for NEXIUM) - Tier 1; QL* *lansoprazole capsule delayed release 15 mg oral (generic for PREVACID 24HR) - Tier 1; QL* *omeprazole magnesium (generic for PRILOSEC OTC) - Tier 1; QL* *omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL* *pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL* *PRILOSEC OTC (brand for acid reducer) - Tier 2; QL*	*acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; PA; QL* *ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL* *DEXILANT (brand for dexlansoprazole) - Tier 2; PA; QL* *dexlansoprazole (generic for DEXILANT) - Tier 1; PA; QL* *esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; PA; QL* *lansoprazole capsule delayed release 15 mg oral (generic for PREVACID 24HR) - Tier 1; PA; QL* KONVOMEP - Tier 2; PA; QL *lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; PA; QL* *lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; PA; QL* *lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL* *NEXIUM (brand for esomeprazole magnesium) - Tier 2; PA; QL* *omep/sod bicarb (generic for ZEGERID OTC) - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
	omeprazole-sod bicarbonate (generic for ZEGERID OTC) - Tier 1; PA; QL *omeprazole-sodium bicarb oral capsule 20-1100 mg (generic for ZEGERID OTC) - Tier 1; PA; QL* *omeprazole-sodium bicarbonate (generic for ZEGERID OTC) - Tier 1; PA; QL* *pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; PA; QL* *PREVACID (brand for lansoprazole) - Tier 2; PA; QL* *PREVACID 24HR (brand for eq lansoprazole) - Tier 2; PA; QL* *PREVACID SOLUTAB (brand for cvs lansoprazole) - Tier 2; PA; QL* PRILOSEC - Tier 2; PA; QL *PROTONIX ORAL (brand for pantoprazole sodium) - Tier 2; PA; QL* *rabeprazole sodium oral tablet delayed release (generic for ACIPHEX) - Tier 1; PA; QL* *ZEGERID OTC (brand for cvs omeprazole-sod bicarbonate) - Tier 2; PA; QL*
Miscellaneous Therapeutic Agents	
	VOQUEZNA - Tier 2; 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; DX2RX; SP *ambrisentan (generic for LETAIRIS) - Tier 1; SP; QL* *REVATIO ORAL (brand for sildenafil citrate) - Tier 2; SP; QL* *sildenafil citrate oral suspension reconstituted - Tier 1; DX2RX; SP* *tadalafil (pah) (generic for ALYQ) - Tier 1; DX2RX; SP* *TRACLEER 62.5 MG, 125 MG (brand for bosentan) - Tier 2; SP; QL*	*ADCIRCA (brand for tadalafil (pah)) - Tier 2; DX2RX; SP* ADEMPAS - Tier 2; PA; SP; QL *bosentan (generic for TRACLEER) - Tier 1; PA; SP; QL* *LETAIRIS (brand for ambrisentan) - Tier 2; PA; SP; QL* OPSUMIT - Tier 2; PA; SP; QL ORENITRAM MONTH 1 - Tier 2; PA; QL ORENITRAM MONTH 2 - Tier 2; PA; QL ORENITRAM MONTH 3 - Tier 2; PA; QL 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 tablet 20 mg (generic for REVATIO) - Tier 1; PA; SP; QL* TADLIQ - Tier 2; PA; QL *TRACLEER 32 MG (brand for bosentan) - Tier 2; PA; SP; QL* TYVASO - Tier 2; PA; SP; QL

Preferred Agents	Non-Preferred Agents
	TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG - Tier 2; PA; SP; QL TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 80 MCG - Tier 2; PA; SP TYVASO DPI MAINTENANCE KIT INHALATION POWDER 112 X 32MCG & 112 X64MCG, 112 X 48MCG & 112 X64MCG - Tier 2; PA TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG - Tier 2; PA; SP; QL TYVASO DPI MAINTENANCE KIT INHALATION POWDER 80 MCG - Tier 2; PA; SP TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL TYVASO REFILL KIT - Tier 2; PA; SP; QL TYVASO STARTER KIT - Tier 2; PA; SP; QL UPTRAVI ORAL - Tier 2; PA; SP; QL UPTRAVI TITRATION - Tier 2; PA; SP; QL YUTREPIA - Tier 2; PA; SP; QL; AL
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL *nintedanib esylate (generic for OFEV) - Tier 1; PA; SP; QL* *OFEV (brand for nintedanib esylate) - Tier 2; PA; SP; QL* *pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL*
Quinolones - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL *levofloxacin oral tablet - Tier 1; QL* *moxifloxacin hcl oral - Tier 1; QL*	BAXDELA INTRAVENOUS - Tier 2; PA BAXDELA ORAL - Tier 2; PA; QL *CIPRO (brand for ciprofloxacin hcl) - Tier 2; PA; QL* *levofloxacin oral solution - Tier 1; PA; QL* *ofloxacin oral - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
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 DISKUS (brand for fluticasone-salmeterol) - Tier 2; QL* *ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; QL* *altarussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *altarussin dm - Tier 1; QL; AL* *ANORO ELLIPTA (brand for umeclidinium-vilanterol) - Tier 2; QL* *BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; AL* *chest congestion relief dm oral syrup - Tier 1; QL; AL* *chest congestion relief oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *cold & allergy - Tier 1; AL* *cold/cough (generic for ENDACOF-DM) - Tier 1; QL*	AIRSUPRA - Tier 2; PA; QL; AL BEVESPI AEROSPHERE - Tier 2; PA; QL *BREO ELLIPTA (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* *breyna (generic for BREYNA) - Tier 1; PA; QL; AL* BREZTRI AEROSPHERE - Tier 2; PA; QL *budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; PA; QL* CLARINEX-D 12 HOUR - Tier 2; PA; QL DUAKLIR PRESSAIR - Tier 2; PA; QL *FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL; AL* *FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* *FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
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 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/CHEST CONGEST DM (brand for cvs cough & chest congestion) - Tier 2* *dextromethorphan-guaifenesin oral syrup - Tier 1; QL; AL* *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 PEN - Tier 2; PA; SP; QL; AL *geri-tussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *geri-tussin dm oral syrup - Tier 1; QL; AL* *guaifed (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *guaifenesin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *guaifenesin-dm oral syrup - Tier 1; QL; AL* *HYPERSAL (brand for sodium chloride) - Tier 2* *ipratropium-albuterol - Tier 1; QL* *MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; AL* *maxi-tuss dm (generic for ENDACOF-DM) - Tier 1; QL* *maxi-tuss pe - Tier 1; AL* *medifin mucus relief child (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL*	*fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; PA; QL* FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; PA; QL; AL *g tussin ac - Tier 1; PA; QL; AL* GRASTEK - Tier 2; PA; QL; AL *guaifenesin-codeine - Tier 1; PA; QL; AL* *hydrocod poli-chlorphe poli er - Tier 1; PA; QL* *hydrocodone bit-homatrop mbr - Tier 1; PA; QL* KALYDECO ORAL TABLET - Tier 2; PA; SP; QL *maxi-tuss ac - Tier 1; PA; QL; AL* ODACTRA - Tier 2; PA; QL; AL ORALAIR - Tier 2; PA; QL; AL ORALAIR ADULT STARTER PACK - Tier 2; PA; QL; AL *pirfenidone oral tablet 534 mg - Tier 1; PA; SP; QL* *promethazine-codeine - Tier 1; PA; QL; AL* RAGWITEK - Tier 2; PA; QL; AL SINUVA - Tier 2; PA TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL; AL TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION - Tier 2; PA; AL TUXARIN ER - Tier 2; PA; QL *UMECLIDINIUM-VILANTEROL (brand for umeclidinium-vilanterol) - Tier 2; PA; QL* *wixela inhub (generic for WIXELA INHUB) - Tier 1; PA; QL* XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; DX2RX; QL; AL

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

Preferred Agents	Non-Preferred Agents
MUCINEX COUGH CHILDRENS (brand for cvs cough & chest congestion) - Tier 2 *MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; AL* *MUCINEX FAST-MAX DM MAX (brand for cvs cough & chest congestion) - Tier 2* *MUCINEX FAST-MAX SEVERE CON/CG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2* *MUCOLYTE (brand for altarussin) - Tier 2; AL* *mucus & chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus relief childrens oral liquid 100 mg/5ml (generic for BUCKLEYS CHEST CONGESTION) - 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* *nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant max str oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant max str oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal four (generic for 4-WAY FAST ACTING) - Tier 1* *nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1* *nasal spray fast acting nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1*	

Preferred Agents	Non-Preferred Agents
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* *pirfenidone oral capsule - Tier 1; SP; QL* *promethazine-phenylephrine - Tier 1; QL; AL* *pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *PULMOSAL (brand for sodium chloride) - Tier 2* PULMOZYME - Tier 2; PA; SP; 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; AL *rynex pse - Tier 1; AL* *sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL* *sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus 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; QL *SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL*	

Preferred Agents	Non-Preferred Agents
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* *suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; QL* TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION - Tier 2; QL; AL TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT - Tier 2; QL; AL TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT - Tier 2; QL; AL *tussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *tussin adult chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *tussin adult oral liquid 200 mg/10ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*	

Preferred Agents	Non-Preferred Agents
tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1 *tussin dm oral syrup - Tier 1; QL; AL* *tussin mucus & chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *tussin mucus+chest congest sf (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* *tussin mucus+chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; AL* XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS - Tier 2; SP; QL; AL XOLAIR SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS - Tier 2; PA; SP; QL; AL XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; QL; AL XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML - Tier 2; SP; QL; AL	

Preferred Agents	Non-Preferred Agents
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
12 hour decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1 *12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1* *altamist spray (generic for AYR) - Tier 1* *anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1* *AYR (brand for altamist spray) - Tier 2* *AYR SALINE NASAL (brand for saline) - Tier 2* *AYR SALINE NASAL NO-DRIP (brand for saline) - Tier 2* *BABY AYR SALINE (brand for altamist spray) - Tier 2* *benzonatate - Tier 1; QL; AL* *deep sea nasal spray (generic for AYR) - Tier 1* *giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1* *long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*	

Preferred Agents	Non-Preferred Agents
long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - 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* *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* *promethazine-dm - Tier 1; QL; AL* *pseudoephedrine-bromphen-dm - Tier 1; QL; AL* *saline mist spray (generic for AYR) - Tier 1* *saline nasal spray (generic for AYR) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
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 solution - Tier 1; QL*	*almotriptan malate - Tier 1; PA; QL* *eletriptan hydrobromide (generic for RELPAX) - Tier 1; PA; QL* *frovatriptan succinate - Tier 1; PA; QL* *IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL* IMITREX STATDOSE REFILL - Tier 2; PA; QL *IMITREX STATDOSE SYSTEM (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* *naratriptan hcl - Tier 1; PA; QL* *RELPAX ORAL TABLET 20 MG (brand for eletriptan hydrobromide) - Tier 2; PA; QL* REYVOW - Tier 2; PA; QL; AL *sumatriptan succinate subcutaneous solution auto-injector (generic for IMITREX STATDOSE SYSTEM) - Tier 1; PA; QL* *sumatriptan-naproxen sodium (generic for TREXIMET) - Tier 1; PA; QL* TOSYMRA - Tier 2; PA; QL *TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL* ZEMBRACE SYMTOUCH - Tier 2; PA; QL *ZOLMITRIPTAN NASAL SOLUTION 2.5 MG (brand for zolmitriptan) - Tier 2; PA; QL* *zolmitriptan nasal solution 5 mg (generic for ZOMIG) - Tier 1; PA; QL* *zolmitriptan oral (generic for ZOMIG) - Tier 1; PA; QL* *ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL* *ZOMIG ORAL TABLET 5 MG (brand for zolmitriptan) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
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* *chlorzoxazone oral tablet 375 mg, 750 mg - Tier 1* *cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL* *cyclobenzaprine hcl oral tablet 7.5 mg (generic for FEXMID) - Tier 1* *methocarbamol oral (generic for TANLOR) - Tier 1; QL* *tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*	*AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL* ATMEKSI - Tier 2; PA; AL *carisoprodol oral (generic for SOMA) - Tier 1; PA; QL* *cyclobenzaprine hcl er (generic for AMRIX) - Tier 1; PA; QL* *DANTRIUM ORAL (brand for dantrolene sodium) - Tier 2; PA; QL* *dantrolene sodium oral (generic for DANTRIUM) - Tier 1; PA; QL* *FEXMID (brand for cyclobenzaprine hcl) - Tier 2; PA; QL; AL* *metaxalone oral tablet 400 mg, 640 mg - Tier 1; PA* *metaxalone oral tablet 800 mg - Tier 1; PA; QL* *NORGESIC (brand for orphenadrine-aspirin-caffeine) - Tier 2; PA; QL* *NORGESIC FORTE (brand for norgesic forte) - Tier 2; PA; QL* *orphenadrine citrate er - Tier 1; PA; QL* *orphenadrine-aspirin-caffeine (generic for NORGESIC) - Tier 1; PA; QL* *ORPHENGESIC FORTE (brand for norgesic forte) - Tier 2; PA; QL* *SOMA (brand for carisoprodol) - Tier 2; PA; QL* SUCCINYLCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML - Tier 2; PA *TANLOR (brand for methocarbamol) - Tier 2; PA; QL* *tizanidine hcl oral capsule 2 mg (generic for ZANAFLEX) - Tier 1; PA; QL* *tizanidine hcl oral capsule 4 mg, 6 mg (generic for ZANAFLEX) - Tier 1; PA* *ZANAFLEX ORAL CAPSULE 2 MG (brand for tizanidine hcl) - Tier 2; PA; QL* *ZANAFLEX ORAL CAPSULE 4 MG, 6 MG (brand for tizanidine hcl) - Tier 2; PA* *ZANAFLEX ORAL TABLET (brand for tizanidine hcl) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
baclofen oral tablet 15 mg - Tier 1 *baclofen oral tablet 5 mg - Tier 1; QL*	*baclofen oral solution (generic for OZOBAX DS) - Tier 1; PA; QL* *baclofen oral suspension (generic for FLEQSUVY) - Tier 1; PA; QL* BACLOFEN REFILL KIT-SYNCHROMED - Tier 2; PA *FLEQSUVY (brand for baclofen) - Tier 2; PA; QL* *OZOBAX DS (brand for baclofen) - Tier 2; PA; QL*
Sleep Disorders, Other - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
DORMIN (brand for cvs sleep-aid nighttime) - Tier 2 *sleep-aid nighttime oral capsule 25 mg (generic for DORMIN) - Tier 1* *sleep-aid oral capsule 25 mg (generic for DORMIN) - Tier 1*	*armodafinil (generic for NUVIGIL) - Tier 1; PA; QL; AL* BELSOMRA - Tier 2; PA; QL; AL DAYVIGO - Tier 2; PA; QL; AL *doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; AL* *HETLIOZ (brand for tasimelteon) - Tier 2; PA; SP; QL; AL* HETLIOZ LQ - Tier 2; PA; SP; QL; AL *modafinil oral (generic for PROVIGIL) - Tier 1; PA; QL; AL* *NUVIGIL (brand for armodafinil) - Tier 2; PA; QL; AL* *PROVIGIL (brand for modafinil) - Tier 2; PA; QL; AL* QUVIVIQ - Tier 2; PA; QL *ramelteon (generic for ROZEREM) - Tier 1; PA; QL; AL* *ROZEREM (brand for ramelteon) - Tier 2; PA; QL; AL* *SILENOR (brand for doxepin hcl) - Tier 2; PA; AL* *sodium oxybate (generic for XYREM) - Tier 1; PA; SP; QL* SUNOSI - Tier 2; PA; ST; QL *tasimelteon (generic for HETLIOZ) - Tier 1; PA; SP; QL; AL* WAKIX - Tier 2; PA; ST; QL *XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL* XYWAV - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Smoking Cessation Agents - Deterrents	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
habitrol (generic for HABITROL) - Tier 1; QL; AL *NICORETTE LOZENGE 2 MG MOUTH/THROAT (brand for cvs nicotine) - Tier 2; QL; AL* *NICORETTE LOZENGE 4 MG MOUTH/THROAT (brand for cvs nicotine polacrilex) - Tier 2; QL; AL* *NICORETTE MINI LOZENGE 2 MG MOUTH/THROAT (brand for cvs nicotine) - Tier 2; QL; AL* *NICORETTE MINI MOUTH/THROAT LOZENGE 4 MG (brand for cvs nicotine polacrilex) - 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*	*bupropion hcl er (smoking det) - Tier 1; PA; QL; AL* *CHANTIX (brand for varenicline tartrate) - Tier 2; PA; QL; AL* *CHANTIX CONTINUING MONTH PAK (brand for varenicline tartrate) - Tier 2; PA; QL; AL* *CHANTIX STARTING MONTH PAK (brand for varenicline tartrate (starter)) - Tier 2; PA; QL; AL* *NICODERM CQ (brand for cvs nicotine) - Tier 2; PA; QL; AL* *NICORETTE LOZENGE 2 MG MOUTH/THROAT (brand for cvs nicotine) - Tier 2; PA; QL; AL* *NICORETTE LOZENGE 4 MG MOUTH/THROAT (brand for cvs nicotine polacrilex) - Tier 2; PA; QL; AL* *NICORETTE MINI LOZENGE 2 MG MOUTH/THROAT (brand for cvs nicotine) - Tier 2; PA; QL; AL* *NICORETTE MOUTH/THROAT GUM (brand for cvs nicotine) - Tier 2; PA; QL; AL* *NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; PA; QL; AL* *nicotine transdermal kit 21-14-7 mg/24hr - Tier 1; PA; QL; AL* NICOTROL NS - Tier 2; PA; QL; AL

Preferred Agents	Non-Preferred Agents
nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL *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 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* *quit2 (generic for KLS QUIT2) - Tier 1; QL; AL* *quit4 (generic for KLS QUIT4) - Tier 1; 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*	*THRIVE (brand for cvs nicotine) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
Sodium Channel Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
carbamazepine er oral capsule extended release 12 hour (generic for CARBATROL) - Tier 1; QL *carbamazepine er oral tablet extended release 12 hour (generic for TEGRETOL-XR) - Tier 1; QL; AL* *carbamazepine oral suspension 100 mg/5ml (generic for TEGRETOL) - Tier 1; QL; AL* *carbamazepine oral tablet (generic for TEGRETOL) - Tier 1; QL* *carbamazepine oral tablet chewable 100 mg - Tier 1; QL; AL* DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL *lacosamide oral tablet (generic for VIMPAT) - Tier 1; QL; AL* *oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; QL; AL* *oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL; AL* *phenytek (generic for PHENYTEK) - Tier 1; QL* *phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin oral suspension 125 mg/5ml (generic for DILANTIN-125) - Tier 1; QL* *phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL* *rufinamide oral tablet (generic for BANZEL) - Tier 1; PA; QL*	*APTIOM (brand for eslicarbazepine acetate) - Tier 2; PA; ST; QL; AL* *BANZEL ORAL SUSPENSION (brand for rufinamide) - Tier 2; PA; ST; QL; AL* *BANZEL ORAL TABLET (brand for rufinamide) - Tier 2; PA; QL* *carbamazepine oral tablet chewable 200 mg - Tier 1; PA; ST; QL* *CARBATROL (brand for carbamazepine er) - Tier 2; PA; QL* *DILANTIN INFATABS (brand for phenytoin) - Tier 2; PA; QL* *DILANTIN ORAL CAPSULE 100 MG (brand for phenytoin sodium extended) - Tier 2; PA; QL* *DILANTIN-125 (brand for phenytoin) - Tier 2; PA; QL* *eslicarbazepine acetate (generic for APTIOM) - Tier 1; PA; ST; QL; AL* *lacosamide intravenous (generic for VIMPAT) - Tier 1; PA* *lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml (generic for VIMPAT) - Tier 1; PA; ST; QL; AL* MOTPOLY XR - Tier 2; PA; ST; QL *oxcarbazepine er (generic for OXTELLAR XR) - Tier 1; PA; ST; QL* *OXTELLAR XR (brand for oxcarbazepine er) - Tier 2; PA; ST; QL* *rufinamide oral suspension 40 mg/ml (generic for BANZEL) - Tier 1; PA; ST; QL; AL* *TEGRETOL ORAL SUSPENSION (brand for carbamazepine) - Tier 2; PA; QL; AL* *TEGRETOL ORAL TABLET (brand for carbamazepine) - Tier 2; PA; QL* *TEGRETOL-XR (brand for carbamazepine er) - Tier 2; PA; QL; AL* *TRILEPTAL ORAL SUSPENSION (brand for oxcarbazepine) - Tier 2; PA; QL; AL* *TRILEPTAL ORAL TABLET (brand for oxcarbazepine) - Tier 2; PA; QL; AL* *VIMPAT INTRAVENOUS (brand for lacosamide) - Tier 2; PA* *VIMPAT ORAL SOLUTION (brand for lacosamide) - Tier 2; PA; ST; QL; AL* *VIMPAT ORAL TABLET (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 solution 10 mg/5ml - Tier 1; QL; AL *citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL; AL* *desvenlafaxine succinate er (generic for PRISTIQ) - Tier 1; ST; QL; AL* *escitalopram oxalate oral solution - Tier 1; ST; 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* *fluoxetine hcl oral tablet - Tier 1; ST; QL; AL* *fluvoxamine maleate - Tier 1; QL; AL* *paroxetine hcl er (generic for PAXIL CR) - Tier 1; ST; 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 tablet 100 mg, 150 mg, 50 mg - 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* *venlafaxine hcl er oral tablet extended release 24 hour - Tier 1; ST; AL* *vilazodone hcl (generic for VIIBRYD) - Tier 1; ST; QL; AL*	*CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL; AL* *citalopram hydrobromide oral capsule - Tier 1; PA; QL* DESVENLAFAXINE ER - Tier 2; PA; ST; QL; AL DRIZALMA SPRINKLE - Tier 2; PA; QL; AL *EFFEXOR XR (brand for venlafaxine hcl er) - Tier 2; PA; QL; AL* ESCITALOPRAM OXALATE ORAL CAPSULE - Tier 2; PA; ST; QL; AL FETZIMA - Tier 2; PA; ST; QL; AL FETZIMA TITRATION - Tier 2; PA; QL; AL *fluoxetine hcl (pmdd) - Tier 1; PA* *fluoxetine hcl oral capsule delayed release - Tier 1; PA; ST; QL* *fluvoxamine maleate er - Tier 1; PA; ST; QL; AL* *LEXAPRO (brand for escitalopram oxalate) - Tier 2; PA; QL; AL* LYBALVI - Tier 2; PA; QL; AL *nefazodone hcl - Tier 1; PA; ST; QL; AL* *olanzapine-fluoxetine hcl - Tier 1; PA; QL; AL* *paroxetine hcl oral suspension - Tier 1; PA; ST; QL; AL* *paroxetine mesylate - Tier 1; PA; QL* *PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL; AL* *PAXIL CR (brand for paroxetine hcl er) - Tier 2; PA; ST; QL; AL* *PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; ST; QL; AL* RALDESY - Tier 2; PA *sertraline hcl oral capsule - Tier 1; PA; QL; AL* *trazodone hcl oral tablet 300 mg - Tier 1; PA; ST; QL; AL* TRINTELLIX - Tier 2; PA; ST; QL; AL *VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; ST; QL; AL* *ZOLOFT (brand for sertraline hcl) - Tier 2; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
Sulfonamides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL *sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL* *sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL*	*BACTRIM (brand for sulfamethoxazole-trimethoprim) - Tier 2; PA; QL* *BACTRIM DS (brand for sulfamethoxazole-trimethoprim) - Tier 2; PA; QL* *sulfadiazine oral - Tier 1; PA; QL*
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL	*AZULFIDINE (brand for sulfasalazine) - Tier 2; PA; QL* *AZULFIDINE EN-TABS (brand for sulfasalazine) - Tier 2; PA; QL*
Tetracyclines - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
doxycycline hyclate oral capsule - Tier 1; QL *doxycycline monohydrate oral suspension reconstituted - Tier 1* *doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg - Tier 1; QL* *doxycycline monohydrate oral tablet 150 mg - Tier 1* *minocycline hcl oral tablet 100 mg - Tier 1; QL* *minocycline hcl oral tablet 50 mg, 75 mg - Tier 1* *tetracycline hcl oral capsule - Tier 1; QL* TETRACYCLINE HCL ORAL TABLET - Tier 2	AVIDOXY - Tier 2; PA; QL *demeclocycline hcl - Tier 1; PA; QL* DORYX MPC - Tier 2; PA; QL *doxycycline (generic for ORACEA) - Tier 1; PA* *doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg - Tier 1; PA; QL* *doxycycline hyclate oral tablet 20 mg - Tier 1; PA* *doxycycline hyclate oral tablet 50 mg (generic for TARGADOX) - Tier 1; PA* *doxycycline hyclate oral tablet delayed release 100 mg, 200 mg, 50 mg - Tier 1; PA; QL* *doxycycline hyclate oral tablet delayed release 150 mg, 75 mg - Tier 1; PA* *doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; PA; QL* *doxycycline monohydrate oral capsule 150 mg, 75 mg - Tier 1; PA* *doxycycline monohydrate oral capsule 50 mg - Tier 1; PA; QL* *minocycline hcl er - Tier 1; PA* *minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
	minocycline hcl oral capsule 75 mg - Tier 1; PA *MONDOXYNE NL (brand for doxycycline monohydrate) - Tier 2; PA; QL* NUZYRA ORAL - Tier 2; PA; QL *ORACEA (brand for doxycycline) - Tier 2; PA* *TARGADOX (brand for doxycycline hyclate) - Tier 2; PA*
Treatment Adjuncts - Supportive Chemotherapy Drugs	
Antineoplastics - Drugs to Treat Cancer	
mesna oral (generic for MESNEX) - Tier 1; SP *MESNEX ORAL (brand for mesna) - Tier 2; SP*	
Treatment-Resistant - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL	*CLOZARIL (brand for clozapine) - Tier 2; PA; QL; AL*
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* *imipramine hcl oral tablet 10 mg - Tier 1; QL* *imipramine hcl oral tablet 25 mg, 50 mg - Tier 1; QL; AL* *nortriptyline hcl oral capsule (generic for PAMELOR) - Tier 1; QL; AL* *nortriptyline hcl oral solution - Tier 1; QL* *perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1; AL* *perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL; AL*	*ANAFRANIL (brand for clomipramine hcl) - Tier 2; PA; QL; AL* *chlordiazepoxide-amitriptyline - Tier 1; PA; AL* *imipramine pamoate - Tier 1; PA; QL; AL* *NORPRAMIN (brand for desipramine hcl) - Tier 2; PA; QL; AL* *PAMELOR (brand for nortriptyline hcl) - Tier 2; PA; QL; AL* *protriptyline hcl - Tier 1; PA; QL; AL* *trimipramine maleate oral - Tier 1; PA; QL; AL*

Preferred Agents	Non-Preferred Agents
Vaccines	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ABRYSVO - Tier 2; QL ACTHIB - Tier 2; QL ADACEL - Tier 2; QL AFLURIA - Tier 2; QL; AL AFLURIA PRESERVATIVE FREE - Tier 2; QL; AL AREXVY - Tier 2; QL BEXSERO - Tier 2; QL BOOSTRIX - Tier 2; QL CAPVAXIVE - Tier 2; QL; AL COMIRNATY - Tier 2; QL COMIRNATY 5-11 YEARS - Tier 2; QL DAPTACEL - Tier 2; QL DENGVAXIA - Tier 2; QL; AL ENGERIX-B - Tier 2; QL FLUAD - Tier 2; QL; AL FLUARIX - Tier 2; QL; AL FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL; AL	BCG VACCINE - Tier 2; PA IMOVAX RABIES - Tier 2; PA IXIARO - Tier 2; PA RABAVERT - Tier 2; PA SPIKEVAX 6M-11Y - Tier 2; PA TYPHIM VI - Tier 2; PA VAXCHORA - Tier 2; PA YF-VAX - Tier 2; PA

Preferred Agents	Non-Preferred Agents
FLULAVAL - Tier 2; QL; AL FLUMIST - Tier 2; QL; AL FLUZONE HIGH-DOSE - Tier 2; QL FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL; AL GARDASIL 9 - Tier 2; QL HAVRIX - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL HIBERIX - Tier 2; QL INFANRIX - Tier 2; QL IPOL - Tier 2; QL MENQUADFI - Tier 2; QL MENVEO - Tier 2; QL M-M-R II - Tier 2; QL MNEXSPIKE - Tier 2; QL PEDIARIX - Tier 2; QL PEDVAX HIB - Tier 2; QL PENBRAYA - Tier 2; QL PENMENVY - Tier 2; QL PENTACEL - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL; AL PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR - Tier 2; QL PREVNAR 20 SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR - Tier 2; QL; AL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL RECOMBIVAX HB - Tier 2; QL ROTARIX - Tier 2; QL; AL ROTATEQ - Tier 2; QL SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED - Tier 2; QL SPIKEVAX - Tier 2; QL TENIVAC - Tier 2; QL TRUMENBA - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
TWINRIX - Tier 2; QL VAQTA - Tier 2; QL VARIVAX - Tier 2; QL VAXELIS - Tier 2; QL 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* *nitroglycerin rectal (generic for RECTIV) - Tier 1; PA; QL* *nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL* *nitroglycerin transdermal patch 24 hour (generic for NITRO-DUR) - Tier 1; QL*	*nitro-bid (generic for NITRO-BID) - Tier 1; PA; QL* *NITRO-DUR (brand for nitroglycerin) - Tier 2; PA; QL* *nitroglycerin transdermal ointment (generic for NITRO-BID) - Tier 1; PA; QL* *nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; PA; QL* *NITROLINGUAL (brand for nitroglycerin) - Tier 2; PA; QL* *NITROSTAT (brand for nitroglycerin) - Tier 2; PA; QL* *RECTIV (brand for nitroglycerin) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
Vitamins	
Electrolytes/Minerals/Metals/Vitamins	
ACTIVITE (brand for activite) - Tier 2; QL *ALIVE KIDS PREMIUM (brand for cvs gummy dinos) - Tier 2; QL* *AVOWISE (brand for daily multiple vitamins) - Tier 2* *b complex - Tier 1; QL* *b complex vitamins - Tier 1; QL* *b complex-b12 - Tier 1* *b-1 - Tier 1; QL* *b-12 oral tablet extended release 1000 mcg - Tier 1* *b-12 slow release - Tier 1* *b6 - Tier 1; QL* *BACMIN (brand for b-plex plus) - Tier 2; QL* *b-complex/b-12 oral - Tier 1* *BIOCEL (brand for b-plex plus) - Tier 2; QL* *b-plex plus (generic for BACMIN) - Tier 1; QL* *CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL* *CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL*	*b complex plus c (generic for ALLBEE/C) - Tier 1; PA* *b complex-c oral capsule (generic for LUNAVIRA) - Tier 1; PA* *b12 oral (generic for FINEST NUTRITION VITAMIN B-12) - Tier 1; PA* *b-12 oral tablet 1000 mcg - Tier 1; PA* *b-12 oral tablet 500 mcg (generic for FINEST NUTRITION VITAMIN B-12) - Tier 1; PA* *b12 quick dissolve oral lozenge 500 mcg - Tier 1; PA* *b-complex plus vitamin c oral tablet (generic for ALLBEE/C) - Tier 1; PA* *beta carotene high potency - Tier 1; PA* *beta carotene oral - Tier 1; PA* *biotin forte oral tablet 5 mg - Tier 1; PA* *biotin oral capsule 5 mg, 5000 mcg (generic for MERIBIN) - Tier 1; PA* *biotin oral tablet 10 mg, 10000 mcg, 5 mg, 5000 mcg - Tier 1; PA* *biotin super potency (generic for MERIBIN) - Tier 1; PA* *b-plex - Tier 1; PA* *cod liver oil oral capsule 1250-135 unit, 4000-200 unit - Tier 1; PA* *cod liver oil oral oil - Tier 1; PA* *cyanocobalamin nasal (generic for NASCOBAL) - Tier 1; PA; QL*

Preferred Agents	Non-Preferred Agents
CENTRUM KIDS MULTIGUMMIES (brand for cvs gummy dinos) - Tier 2; QL	*DAVIMET-M (brand for folachew) - Tier 2; PA*
CENTRUM MENOPAUSE MIND/MOOD (brand for daily multiple vitamins) - Tier 2	*DERMACINRX DAVIMET (brand for folachew) - Tier 2; PA*
childrens multi (generic for ALIVE KIDS PREMIUM) - Tier 1; QL	*DERMACINRX PRETRATE (brand for neo-vital rx) - Tier 2; PA*
classic prenatal - Tier 1	DIALYVITE/ZINC - Tier 2; PA
C-NATE DHA - Tier 2; QL	*DRISDOL (brand for ergocalciferol) - Tier 2; PA; QL; AL*
COMPLETE NATAL DHA - Tier 2	ENBRACE HR - Tier 2; PA
COMPLETENATE - Tier 2; QL	*FLORIVA PLUS (brand for multi-vitamin/fluoride) - Tier 2; PA; QL*
CONCEPT DHA - Tier 2; QL	*FOLACHEW (brand for folachew) - Tier 2; PA*
CONCEPT OB - Tier 2; QL	FOLIVANE-OB - Tier 2; PA
cyanocobalamin solution 1000 mcg/ml injection - Tier 1; QL	*GESTYRA (brand for azesco) - Tier 2; PA; QL*
daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	HYLAVITE - Tier 2; PA
daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	*MATERNACEL (brand for neomaterna) - Tier 2; PA; QL*
daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	*MERIBIN (brand for biotin) - Tier 2; PA*
daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	METAVITE - Tier 2; PA
daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	*multivitamin w/fluoride (generic for FLOTREX) - Tier 1; PA; QL*
	multivitamin/fluoride oral suspension (generic for FLORIVA PLUS) - Tier 1; PA; QL
	NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
DERMACINRX RIBOTIN-E (brand for b-plex plus) - Tier 2; QL	*NEOMATERNA (brand for neomaterna) - Tier 2; PA; QL*
DIALYVITE (brand for activite) - Tier 2; QL	*NEONATAL COMPLETE (brand for prenatal) - Tier 2; PA*
DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL	*NEONATAL PLUS (brand for prenatal) - Tier 2; PA*
DIALYVITE SUPREME D (brand for b-plex plus) - Tier 2; QL	*NEO-VITAL RX (brand for neo-vital rx) - Tier 2; PA*
e - Tier 1	NEPHPLEX RX - Tier 2; PA
e-400-clear - Tier 1; QL	NESTABS - Tier 2; PA
ELDERTONIC - Tier 2	NESTABS DHA - Tier 2; PA
ELITE-OB - Tier 2; QL	NESTABS ONE - Tier 2; PA
EMERGEN-C KIDZ DAILY IMMUNE (brand for cvs gummy dinos) - Tier 2; QL	*NEXOCHEW (brand for folachew) - Tier 2; PA*
EMERGEN-C KIDZ IMMUNE+ (brand for cvs gummy dinos) - Tier 2; QL	*niacin flush free oral capsule 400-100 mg - Tier 1; PA*
ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL; AL	*NICOMIDE (brand for nicotinamide) - Tier 2; PA*
essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	*no flush niacin - Tier 1; PA*
essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	*norwegian cod liver oil oral capsule - Tier 1; PA*
FINAZOL (brand for b-plex plus) - Tier 2; QL	OB COMPLETE - Tier 2; PA
	OB COMPLETE ONE - Tier 2; PA
	OB COMPLETE PETITE - Tier 2; PA
	OB COMPLETE PREMIER - Tier 2; PA
	OB COMPLETE/DHA - Tier 2; PA

Preferred Agents	Non-Preferred Agents
FLINTSTONES + EXTRA IRON (brand for cvs gummy dinos) - Tier 2; QL	ONE A DAY PRENATAL ADVANCED - Tier 2; PA
FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; QL	*one daily womens health oral tablet - Tier 1; PA*
FLORRAXYL (brand for b-plex plus) - Tier 2; QL	*ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; PA*
FLOTREX ORAL TABLET CHEWABLE 0.25 MG, 1 MG (brand for multivitamin w/fluoride) - Tier 2; QL	*ONENATAL RX (brand for neo-vital rx) - Tier 2; PA*
FOLAPRIME (brand for b-plex plus) - Tier 2; QL	*PNV TABS 20-1 (brand for neomaterna) - Tier 2; PA; QL*
FOLAREX (brand for b-plex plus) - Tier 2; QL	*pnv-dha - Tier 1; PA*
FOLAWISE (brand for daily multiple vitamins) - Tier 2	*pnv-omega - Tier 1; PA*
folic acid oral tablet 1 mg - Tier 1; QL	*pnv-select - Tier 1; PA*
folic acid oral tablet 400 mcg, 800 mcg - Tier 1	*POLY-VI-FLOR ORAL SUSPENSION (brand for multi-vitamin/fluoride) - Tier 2; PA; QL*
FOLIFLEX (brand for b-plex plus) - Tier 2; QL	*POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL (brand for multivitamin w/fluoride) - Tier 2; PA; QL*
FOLITIN-Z (brand for b-plex plus) - Tier 2; QL	*POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL (brand for multivitamin w/fluoride) - Tier 2; PA; QL*
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL	POLY-VI-FLOR/IRON - Tier 2; PA
growing bones & muscles kids (generic for ALIVE KIDS PREMIUM) - Tier 1; QL	PREMESISRX - Tier 2; PA
gummy dinos (generic for ALIVE KIDS PREMIUM) - Tier 1; QL	*prenatal 19 oral tablet chewable - Tier 1; PA; QL*
	prenatal plus (generic for NEONATAL PLUS) - Tier 1; PA

Preferred Agents	Non-Preferred Agents
gummy multivitamin kids (generic for ALIVE KIDS PREMIUM) - Tier 1; QL	PRENATE - Tier 2; PA
healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	PRENATE AM - Tier 2; PA
LYSIPLEX PLUS ORAL TABLET (brand for b-plex plus) - Tier 2; QL	PRENATE DHA - Tier 2; PA
MEDI TAB (brand for b-plex plus) - Tier 2; QL	PRENATE ELITE - Tier 2; PA
MI-VITE RX (brand for activite) - Tier 2; QL	PRENATE ENHANCE - Tier 2; PA
M-NATAL PLUS (brand for prenatal) - Tier 2	PRENATE ESSENTIAL - Tier 2; PA
multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	PRENATE MINI - Tier 2; PA
multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	PRENATE PIXIE - Tier 2; PA
multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	PRENATE RESTORE - Tier 2; PA
multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	*PRENATRIX (brand for prenatal) - Tier 2; PA*
multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL	*PRENATRYL (brand for prenatal) - Tier 2; PA*
multivitamin/fluoride oral tablet chewable (generic for FLOTREX) - Tier 1; QL	PROVIDA OB - Tier 2; PA; QL
multi-vitamin/fluoride/iron - Tier 1; QL	RELNATE DHA - Tier 2; PA
	SELECT-OB - Tier 2; PA
	super b complex/c oral tablet (generic for ALLBEE/C) - Tier 1; PA
	super b/c (generic for LUNAVIRA) - Tier 1; PA
	SUPERVITE - Tier 2; PA
	TRISTART DHA - Tier 2; PA

Preferred Agents	Non-Preferred Agents
MYNEPHRON (brand for triphrocaps) - Tier 2	*TRI-VI-FLOR (brand for multi-vitamin/fluoride) - Tier 2; PA; QL*
NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2	TRUE VITAMIN B12 - Tier 2; PA
NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; QL	*VITALARA (brand for neomaterna) - Tier 2; PA; QL*
NEONATAL VITAMIN (brand for cvs prenatal) - Tier 2; QL	VITAL-D RX - Tier 2; PA
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL	*vitamin b complex-c (generic for LUNAVIRA) - Tier 1; PA*
NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL	*vitamin b12 oral tablet 100 mcg, 1000 mcg - Tier 1; PA*
NEWVITE (brand for daily multiple vitamins) - Tier 2	*vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg - Tier 1; PA*
niacin er oral capsule extended release 250 mg - Tier 1; QL	*vitamin b12 oral tablet 500 mcg (generic for FINEST NUTRITION VITAMIN B-12) - Tier 1; PA*
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1	*vitamin b-12 oral tablet 500 mcg (generic for FINEST NUTRITION VITAMIN B-12) - Tier 1; PA*
niacin oral tablet 100 mg, 50 mg - Tier 1	*VITATHELY WITH GINGER (brand for prenatal) - Tier 2; PA*
NIVA-PLUS (brand for prenatal) - Tier 2	*VITAVERA (brand for folachew) - Tier 2; PA*
NORIXA (brand for b-plex plus) - Tier 2; QL	WESCAP-PN DHA - Tier 2; PA
NORVEXA (brand for b-plex plus) - Tier 2; QL	WESNATE DHA - Tier 2; PA
NUTRIFAC ZX (brand for b-plex plus) - Tier 2; QL	WESTGEL DHA - Tier 2; PA
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	ZENVITA - Tier 2; PA
ONE A DAY PRENATAL ORAL CAPSULE - Tier 2	
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-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1	
phytonadione oral - Tier 1; QL	
pnv 27-ca/fe/fa - Tier 1	
POLY-VI-FLOR TABLET CHEWABLE 0.25 MG ORAL (brand for multivitamin w/fluoride) - Tier 2; QL	
POLY-VI-FLOR TABLET CHEWABLE 0.5 MG ORAL (brand for multivitamin w/fluoride) - Tier 2; QL	
POLY-VI-FLOR TABLET CHEWABLE 1 MG ORAL (brand for multivitamin w/fluoride) - Tier 2; QL	
PRENATABS RX (brand for thrivite rx) - Tier 2	
prenatal 19 oral tablet - Tier 1	

Preferred Agents	Non-Preferred Agents
prenatal multivitamins - Tier 1 *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* *prenatal oral tablet 28-0.8 mg - Tier 1* *prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal vitamins oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal vitamins oral tablet 28-0.8 mg - Tier 1* *prenatal/folic acid - Tier 1* *prenatal/iron oral tablet 28-0.8 mg - Tier 1* *pyridoxine hcl oral - Tier 1; QL* *RENAL (brand for triphrocaps) - Tier 2* *rena-vite (generic for DIALYVITE 800) - Tier 1; QL* SELECT-OB+DHA - Tier 2 SE-NATAL 19 ORAL TABLET - Tier 2 SE-NATAL 19 ORAL TABLET CHEWABLE - Tier 2; QL *SLO-NIACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 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* STUART ONE - Tier 2 *tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* TARON-C DHA - Tier 2 *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* *TM-DAILY VITE (brand for daily multiple vitamins) - Tier 2* TRINATAL RX 1 - Tier 2 *triphrocaps (generic for MYNEPHRON) - Tier 1*	

Preferred Agents	Non-Preferred Agents
TRI-VITAMIN WITH FLUORIDE (brand for multi-vitamin/fluoride) - Tier 2; QL *TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2* TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2 *TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* TRUE VITAMIN A - Tier 2; QL TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG - Tier 2 TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2 *UDAMIN SP (brand for b-plex plus) - Tier 2; QL* *VENEXA (brand for b-plex plus) - Tier 2; QL* *VENEXA FE (brand for b-plex plus) - Tier 2; QL* *VIREXA (brand for daily multiple vitamins) - Tier 2* *VITA S FORTE (brand for b-plex plus) - Tier 2; QL* *VITACEL (brand for b-plex plus) - Tier 2; QL* *vitachew multiple vitamin (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* *VITACORE (brand for b-plex plus) - Tier 2; QL* VITAFOL FE+ - Tier 2 VITAFOL GUMMIES - Tier 2 VITAFOL ULTRA - Tier 2 VITAFOL-OB - Tier 2 VITAFOL-OB+DHA - Tier 2 VITAFOL-ONE - Tier 2 *vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut), 3000 mcg - Tier 1; QL* *vitamin b complex oral capsule - Tier 1; QL* *vitamin b complex w/b-12 - Tier 1* *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*	

Preferred Agents	Non-Preferred Agents
vitamin b-12 pr - Tier 1 *vitamin b-6 - Tier 1; QL* *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) (generic for DRISDOL) - Tier 1; QL; AL* *vitamin e oral capsule 180 mg, 180 mg (400 unit) - Tier 1; QL* *vitamin e oral capsule 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1* *vitamin-b complex - Tier 1* *VITAROCA PLUS (brand for b-plex plus) - Tier 2; QL* *VITASCRIPT (brand for b-plex plus) - Tier 2; QL* *VITASURE (brand for activite) - Tier 2; QL* *VITRAMYN (brand for b-plex plus) - Tier 2; QL* *VITRANOL FE (brand for b-plex plus) - Tier 2; QL* *VITREXYL (brand for b-plex plus) - Tier 2; QL* *VITREXYL + IRON (brand for b-plex plus) - Tier 2; QL* *VITRION (brand for daily multiple vitamins) - Tier 2* *wescaps (generic for MYNEPHRON) - Tier 1* WESNATAL DHA COMPLETE - Tier 2 *WESTAB PLUS (brand for prenatal) - Tier 2*	

Preferred Agents	Non-Preferred Agents
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
	QUIOFIC - Tier 2; PA *VITAJOY B-12 EXTRA STR GUMMIES (brand for ft vitamin b-12 extra strength) - Tier 2; PA* *vitamin b-12 extra strength (generic for VITAJOY B-12 EXTRA STR GUMMIES) - Tier 1; PA*

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