Preferred Drug List (PDL)

Washington

Apple Health Integrated Managed Care (Medicaid)

Apple Health Expansion

Effective Date: April 01, 2026

United Healthcare Community Plan

Preferred drug list

Introduction

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

The drugs represented have been reviewed and are approved for inclusion. The PDL is reflective of current medical practice as of the date of review.

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

Notice

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

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

Preface

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

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

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

Pharmacy and therapeutics (P&T) committee

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

Outpatient prescription drug benefit covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin
Hydrocortisone

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

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

citalopram 40 mg tabs Celexa tabs

United Healthcare Community Plan

Drug tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

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

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

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

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

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

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

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

Drug efficacy study implementation (DESI) drugs

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

Plan exclusions

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

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

Days supply dispensing limitations

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

Mandatory generic substitution

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

Prior authorization of non-PDL medications

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

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

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

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

Physicians are requested to adhere to this PDL when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-PDL drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this PDL. If a PDL alternative is not appropriate the physician should then be instructed to contact the Plan for a prior authorization. Please contact UnitedHealthcare Community Plan at **800-310-6826** with questions concerning the prior authorization process.

Non-PDL drugs 3-day temporary supply overrides

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

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

Quantity limitations (QL)

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

Quantity limits based on efficient medication dosing

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

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

Controlled substances

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

- benzodiazepines
- sedative hypnotic agents
- barbiturates
- select muscle relaxants

Additional fills will require prior authorization. Exceptions apply in opiate class for some diagnoses. Medications in these classes may also be subject to individual quantity limits.

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

Specialty pharmaceutical management program

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

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan via fax at 866-940-7328. The UnitedHealthcare Community Plan Pharmacy Department will review and respond to all requests in accordance with state requirements, and if authorized for payment, UnitedHealthcare Community Plan will coordinate the delivery of the product to the member or provider. Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP". Prior Authorization request forms can be requested by calling UnitedHealthcare Community Plan at **800-310-6826.**

Medications requiring diagnosis

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

The diagnosis will be verified at the point-of-sale by the pharmacy claims processing system. If a matching diagnosis is not found in the medical claim file or on the pharmacy drug claim, the prescription will be rejected at the pharmacy. The pharmacist may then contact the prescriber to verify the diagnosis and submit it on the claim.

If the diagnosis provided still does not match the approved use, prior authorization may be requested through the standard process by faxing a request to 866-940-7328.

Step therapy (ST)

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

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

Editor

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

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

Legend

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

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Notice

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

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

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United Healthcare Community Plan

UnitedHealthcare Community Plan complies with all Federal civil rights laws that relate to healthcare services. UnitedHealthcare Community Plan offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

UnitedHealthcare Community Plan also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

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

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

UHC_Civil_Rights@uhc.com

You can call or write us about a complaint at any time. We will let you know we received your complaint within two business days. We will try to take care of your complaint right away. We will resolve your complaint within 45 calendar days and tell you how it was resolved.

If you need help with your complaint, please call **1-877-542-8997**, **TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

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

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

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

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

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

If you need help with your complaint, please call **1-877-542-8997**, **TTY 711**.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call **1-877-542-8997**, **TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

UnitedHealthcare Community Plan cumple con todos los requisitos de las leyes Federales de los derechos civiles relativas a los servicios de los cuidados para la salud. UnitedHealthcare Community Plan ofrece servicios para los cuidados de salud a todos los miembros sin distinción de su raza, color, origen nacional, edad, discapacidad o sexo. UnitedHealthcare Community Plan no excluye a personas ni les da un tratamiento diferente basado en su raza, color, origen nacional, edad, discapacidad o sexo. Esto incluye su identificación de sexo, su estado de embarazo o el estereotipo sexual que tengan.

UnitedHealthcare Community Plan también cumple con los requisitos de las leyes estatales pertinentes y no discrimina en base a sus creencias, sexo, expresión de sexo o identidad, orientación sexual, estado civil, religión, veterano dado de alta honorablemente o por su actual condición militar o por el empleo de perros o animales entrenados como guías o para servicios necesarios para una persona con una discapacidad.

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

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

UHC_Civil_Rights@uhc.com

Usted puede llamarnos o escribirnos sobre una queja en cualquier momento. Le informaremos que recibimos su queja dentro de dos días hábiles. Trataremos de atender su queja de inmediato. Resolveremos su queja dentro de 45 días calendario y le informaremos cómo se resolvió.

Si usted necesita ayuda con su queja, por favor llame al **1-877-542-8997**, **TTY 711**, de lunes a viernes de 8:00 a.m. a 5:00 p.m.

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

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

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

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

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

Si necesita ayuda para presentar su queja, por favor llame al **1-877-542-8997**, **TTY 711**.

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al **1-877-542-8997**, **TTY 711**, de lunes a viernes, 8:00 a.m. – 5:00 p.m.

UnitedHealthcare® Community Plan | Washington Apple Health

English:
If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at **1-877-542-8997 (TTY: 711)**.

Hmong:
Yog cov ntaub ntawv muab tuaj hauv no tsis yog sau ua koj hom lus, thov hu rau UnitedHealthcare Community Plan ntawm 1-877-542-8997 (TTY: 711).

Samoan:
Afai o fa'amatalaga ua tuuina atu e le'o tusia i lau gagana masani, fa'amolemole fa'afesoota'i mai le vaega a le United Healthcare Community Plan ile telefoni 1-877-542-8997. (TTY:711).

Russian:
Если прилагаемая информация представлена не на Вашем родном языке, позвоните представителю UnitedHealthcare Community Plan по тел. 1-877-542-8997 (телетайп: 711).

Ukranian:
Якщо інформація, що додається, подана не на Вашій рідній мові, зателефонуйте до UnitedHealthcare Community Plan 1-877-542-8997 (для осіб з порушеннями слуху: 711).

Korean:
동봉한 안내 자료가 귀하의 모국어로 준비되어 있지 않으면 1-877-542-8997(TTY: 711)로 UnitedHealthcare Community Plan에 전화주십시오.

Romanian:
Dacă informațiile alăturate nu sunt în limba dumneavoastră principală, vă rugăm să sunați la UnitedHealthcare Community Plan, la numărul 1-877-542-8997 (TTY: 711).

Amharic:
ተያይዞ ያለው መረጃ በቋንቋዎ ካልሆነ፤ እባክዎን በሚከተለው ስልክ ቁጥር ወደ UnitedHealthcare Community Plan **ይደውሉ፡** 1-877-542-8997 (**መስማት ለተሳናቸው**/ TTY: 711)**።**

Tigrinya:
ተተሓሒዙ ዘሎ ሓበሬታ ብቋንቋኹም ተዘይኮነ፤ ብኽብረትኩም በዚ ዝስዕብ ቁጽሪ ስልኪ ናብ UnitedHealthcare Community Plan **ደውሉ፡** 1-877-542-8997 (**ምስማዕ ንተጸገሙ**/ TTY: 711)**።**

Spanish:
Si la información adjunta no está en su lengua materna, llame a UnitedHealthcare Community Plan al 1-877-542-8997 (TTY: 711).

Lao:
ຖ້າຂໍ້ມູນທີ່ຕິດຄັດມານີ້ ບໍ່ແມ່ນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໂທຫາ UnitedHealthcare Community Plan ທີ່ເບີ 1-877-542-8997 (TTY: 711).

Vietnamese:
Nếu ngôn ngữ trong thông tin đính kèm này không phải là ngôn ngữ chánh của quý vị, xin gọi cho UnitedHealthcare Community Plan theo số 1-877-542-8997 (TTY: 711).

Traditional Chinese:
若隨附資訊的語言不屬於您主要使用語言，請致電 UnitedHealthcare Community Plan，電話號碼為 1-877-542-8997（聽障專線 (TTY)：711）。

Khmer:
ប្រសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសារដើមរបស់អ្នកទេ សូមទូរស័ព្ទមកកាន់ UnitedHealthcare Community Plan លេខ 1-877-542-8997 (ក្រសួងអ្នកថ្លង់ [TTY]: 711).

Tagalog:
Kung ang nakalakip na impormasyon ay wala sa iyong pangunahing wika, mangyaring tumawag sa UnitedHealthcare Community Plan sa 1-877-542-8997 (TTY: 711).

Farsi:
در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمیباشد، لطفا با United Healthcare Community Plan با شماره 1-877-542-8997 تماس حاصل نمایید (وسیله ارتباتی برای ناشنوایان – TTY: 711).

Preferred Drug List

INTRODUCTION

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

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

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PRODUCT SELECTION CRITERIA

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

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

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

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

PDL PRODUCT DESCRIPTIONS

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Hydrocortisone Cortisporin

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

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

citalopram 40 mg tabs Celexa tabs

DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

GENERIC SUBSTITUTION

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

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

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

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

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

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

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

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

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

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

PLAN EXCLUSIONS

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

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

DAYS SUPPLY DISPENSING LIMITATIONS

UnitedHealthcare Community Plan members may receive up to a one month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when eighty-five percent (85%) of the medication has been utilized. If a claim is submitted before 85% of the medication has been used, based on the original day supply submitted on the claim, the claim will reject with a "refill too soon" message. Please call the UnitedHealthcare Community Plan Pharmacy Department at 1-800-310-6826 with questions or help with dosage change authorization.

MANDATORY GENERIC SUBSTITUTION

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

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

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

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

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

Please contact the UnitedHealthcare Community Plan at 1-800-800-310-6826 with questions concerning the prior authorization process.

NON-PDL DRUGS 5-DAY TEMPORARY SUPPLY OVERRIDES
To ensure the use of PDL drugs, all non- PDL drugs should be discussed with the prescribing physician. I**f you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 5-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 5 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 5-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 1-800-310-6826.

The pharmacy should contact the physician to discuss a PDL drug or if a prior authorization request is warranted. If the prescribing physician feels a drug is medically necessary, the physician may fax a request for prior authorization to the UnitedHealthcare Community Plan at 1-800-310-6826.

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

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

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

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

- benzodiazepines
- sedative hypnotic agents
- barbiturates
- select muscle relaxants

Additional fills will require prior authorization. Exceptions apply in opiate class for some diagnoses. Medications in these classes may also be subject to individual quantity limits.

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

Specialty Pharmaceutical Management Program
UnitedHealthcare Community Plan is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare Community Plan to achieve these goals. Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network.
To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan via fax at 1-866-940-7328. The UnitedHealthcare Community Plan Pharmacy Department will review and respond to all requests in accordance with state requirements, and if authorized for payment, UnitedHealthcare Community Plan will coordinate the delivery of the product to the member or provider. Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP". Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan at 1-800-310-6826.

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

If the diagnosis provided still does not match the approved use, prior authorization may be requested through the standard process by faxing a request to 1-866-940-7328.

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

STEP Drug	First-Line Agent(s)
Aricept 23mg	90 day trial of Aricept 10mg daily
Calcitriol 3mcg/gm Eucrisa	Trial of two topical corticosteroids Trial of a topical corticosteroid AND one of the following: Elidel or tacrolimus ointment
tolterodine	30 day trial of oxybutynin immediate release or extended release. Step Therapy only applies to members less than 65 years of age.
Trentinoin Cream (Trentinoin cream 0.025%, 0.05%, 0.1% and Avita cream 0.025%)	Trial of Differin OTC Gel 0.1%.
Trospium	30 day trial of oxybutynin immediate release. Step Therapy only applies to members less than 65 years of age.

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

Attn: Director of Pharmacy Services
United Healthcare Community Plan
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Phone: 1-800-310-6826

Email: pdl_management@uhc.com

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

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

United Healthcare Community Plan
Director of Pharmacy Services
2 Allegheny Center
Suite 600
Pittsburgh, PA 15212
Phone: 1-800-310-6826

LEGEND

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

NOTICE

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

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

Washington Apple Health

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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; PA*: Preferred Alternative Trial Requirements

Preferred Agents	Non-Preferred Agents
2nd Generation/Atypical - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML - Tier 2; QL; AL	ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML - Tier 2; PA; QL; AL
ABILIFY MAINTENA - Tier 2; QL; AL	ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 5 MG - Tier 2; PA
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg (generic for ABILIFY) - Tier 1; QL; AL	*ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (brand for aripiprazole) - Tier 2; PA; QL; AL*
ARISTADA - Tier 2; QL; AL	*aripiprazole oral solution - Tier 1; PA; QL; AL*
ARISTADA INITIO - Tier 2; QL; AL	*aripiprazole oral tablet dispersible - Tier 1; PA; QL; AL*
asenapine maleate (generic for SAPHRIS) - Tier 1; QL; AL	*clozapine oral tablet dispersible - Tier 1; PA; QL; AL*
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG - Tier 2; QL	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
CAPLYTA ORAL CAPSULE 42 MG - Tier 2; PA; QL	ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML - Tier 2; PA; QL
FANAPT ORAL TABLET 1 MG, 10 MG, 2 MG, 4 MG, 6 MG, 8 MG - Tier 2; QL; AL	*GEODON INTRAMUSCULAR (brand for ziprasidone mesylate) - Tier 2; PA; QL; AL*
FANAPT ORAL TABLET 12 MG - Tier 2; QL	*GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL*
FANAPT TITRATION PACK A - Tier 2; QL; AL	
FANAPT TITRATION PACK B - Tier 2; QL	
FANAPT TITRATION PACK C - Tier 2; QL	
INVEGA (brand for paliperidone er) - Tier 2; 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; PA*: Preferred Alternative Trial Requirements

Preferred Agents	Non-Preferred Agents
INVEGA HAFYERA - Tier 2; PA; QL; AL INVEGA SUSTENNA - Tier 2; QL; AL INVEGA TRINZA - Tier 2; QL; AL *lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg (generic for LATUDA) - Tier 1; QL; AL* NUPLAZID - Tier 2; PA; QL *olanzapine oral (generic for ZYPREXA) - Tier 1; QL; AL* *paliperidone er (generic for INVEGA) - Tier 1; QL; AL* *quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; 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* REXULTI - Tier 2; ST; QL; AL *RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; QL; AL* *risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; QL; AL* *risperidone oral solution (generic for RISPERDAL) - Tier 1; QL; AL* *risperidone oral tablet 0.25 mg - Tier 1; QL; AL* *risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg (generic for RISPERDAL) - Tier 1; QL; AL* *risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg - Tier 1; QL; AL* *SAPHRIS (brand for asenapine maleate) - Tier 2; QL; AL* SECUADO - Tier 2; QL; AL *ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL* *ZYPREXA INTRAMUSCULAR (brand for olanzapine) - Tier 2; QL; AL*	*LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (brand for lurasidone hcl) - Tier 2; PA; QL; AL* *olanzapine intramuscular (generic for ZYPREXA) - Tier 1; PA; QL; AL* OPIPZA - Tier 2; PA; QL; AL PERSERIS - Tier 2; PA; QL; AL *quetiapine fumarate oral tablet 150 mg - Tier 1; PA; QL; AL* *RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; QL; AL* *RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (brand for risperidone) - Tier 2; PA; QL; AL* *SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL* *SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL* UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; QL; AL VERSACLOZ - Tier 2; PA; QL; AL VRAYLAR ORAL CAPSULE 0.5 MG, 0.75 MG - Tier 2; PA; QL VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG - Tier 2; PA; QL; AL *ziprasidone mesylate (generic for GEODON) - Tier 1; PA; QL; AL* *ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL* ZYPREXA RELPREVV - Tier 2; PA; QL; AL

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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 - Tier 1; QL* VIVITROL - Tier 2; QL	*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; QL CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 *lomustine (generic for GLEOSTINE) - Tier 1; PA; QL* *temozolomide - Tier 1; PA; SP; QL* VALCHLOR - Tier 2; PA; SP; QL	*GLEOSTINE (brand for lomustine) - Tier 2; PA; QL* GRAFAPEX - Tier 2; PA MATULANE - 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; AL *CLONIDINE ER (brand for clonidine er) - Tier 2; PA; QL* *clonidine hcl oral - Tier 1; QL; AL* *guanfacine hcl - Tier 1; QL; AL* JAVADIN - Tier 2; PA; QL *methyldopa - Tier 1; QL* *midodrine hcl - Tier 1; QL* *NEXICLON XR (brand for clonidine er) - Tier 2; PA; QL*	*CATAPRES-TTS-1 (brand for clonidine) - Tier 2; PA; QL; AL* *CATAPRES-TTS-2 (brand for clonidine) - Tier 2; PA; QL; AL* *CATAPRES-TTS-3 (brand for clonidine) - Tier 2; PA; QL; AL*

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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 *phenoxybenzamine hcl oral - Tier 1; QL* *prazosin hcl oral - Tier 1; QL*	*CARDURA (brand for doxazosin mesylate) - Tier 2; PA; QL*
Aminoglycosides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
gentamicin sulfate external - Tier 1; QL *neomycin sulfate oral - Tier 1; QL* TOBRADEX - Tier 2; QL	ARIKAYCE - Tier 2; PA; SP; QL
Aminosalicylates - Inflammatory Bowel Disease Drugs	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
APRISO (brand for mesalamine er) - Tier 2; QL *balsalazide disodium - Tier 1; QL* *mesalamine er oral capsule 0.375 gm (generic for APRISO) - Tier 1; QL* *mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL* *mesalamine rectal suppository (generic for CANASA) - Tier 1; QL* PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG - Tier 2; QL	*CANASA (brand for mesalamine) - Tier 2; PA; QL* DIPENTUM - Tier 2; PA; QL *LIALDA (brand for mesalamine) - Tier 2; PA; QL* *mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - 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* *PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (brand for mesalamine er) - Tier 2; PA; QL* *ROWASA (brand for mesalamine-cleanser) - Tier 2; PA; QL* SFROWASA - Tier 2; PA; QL VELSIPITY - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Analgesics - Miscellaneous Analgesics	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL *8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *8hr muscle aches & pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL*	ALLZITAL - Tier 2; PA; QL *butalbital-acetaminophen oral tablet (generic for TENCON) - Tier 1; PA; QL* *butalbital-apap-caffeine capsule 50-300-40 mg oral (generic for FIORICET) - Tier 1; PA*; QL* *butalbital-apap-caffeine capsule 50-300-40 mg oral (generic for FIORICET) - Tier 1; PA; QL* *butalbital-apap-caffeine capsule 50-325-40 mg oral - Tier 1; PA; QL* *butalbital-apap-caffeine capsule 50-325-40 mg oral - Tier 1; PA*; QL* *butalbital-aspirin-caffeine capsule 50-325-40 mg oral - Tier 1; PA*; QL* *butalbital-aspirin-caffeine capsule 50-325-40 mg oral - Tier 1; PA; QL* COMBOGESIC ORAL - Tier 2; PA; QL *FIORICET (brand for butalbital-apap-caffeine) - Tier 2; PA; QL* QUTENZA - Tier 2; PA QUTENZA (2 PATCH) - Tier 2; PA QUTENZA (4 PATCH) - Tier 2; PA *TENCON (brand for butalbital-acetaminophen) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL *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 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 tablet (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen oral liquid 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL*	*turpentine external - Tier 1; PA*

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Preferred Agents	Non-Preferred Agents
acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL *acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 650 mg - Tier 1; QL* *aminofen (generic for PHARBETOL) - Tier 1; QL* *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*	

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Preferred Agents	Non-Preferred Agents
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-apap-caffeine oral tablet (generic for BAC (BUTALBITAL-ACETAMIN-CAFF)) - Tier 1; QL* *childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL* *childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL* *childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *CURANOL (brand for acetaminophen) - Tier 2; QL* *ed-apap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* *feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* FEVERALL INFANTS - Tier 2 FEVERALL JUNIOR STRENGTH - Tier 2; QL *infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *infants pain/fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *liquid acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL* *mapap 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*	

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

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Preferred Agents	Non-Preferred Agents
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 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 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* *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* *TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
Androgens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
danazol oral - Tier 1; QL INTRAROSA - Tier 2; PA; QL *testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL* *testosterone gel 12.5 mg/act (1%) transdermal (generic for VOGELXO PUMP) - Tier 1; PA; QL* *testosterone gel 50 mg/5gm (1%) transdermal (generic for TESTIM) - Tier 1; PA; QL* *testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL*	*ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL* AVEED - Tier 2; PA*; QL AZMIRO - Tier 2; PA; QL *DEPO-TESTOSTERONE (brand for testosterone cypionate) - Tier 2; PA; QL* JATENZO - Tier 2; PA*; QL KYZATREX CAPSULE 200 MG ORAL - Tier 2; PA*; QL KYZATREX CAPSULE 200 MG ORAL - 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 enanthate intramuscular - Tier 1; PA*; QL* *testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%) - Tier 1; PA*; QL* *testosterone transdermal gel 25 mg/2.5gm (1%) - 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; QL* XYOSTED - Tier 2; PA*; QL

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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* *telmisartan (generic for MICARDIS) - Tier 1; QL* *valsartan (generic for DIOVAN) - Tier 1; QL*	*ATACAND (brand for candesartan cilexetil) - Tier 2; PA; QL* *AVAPRO (brand for irbesartan) - Tier 2; PA; QL* *BENICAR (brand for olmesartan medoxomil) - Tier 2; PA; QL* *candesartan cilexetil oral tablet 4 mg, 8 mg (generic for ATACAND) - Tier 1; PA*; QL* *candesartan cilexetil tablet 16 mg oral (generic for ATACAND) - Tier 1; PA*; QL* *candesartan cilexetil tablet 16 mg oral (generic for ATACAND) - Tier 1; PA; QL* *candesartan cilexetil tablet 32 mg oral (generic for ATACAND) - Tier 1; PA*; QL* *candesartan cilexetil tablet 32 mg oral (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 - Tier 2; PA*; QL *MICARDIS (brand for telmisartan) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL *captopril oral - Tier 1; QL* *enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL* *enalaprilat - Tier 1; QL* *fosinopril sodium - Tier 1; QL* *lisinopril oral (generic for ZESTRIL) - Tier 1; QL* *quinapril hcl - Tier 1; QL* *ramipril - Tier 1; QL*	*enalapril maleate solution 1 mg/ml oral (generic for EPANED) - Tier 1; PA*; QL; AL* *enalapril maleate solution 1 mg/ml oral (generic for EPANED) - Tier 1; PA; QL; AL* *EPANED (brand for enalapril maleate) - Tier 2; PA; QL; AL* *LOTENSIN (brand for benazepril hcl) - Tier 2; PA; QL* *moexipril hcl tablet 15 mg oral - Tier 1; PA; QL* *moexipril hcl tablet 15 mg oral - Tier 1; PA*; QL* *moexipril hcl tablet 7.5 mg oral - Tier 1; PA; QL* *moexipril hcl tablet 7.5 mg oral - Tier 1; PA*; QL* *perindopril erbumine oral tablet 2 mg, 8 mg - Tier 1; PA*; QL* *perindopril erbumine tablet 4 mg oral - Tier 1; PA*; QL* *perindopril erbumine tablet 4 mg oral - Tier 1; PA; QL* QBRELIS - Tier 2; PA*; QL *trandolapril tablet 1 mg oral - Tier 1; PA*; QL* *trandolapril tablet 1 mg oral - Tier 1; PA; QL* *trandolapril tablet 2 mg oral - Tier 1; PA*; QL* *trandolapril tablet 2 mg oral - Tier 1; PA; QL* *trandolapril tablet 4 mg oral - Tier 1; PA*; QL* *trandolapril tablet 4 mg oral - Tier 1; PA; QL* *VASOTEC (brand for enalapril maleate) - Tier 2; PA; QL* *ZESTRIL (brand for lisinopril) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Anthelmintics - Worm Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
albendazole oral - Tier 1; QL *ivermectin oral tablet 3 mg (generic for STROMECTOL) - Tier 1; QL*	BENZNIDAZOLE - Tier 2; PA; QL *BILTRICIDE (brand for praziquantel) - Tier 2; PA; QL* EMVERM - Tier 2; PA; QL *ivermectin oral tablet 6 mg - Tier 1; 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; PA; SP; QL *abirtega (generic for ABIRTEGA) - Tier 1; PA; SP; QL* *bicalutamide (generic for CASODEX) - Tier 1; QL* ERLEADA - Tier 2; PA; SP; QL *nilutamide - Tier 1; PA; QL* ORGOVYX - Tier 2; PA; SP; QL XTANDI - Tier 2; PA; SP; QL	*CASODEX (brand for bicalutamide) - Tier 2; PA; QL* *YONSA (brand for abiraterone acetate micronized) - Tier 2; PA; SP; QL* *ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL*
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)	
NUBEQA - Tier 2; PA; SP; QL	
Antiangiogenic Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL *POMALYST (brand for pomalidomide) - Tier 2; PA; SP; QL* THALOMID - Tier 2; PA; SP; QL	*REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL*

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

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Preferred Agents	Non-Preferred Agents
Antibacterials, Other - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL	*alcohol external 70 % - Tier 1; PA*
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL	*alcohol prep pads external 70 % - Tier 1; PA*
bacitracin zinc external - Tier 1; QL	*benzalkonium chloride external solution - Tier 1; PA*
bacitracin zinc-aloe - Tier 1; QL	*CLEOCIN ORAL (brand for clindamycin hcl) - Tier 2; PA; QL*
CLEOCIN VAGINAL SUPPOSITORY - Tier 2; QL	*CLEOCIN VAGINAL CREAM (brand for clindamycin phosphate) - Tier 2; PA; QL*
clindamycin hcl oral (generic for CLEOCIN) - Tier 1; QL	CLINDESSE - Tier 2; PA; QL
clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL	*FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (brand for vancomycin hcl) - Tier 2; PA*
clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL	*fosfomycin tromethamine - Tier 1; PA; QL*
double antibiotic (generic for NEOSPORIN) - Tier 1; QL	*HIPREX (brand for methenamine hippurate) - Tier 2; PA; QL*
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML (brand for vancomycin hcl) - Tier 2; QL	LIKMEZ - Tier 2; PA; QL
LINCOCIN (brand for lincomycin hcl) - Tier 2; PA; QL	*linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; PA; QL*
lincomycin hcl injection (generic for LINCOCIN) - Tier 1; PA; QL	LUGOLS STRONG IODINE - Tier 2; PA
linezolid in sodium chloride - Tier 1; PA; QL	*MACROBID (brand for nitrofurantoin monohyd macro) - Tier 2; PA; QL*
linezolid intravenous (generic for ZYVOX) - Tier 1; PA; QL	*MACRODANTIN (brand for nitrofurantoin macrocrystal) - Tier 2; PA; QL*
linezolid oral tablet - Tier 1; QL	
methenamine hippurate (generic for HIPREX) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
methenamine mandelate oral - Tier 1; QL *metronidazole external cream (generic for METROCREAM) - Tier 1; QL* *metronidazole external gel 0.75 % - Tier 1* *metronidazole external gel 1 % (generic for METROGEL) - Tier 1; QL* *metronidazole external lotion - Tier 1; QL* *metronidazole oral capsule - 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* *nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (generic for MACRODANTIN) - Tier 1; QL* *nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL* NUVESSA - Tier 2; QL *poly bacitracin (generic for NEOSPORIN) - Tier 1; QL* *silver sulfadiazine external (generic for SSD) - Tier 1; QL* SIVEXTRO INTRAVENOUS - Tier 2; PA; QL SOLOSEC - Tier 2; QL SULFAMYLON - Tier 2; PA; QL *tigecycline (generic for TYGACIL) - Tier 1; PA; QL* *tinidazole oral - Tier 1; QL* *trimethoprim oral - Tier 1; QL* *vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; QL* *vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1* *vancomycin hcl oral solution reconstituted 250 mg/5ml, 50 mg/ml (generic for FIRVANQ) - Tier 1; QL*	*METROCREAM (brand for metronidazole) - Tier 2; PA; QL* *METROGEL (brand for metronidazole) - Tier 2; PA; QL* *metronidazole oral tablet 125 mg - Tier 1; PA; QL* *mupirocin cream - Tier 1; PA; QL* *nitrofurantoin macrocrystal capsule 25 mg oral (generic for MACRODANTIN) - Tier 1; PA; QL* *nitrofurantoin macrocrystal capsule 25 mg oral (generic for MACRODANTIN) - Tier 1; PA*; QL* *SILVADENE (brand for silver sulfadiazine) - Tier 2; PA; QL* SIVEXTRO ORAL - Tier 2; PA*; QL *ssd (generic for SSD) - Tier 1; PA; QL* *TYGACIL (brand for tigecycline) - Tier 2; PA; QL* *VANCOCIN (brand for vancomycin hcl) - Tier 2; PA; QL* *VANDAZOLE (brand for metronidazole) - Tier 2; PA; QL* XACIATO - Tier 2; PA; QL *ZYVOX (brand for linezolid) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Anticholinergics - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
benztropine mesylate oral - Tier 1; QL *trihexyphenidyl hcl - Tier 1; QL*	
Anticoagulants - Blood Thinners	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
dabigatran etexilate mesylate oral capsule 110 mg, 75 mg (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 (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-% - Tier 1; PA; QL* *heparin sodium (porcine) - Tier 1; PA; QL* *heparin sodium (porcine) +rfid - Tier 1; PA; QL* *heparin sodium (porcine) pf - Tier 1; PA; QL* *jantoven (generic for JANTOVEN) - Tier 1; QL* *rivaroxaban oral tablet (generic for XARELTO) - Tier 1; QL* *warfarin sodium oral (generic for JANTOVEN) - Tier 1; QL* XARELTO ORAL TABLET 10 MG, 15 MG, 20 MG - Tier 2; QL XARELTO STARTER PACK - Tier 2; QL	*ARIXTRA (brand for fondaparinux sodium) - Tier 2; PA; QL* *dabigatran etexilate mesylate oral capsule 150 mg (generic for PRADAXA) - Tier 1; PA; QL* ELIQUIS (1.5 MG PACK) - Tier 2; PA; QL ELIQUIS (2 MG PACK) - Tier 2; PA; QL ELIQUIS ORAL CAPSULE SPRINKLE - Tier 2; PA; QL ELIQUIS ORAL TABLET SOLUBLE - Tier 2; PA; QL *fondaparinux sodium solution 10 mg/0.8ml subcutaneous (generic for ARIXTRA) - Tier 1; PA; QL* *fondaparinux sodium solution 10 mg/0.8ml subcutaneous (generic for ARIXTRA) - Tier 1; PA*; QL* *fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous (generic for ARIXTRA) - Tier 1; PA; QL* *fondaparinux sodium solution 2.5 mg/0.5ml subcutaneous (generic for ARIXTRA) - Tier 1; PA*; QL* *fondaparinux sodium solution 5 mg/0.4ml subcutaneous (generic for ARIXTRA) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
	fondaparinux sodium solution 5 mg/0.4ml subcutaneous (generic for ARIXTRA) - Tier 1; PA; QL* *fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous (generic for ARIXTRA) - Tier 1; PA; QL* *fondaparinux sodium solution 7.5 mg/0.6ml subcutaneous (generic for ARIXTRA) - Tier 1; PA*; QL* FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML - Tier 2; PA* FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML - Tier 2; PA*; QL FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA*; QL *LOVENOX (brand for enoxaparin sodium) - Tier 2; PA; QL* *PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL* PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG - Tier 2; PA; QL; AL *rivaroxaban oral suspension reconstituted (generic for XARELTO) - Tier 1; PA; QL* SAVAYSA - Tier 2; PA*; QL *XARELTO ORAL SUSPENSION RECONSTITUTED (brand for rivaroxaban) - Tier 2; PA; QL* *XARELTO ORAL TABLET 2.5 MG (brand for rivaroxaban) - Tier 2; PA; QL*
Anticonvulsants, Other	
Anticonvulsants - Drugs to Treat Seizures	
	DIACOMIT - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Anticonvulsants, Other - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
levetiracetam er (generic for KEPPRA XR) - Tier 1; QL *levetiracetam in nacl - Tier 1; PA; QL* *levetiracetam intravenous (generic for KEPPRA) - Tier 1; PA; QL* *levetiracetam oral solution (generic for KEPPRA) - Tier 1; QL; AL* *levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL* NAYZILAM - Tier 2; QL *phenobarbital oral elixir 20 mg/5ml - Tier 1; QL* *phenobarbital oral tablet - Tier 1; QL* *roweepra (generic for ROWEEPRA) - Tier 1; QL* XCOPRI - Tier 2; QL XCOPRI (250 MG DAILY DOSE) - Tier 2; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; QL	*BRIVIACT (brand for brivaracetam) - Tier 2; PA; QL* ELEPSIA XR - Tier 2; PA; QL EPIDIOLEX - Tier 2; PA; SP; QL FINTEPLA - Tier 2; PA; QL *KEPPRA INTRAVENOUS (brand for levetiracetam) - 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 (brand for levetiracetam er) - Tier 2; PA; QL* *LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE (brand for levetiracetam) - Tier 2; PA; QL* *SPRITAM (brand for levetiracetam) - Tier 2; PA; QL*
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
Antivirals - Drugs to Treat Viral Infections	
cidofovir intravenous - Tier 1; PA; QL *foscarnet sodium (generic for FOSCAVIR) - Tier 1; PA; QL* *FOSCAVIR (brand for foscarnet sodium) - Tier 2; PA; QL* PREVYMIS - Tier 2; PA; QL *valganciclovir hcl (generic for VALCYTE) - Tier 1; QL*	LIVTENCITY - Tier 2; PA; QL *VALCYTE (brand for valganciclovir hcl) - Tier 2; PA; QL*
Antidepressants, Other	
Antidepressants	
ZURZUVAE - Tier 2; PA; QL; AL	
Antidepressants - Drugs to Treat Depression	
	AUVELITY - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antidepressants, Other - Antidepressants	
Antidepressants - Drugs to Treat Depression	
bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL* *bupropion hcl oral - Tier 1; QL* *mirtazapine oral (generic for REMERON) - Tier 1; QL*	BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG - Tier 2; PA; QL *REMERON (brand for mirtazapine) - Tier 2; PA; QL* *REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (brand for mirtazapine) - Tier 2; PA; QL* *WELLBUTRIN SR (brand for bupropion hcl er (sr)) - Tier 2; PA; QL* *WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL*
Antidiabetic Agents	
Blood Glucose Regulators	
SITAGLIPTIN (brand for sitagliptin) - Tier 2; QL *SITAGLIPTIN BASE-METFORMIN HCL (brand for sitagliptin base-metformin hcl) - Tier 2; QL*	*SITAGLIPT BASE-METFORM HCL ER (brand for sitaglipt base-metform hcl er) - 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*

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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*
DAPAGLIFLOZIN PRO-METFORMIN ER (brand for dapagliflozin pro-metformin er) - Tier 2; QL	*ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL*
DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; QL	ALOGLIPTIN BENZOATE - Tier 2; PA*; QL
EXENATIDE - Tier 2; PA; QL	ALOGLIPTIN-METFORMIN HCL - Tier 2; PA*; QL
FARXIGA (brand for dapagliflozin propanediol) - Tier 2; QL	ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL
glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL	BRYNOVIN - Tier 2; PA
glipizide er (generic for GLUCOTROL XL) - Tier 1; QL	CYCLOSET - Tier 2; PA; QL
glipizide ir - Tier 1; QL	*DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL*
glipizide-metformin hcl - Tier 1; QL	*glimepiride oral tablet 3 mg - Tier 1; PA; QL*
glyburide - Tier 1; QL	*GLUCOTROL XL (brand for glipizide er) - Tier 2; PA; QL*
glyburide-metformin - Tier 1; QL	GLYXAMBI - Tier 2; PA; QL
JARDIANCE - Tier 2; QL	INVOKAMET - Tier 2; PA; QL
JENTADUETO - Tier 2; QL	INVOKAMET XR - Tier 2; PA*; QL
JENTADUETO XR - Tier 2; QL	INVOKANA - Tier 2; PA; QL
liraglutide (generic for VICTOZA) - Tier 1; PA; QL	JANUMET - Tier 2; PA; QL
	JANUMET XR - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
metformin hcl er - Tier 1; QL *metformin hcl oral tablet 1000 mg, 500 mg, 750 mg, 850 mg - Tier 1; QL* *nateglinide - Tier 1; QL* *ONGLYZA (brand for saxagliptin hcl) - Tier 2; ST; QL* *pioglitazone hcl (generic for ACTOS) - Tier 1; QL* *repaglinide - Tier 1; QL* *saxagliptin hcl (generic for ONGLYZA) - Tier 1; ST; QL* *saxagliptin-metformin er - Tier 1; ST; QL* SYNJARDY - Tier 2; QL TRADJENTA - Tier 2; QL *XIGDUO XR (brand for dapagliflozin pro-metformin er) - Tier 2; QL*	JANUVIA - Tier 2; PA; QL *metformin hcl er (mod) - Tier 1; PA; QL* *metformin hcl er (osm) - Tier 1; PA; QL* *metformin hcl oral solution (generic for RIOMET) - Tier 1; PA; QL* *metformin hcl oral tablet 625 mg - Tier 1; PA; QL* *miglitol - Tier 1; PA*; QL* MOUNJARO - Tier 2; PA; QL OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; 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 SEGLUROMET - Tier 2; PA; QL STEGLATRO - Tier 2; PA*; QL STEGLUJAN - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA*; QL TRIJARDY XR - Tier 2; PA; QL TRULICITY - Tier 2; PA; QL *VICTOZA (brand for liraglutide) - 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	
AKYNZEO (READY-TO-USE) - Tier 2; PA; QL AKYNZEO (TO-BE-DILUTED) - Tier 2; PA; QL *DICLEGIS (brand for doxylamine-pyridoxine) - Tier 2; PA; QL* *doxylamine-pyridoxine (generic for DICLEGIS) - Tier 1; PA; QL* *hydroxyzine pamoate oral - Tier 1; QL* *meclizine hcl oral tablet (generic for DRAMAMINE) - Tier 1; QL* *meclizine hcl tablet chewable 25 mg oral (otc) (generic for BONINE) - Tier 1; QL* *metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL* *metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL* *metoclopramide hcl oral tablet dispersible - Tier 1; QL* *motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1; QL* *motion-time (generic for BONINE) - Tier 1; QL* *perphenazine oral - Tier 1; QL; AL* *prochlorperazine maleate oral - Tier 1; QL* *scopolamine (generic for TRANSDERM SCOP) - Tier 1; QL* *travel ease (generic for BONINE) - Tier 1; QL* *trimethobenzamide hcl oral - Tier 1; QL*	AKYNZEO ORAL - Tier 2; PA; QL *anti-nausea (generic for EMETROL) - Tier 1; PA* *anti-nausea relief (generic for EMETROL) - Tier 1; PA* *BONINE (brand for cvs motion sickness relief) - Tier 2; PA; QL* BONJESTA - Tier 2; PA; QL *EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2; PA* GIMOTI - Tier 2; PA; QL *meclizine hcl tablet chewable 25 mg oral (otc) (generic for BONINE) - Tier 1; PA; QL* *motion sickness oral tablet chewable 25 mg (generic for BONINE) - Tier 1; PA; QL* *motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1; PA; QL* *nausea control (generic for EMETROL) - Tier 1; PA* *nausea relief (generic for EMETROL) - Tier 1; PA* *prochlorperazine (generic for COMPRO) - Tier 1; PA; QL* *REGLAN (brand for metoclopramide hcl) - Tier 2; PA; QL* TIGAN - Tier 2; PA; QL *TRANSDERM SCOP (brand for scopolamine) - Tier 2; PA; QL*
Antiestrogens/Modifiers	
Antineoplastics - Drugs to Treat Cancer	
ORSERDU - Tier 2; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
Antiestrogens/Modifiers - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
tamoxifen citrate oral - Tier 1; QL	*FARESTON (brand for toremifene citrate) - Tier 2; PA; QL* SOLTAMOX - Tier 2; PA; QL *toremifene citrate (generic for FARESTON) - Tier 1; PA; QL*
Antifungals - Fungal Infection Drugs	
Antifungals - Drugs to Treat Fungal Infections	
3 day vaginal - Tier 1; QL *7 day vaginal (generic for MONISTAT 7) - Tier 1; QL* *amphotericin b intravenous - Tier 1; PA; QL* *antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL* *antifungal external cream (generic for DESENEX) - Tier 1; QL* *antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL* *athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL* *baza antifungal (generic for DESENEX) - Tier 1; QL* *caspofungin acetate intravenous solution reconstituted 70 mg - Tier 1; PA; QL* *ciclopirox external shampoo - Tier 1; QL* *ciclopirox olamine external - Tier 1; QL* *clotrimazole 3 vaginal cream 2 % - Tier 1; QL* *clotrimazole external (generic for LOTRIMIN AF) - Tier 1; QL* *clotrimazole mouth/throat - Tier 1; QL*	*ANCOBON (brand for flucytosine) - Tier 2; PA; QL* *anti-fungal external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1; PA* *athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1; PA* *ciclodan (generic for CICLODAN) - Tier 1; PA; QL* *ciclopirox external solution (generic for CICLODAN) - Tier 1; PA; QL* *ciclopirox gel 0.77 % external - Tier 1; PA*; QL* *ciclopirox gel 0.77 % external - Tier 1; PA; QL* CICLOPIROX TREATMENT - Tier 2; PA; QL CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL CRESEMBA ORAL CAPSULE 74.5 MG - Tier 2; PA; QL; AL *DIFLUCAN ORAL SUSPENSION RECONSTITUTED (brand for fluconazole) - Tier 2; PA; QL* *econazole nitrate external cream - Tier 1; PA*; QL* *ECONAZOLE NITRATE EXTERNAL FOAM (brand for econazole nitrate) - Tier 2; PA; QL* *ECOZA (brand for econazole nitrate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
clotrimazole vaginal - Tier 1; QL CRESEMBA INTRAVENOUS - Tier 2; PA; QL CRITIC-AID CLEAR AF - Tier 2; QL *DESENEX (brand for antifungal) - Tier 2; QL* ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG - Tier 2; PA; QL *fluconazole oral (generic for DIFLUCAN) - Tier 1; QL* *ft 7 day vaginal - Tier 1; QL* *fungi-guard (generic for TINACTIN) - Tier 1; QL* *griseofulvin microsize oral suspension - Tier 1; QL* *itraconazole oral capsule (generic for SPORANOX) - Tier 1; QL* *ketoconazole external cream - Tier 1; QL* *ketoconazole external shampoo - Tier 1; QL* *klayesta (generic for KLAYESTA) - Tier 1; QL* *MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2; QL* *micaderm (generic for DESENEX) - Tier 1; QL*	ERTACZO - Tier 2; PA; QL *flucytosine oral (generic for ANCOBON) - Tier 1; PA*; QL* *griseofulvin microsize oral tablet - Tier 1; PA*; QL* *griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; PA*; QL* GYNAZOLE-1 - Tier 2; PA*; QL *itraconazole oral solution - Tier 1; PA; QL* *ketoconazole external foam (generic for KETODAN) - Tier 1; PA; QL* *ketoconazole oral - Tier 1; PA; QL* *ketodan (generic for KETODAN) - Tier 1; PA; QL* *MICONAZOLE-ZINC OXIDE-PETROLAT (brand for miconazole-zinc oxide-petrolat) - Tier 2; PA; QL* *naftifine hcl (generic for NAFTIN) - Tier 1; PA*; QL* *NAFTIN (brand for naftifine hcl) - Tier 2; PA; QL* NOXAFIL ORAL - Tier 2; PA; QL ORAVIG - Tier 2; PA; QL *oxiconazole nitrate - Tier 1; PA*; QL* OXISTAT - 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; PA*: Preferred Alternative Trial Requirements

Preferred Agents	Non-Preferred Agents
micafungin sodium solution reconstituted 100 mg intravenous - Tier 1; PA; 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; QL* *miconazole nitrate external cream (generic for DESENEX) - Tier 1; QL* *monistat 3 - Tier 1; QL* *MONISTAT 7 (brand for 7 day vaginal) - Tier 2; QL* *nyamyc (generic for KLAYESTA) - Tier 1; QL* *nystatin external (generic for KLAYESTA) - Tier 1; QL* *nystatin mouth/throat - Tier 1; QL* *nystatin oral - Tier 1; QL* *nystatin-triamcinolone - Tier 1; QL; AL* *nystop (generic for KLAYESTA) - Tier 1; QL* REZZAYO - Tier 2; PA; QL *SECURA ANTIFUNGAL EXTRA THICK (brand for antifungal) - Tier 2; QL* *terbinafine hcl oral - Tier 1; QL* *terconazole vaginal cream - Tier 1; QL* *TINACTIN EXTERNAL CREAM (brand for cvs athletes foot (tolnaftate)) - Tier 2; QL* *tolnaftate external cream (generic for TINACTIN) - Tier 1; QL* *TRITOLNACIDE C (brand for cvs athletes foot (tolnaftate)) - Tier 2; QL* *voriconazole oral tablet - Tier 1; QL*	*posaconazole oral suspension - Tier 1; PA*; QL* *posaconazole oral tablet delayed release - Tier 1; PA; QL* *SPORANOX (brand for itraconazole) - Tier 2; PA; QL* *tavaborole - Tier 1; PA; QL* *terconazole vaginal suppository - Tier 1; PA*; QL* TOLSURA - Tier 2; PA; QL *VFEND (brand for voriconazole) - Tier 2; PA; QL* *voriconazole oral suspension reconstituted (generic for VFEND) - Tier 1; PA; QL* *VUSION (brand for miconazole-zinc oxide-petrolat) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
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* *colchicine-probenecid - Tier 1; QL* *probenecid - Tier 1; QL*	*allopurinol oral tablet 200 mg - Tier 1; PA; QL* *colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL* *febuxostat (generic for ULORIC) - Tier 1; PA; QL* GLOPERBA - Tier 2; PA; QL *MITIGARE (brand for colchicine) - Tier 2; PA; QL* *ULORIC (brand for febuxostat) - Tier 2; PA; QL*
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	
Antivirals - Drugs to Treat Viral Infections	
entecavir (generic for BARACLUDE) - Tier 1; QL *lamivudine oral tablet 100 mg - Tier 1; QL*	*adefovir dipivoxil - Tier 1; PA*; QL* *BARACLUDE (brand for entecavir) - Tier 2; PA; QL* VEMLIDY - Tier 2; PA; QL
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
ribavirin oral - Tier 1; QL	PEGASYS - Tier 2; PA; QL
Antiherpetic Agents - Herpes Drugs	
Antivirals - Drugs to Treat Viral Infections	
acyclovir oral capsule - Tier 1; QL *acyclovir oral suspension 200 mg/5ml - Tier 1; QL* *acyclovir oral tablet - Tier 1; QL* *famciclovir oral - Tier 1; QL* *valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL*	*acyclovir external (generic for ZOVIRAX) - Tier 1; PA; QL* *DENAVIR (brand for penciclovir) - Tier 2; PA; QL* *penciclovir (generic for DENAVIR) - Tier 1; PA; QL* *VALTREX (brand for valacyclovir hcl) - Tier 2; PA; QL* *ZOVIRAX (brand for acyclovir) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Antihistamines - Allergy Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
12 hour allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*	ED A-HIST ORAL LIQUID - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL *allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief/nasal decongest (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy/congestion relief oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *aller-tec d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*	

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Preferred Agents	Non-Preferred Agents
cetirizine-pseudoephedrine er (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL*	
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* *ALLEGRA ALLERGY ORAL TABLET 60 MG (brand for 12hr allergy relief) - Tier 2; PA; QL* *allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; PA; QL* *allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; PA* *allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; PA; QL* *allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; PA* *allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; PA* *azelastine-fluticasone suspension 137-50 mcg/act nasal (generic for DYMISTA) - Tier 1; PA*; QL* *azelastine-fluticasone suspension 137-50 mcg/act nasal (generic for DYMISTA) - Tier 1; PA; QL*

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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*	*BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; PA* *CARBINOXAMINE MALEATE ER (brand for carbinoxamine maleate er) - Tier 2; PA; QL* *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; QL* CARBZAH - Tier 2; PA; QL *chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; PA* *CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; PA* *CLARINEX (brand for desloratadine) - Tier 2; PA; QL* *clemastine fumarate oral (generic for CLEMSZA) - Tier 1; PA; QL* *CLEMSZA (brand for clemastine fumarate) - Tier 2; PA; QL* *CORPHENA (brand for corphena) - Tier 2; PA; QL*

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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 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(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*	DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; PA DESLORATADINE ORAL SOLUTION - Tier 2; PA; QL *desloratadine oral tablet dispersible 5 mg - Tier 1; PA; QL* *desloratadine tablet 5 mg oral (generic for CLARINEX) - Tier 1; PA; QL* *desloratadine tablet 5 mg oral (generic for CLARINEX) - Tier 1; PA*; QL* *DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens) - Tier 2; PA* *DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL* *ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; PA* *fexofenadine hcl oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; PA; QL* HISTEX PD - Tier 2; PA *KARBINAL ER (brand for carbinoxamine maleate er) - Tier 2; PA; QL* *levocetirizine dihydrochloride oral solution (generic for XYZAL ALLERGY 24HR CHILDRENS) - Tier 1; PA*; QL* *levocetirizine dihydrochloride tablet 5 mg oral (rx) (generic for XYZAL ALLERGY 24HR) - Tier 1; PA*; QL*

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Preferred Agents	Non-Preferred Agents
ASTEPRO (brand for allergy nasal spray) - Tier 2; QL *ASTEPRO CHILDRENS (brand for allergy nasal spray) - Tier 2; 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 ORAL TABLET (brand for allergy relief) - Tier 2; QL* *BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL* *cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL* *cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL* *cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL* *childrens allergy oral liquid 12.5 mg/5ml (generic for 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* *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* *DIMETANE ALLERGY RELIEF (brand for allergy) - Tier 2; QL* *DIMETANE ALLERGY RELIEF EX ST (brand for diphenhydramine hcl) - Tier 2; QL* *diphen (generic for BANOPHEN) - Tier 1; QL* *diphenhydramine hcl childrens (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL* *diphenhydramine hcl injection - Tier 1; PA; QL*	*levocetirizine dihydrochloride tablet 5 mg oral (rx) (generic for XYZAL ALLERGY 24HR) - Tier 1; PA; QL* *olopatadine hcl nasal - Tier 1; PA*; QL* PEDIACLEAR PD CHILDRENS - Tier 2; PA *PHENERGAN (brand for promethazine hcl) - Tier 2; PA; QL* *promethazine hcl injection (generic for PHENERGAN) - Tier 1; PA; QL* *PROMETHEGAN (brand for promethazine hcl) - Tier 2; PA; QL* *RYCLORA (brand for corphena) - Tier 2; PA; QL* *ryvent (generic for RYVENT) - Tier 1; PA; QL* *triprolidine hcl oral - Tier 1; PA*

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Preferred Agents	Non-Preferred Agents
diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL *geri-dryl (generic for BANOPHEN) - Tier 1; QL* *indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - 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* *pharbechlor (generic for WAL-FINATE) - Tier 1; QL* *pharbedryl (generic for DIMETANE ALLERGY RELIEF) - Tier 1; QL* *promethazine hcl oral - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* *total allergy (generic for BANOPHEN) - Tier 1; QL* *total allergy medicine (generic for TOTAL ALLERGY MEDICINE) - Tier 1; QL*	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
Antivirals - Drugs to Treat Viral Infections	
DOVATO - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
BIKTARVY - Tier 2; QL GENVOYA - Tier 2; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL STRIBILD - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL TRIUMEQ - Tier 2; QL TRIUMEQ PD - 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; PA*: Preferred Alternative Trial Requirements

Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
DELSTRIGO - Tier 2; QL *EDURANT (brand for rilpivirine hcl) - Tier 2; QL* EDURANT PED - Tier 2; QL *efavirenz - Tier 1; QL* *efavirenz-emtricitab-tenofo df - Tier 1; QL* *efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL* *emtricitab-rilpivir-tenofov df (generic for COMPLERA) - Tier 1; QL* *etravirine (generic for INTELENCE) - Tier 1; QL* *INTELENCE (brand for etravirine) - Tier 2; QL* JULUCA - Tier 2; QL *nevirapine - Tier 1; QL* *nevirapine er - Tier 1; QL* ODEFSEY - Tier 2; QL PIFELTRO - Tier 2; QL	*COMPLERA (brand for emtricitab-rilpivir-tenofov df) - Tier 2; PA; QL* *SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL*
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
Antivirals - Drugs to Treat Viral Infections	
SUNLENCA ORAL - Tier 2; QL YEZTUGO ORAL - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
abacavir sulfate (generic for ZIAGEN) - Tier 1; QL *abacavir sulfate-lamivudine - Tier 1; QL* CIMDUO - Tier 2; QL DESCOVY - Tier 2; QL *emtricitabine (generic for EMTRIVA) - Tier 1; QL* *emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL* *EMTRIVA (brand for emtricitabine) - Tier 2; QL* *lamivudine oral solution 10 mg/ml (generic for EPIVIR) - Tier 1; QL* *lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL* *lamivudine-zidovudine - Tier 1; QL* *tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL* VIREAD ORAL POWDER - Tier 2; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL *zidovudine (generic for RETROVIR) - Tier 1; QL*	*EPIVIR (brand for lamivudine) - Tier 2; PA; QL* *RETROVIR ORAL (brand for zidovudine) - Tier 2; PA; QL* *TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL* *VIREAD ORAL TABLET 300 MG (brand for tenofovir disoproxil fumarate) - Tier 2; PA; QL* *ZIAGEN (brand for abacavir sulfate) - Tier 2; PA; QL*
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
maraviroc (generic for SELZENTRY) - Tier 1; QL RUKOBIA - Tier 2; QL *SELZENTRY (brand for maraviroc) - Tier 2; QL* TYBOST - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
APTIVUS - Tier 2; QL *atazanavir sulfate (generic for REYATAZ) - Tier 1; QL* *darunavir (generic for PREZISTA) - Tier 1; QL* EVOTAZ - Tier 2; QL *fosamprenavir calcium - Tier 1; QL* *KALETRA (brand for lopinavir-ritonavir) - Tier 2; QL* *lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL* NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL PREZISTA ORAL SUSPENSION - Tier 2; QL PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; QL; AL *ritonavir (generic for NORVIR) - Tier 1; QL* SYMTUZA - Tier 2; QL VIRACEPT - Tier 2; QL	*NORVIR ORAL TABLET (brand for ritonavir) - Tier 2; PA; QL* *PREZISTA ORAL TABLET 600 MG, 800 MG (brand for darunavir) - Tier 2; PA; QL* *REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
24 hour nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL *allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* ASMANEX (120 METERED DOSES) - Tier 2; QL ASMANEX (14 METERED DOSES) - Tier 2; QL ASMANEX (30 METERED DOSES) - Tier 2; QL ASMANEX (60 METERED DOSES) - Tier 2; QL *budesonide inhalation (generic for PULMICORT) - Tier 1; QL* FLUTICASONE PROPIONATE DISKUS - Tier 2; QL FLUTICASONE PROPIONATE HFA - Tier 2; QL *fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL* *nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* *nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL* PULMICORT FLEXHALER - Tier 2; QL *triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL*	ALVESCO - Tier 2; PA*; QL *ARNUITY ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; PA*; QL* ASMANEX HFA - Tier 2; PA*; QL *flunisolide nasal - Tier 1; PA*; QL* *FLUTICASONE FUROATE ELLIPTA (brand for fluticasone furoate ellipta) - Tier 2; PA; QL* *mometasone furoate suspension 50 mcg/act nasal (rx) (generic for NASONEX 24HR) - Tier 1; PA*; QL* *mometasone furoate suspension 50 mcg/act nasal (rx) (generic for NASONEX 24HR) - Tier 1; PA; QL* NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL; AL OMNARIS - Tier 2; PA*; QL PROPEL - Tier 2; PA PROPEL CONTOUR - Tier 2; PA PROPEL MINI - Tier 2; PA PROPEL MINI SDS - Tier 2; PA *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 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 RAPIVAB - Tier 2; PA; QL *rimantadine hcl - Tier 1; QL*	RELENZA DISKHALER - Tier 2; PA; QL *TAMIFLU (brand for oseltamivir phosphate) - Tier 2; PA; QL* XOFLUZA (40 MG DOSE) - Tier 2; PA XOFLUZA (80 MG DOSE) - Tier 2; PA
Antileukotrienes - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL *zafirlukast (generic for ACCOLATE) - Tier 1; QL*	*ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL* *SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL* *zileuton er tablet extended release 12 hour 600 mg oral - Tier 1; PA*; QL* *zileuton er tablet extended release 12 hour 600 mg oral - Tier 1; PA; QL*
Antimetabolites - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
capecitabine - Tier 1; PA; SP; QL DROXIA - Tier 2; QL *hydroxyurea oral (generic for HYDREA) - Tier 1; QL* *mercaptopurine oral (generic for PURIXAN) - Tier 1; QL* *PURIXAN (brand for mercaptopurine) - Tier 2; QL* SIKLOS ORAL TABLET 100 MG - Tier 2; PA; QL; AL SIKLOS ORAL TABLET 1000 MG - Tier 2; PA; QL	*HYDREA (brand for hydroxyurea) - Tier 2; PA; QL* INLEXZO - Tier 2; PA XROMI - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
Antimycobacterials - Drugs to Treat Infections	
dapsone oral - Tier 1; QL PRETOMANID - Tier 2; QL *rifabutin - Tier 1; QL*	
Antineoplastic - Hormonal and Related Agents	
Antineoplastics - Drugs to Treat Cancer	
INLURIYO - Tier 2; PA; SP; QL	
Antineoplastics - Drugs to Treat Cancer	
Molecular Target Inhibitors - Chemotherapy Agents	
JAYPIRCA - Tier 2; PA; SP; QL	
Antineoplastics, Other	
Antineoplastics	
AKEEGA - Tier 2; PA; SP; QL; AL REVUFORJ - Tier 2; PA; QL	

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Preferred Agents	Non-Preferred Agents
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
AUGTYRO - Tier 2; PA; SP; QL AVMAPKI FAKZYNJA CO-PACK - Tier 2; PA; QL COPIKTRA - Tier 2; PA; SP; QL FRUZAQLA - Tier 2; PA; SP; QL GOMEKLI - Tier 2; PA; SP; QL HYRNUO - Tier 2; PA; SP; QL IBTROZI - Tier 2; PA; QL INQOVI - Tier 2; PA; SP; QL INREBIC - Tier 2; PA; SP; QL ITOVEBI - Tier 2; PA; SP; QL IWILFIN - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL	BORUZU - Tier 2; PA ROMVIMZA - Tier 2; PA VYKOURA INJECTION SOLUTION 350 MG/35ML, 50 MG/5ML - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
KOSELUGO ORAL CAPSULE - Tier 2; PA; SP; QL KOSELUGO ORAL CAPSULE SPRINKLE - Tier 2; PA; QL KRAZATI - Tier 2; PA; SP; QL *lederle leucovorin (generic for LEDERLE LEUCOVORIN) - Tier 1; QL* *leucovorin calcium oral (generic for LEDERLE LEUCOVORIN) - Tier 1; QL* LONSURF - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL LUMAKRAS - Tier 2; PA; SP; QL NILOTINIB D-TARTRATE - Tier 2; PA; QL NINLARO - Tier 2; PA; SP; QL OGSIVEO ORAL TABLET 100 MG, 150 MG - Tier 2; PA; SP; QL 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	

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Preferred Agents	Non-Preferred Agents
ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL SCEMBLIX - 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 TAZVERIK - Tier 2; PA; SP; QL 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 VONJO - Tier 2; PA; SP; QL VORANIGO - Tier 2; PA; SP; QL WELIREG - Tier 2; PA; SP; QL XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (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; QL XPOVIO (80 MG TWICE WEEKLY) - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL	
Antiparkinson Agents - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
NOURIANZ - Tier 2; PA; QL	

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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* *entacapone - Tier 1; QL*	*amantadine hcl oral tablet - Tier 1; PA; QL* GOCOVRI - Tier 2; PA; QL ONGENTYS - Tier 2; PA; QL *TASMAR (brand for tolcapone) - Tier 2; PA; QL* *tolcapone (generic for TASMAR) - Tier 1; PA*; QL*
Antiprotozoals - Protozoal Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
atovaquone (generic for MEPRON) - Tier 1; QL *atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL* *chloroquine phosphate oral - Tier 1; QL* COARTEM - Tier 2; QL *hydroxychloroquine sulfate oral (generic for PLAQUENIL) - Tier 1; QL* LAMPIT - Tier 2; PA; QL *mefloquine hcl - Tier 1; QL* *NEBUPENT (brand for pentamidine isethionate) - Tier 2; PA; QL* *pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1; PA; QL* *primaquine phosphate - Tier 1* *quinine sulfate - Tier 1; QL* *SOVUNA ORAL TABLET 300 MG (brand for hydroxychloroquine sulfate) - Tier 2; QL*	KRINTAFEL - Tier 2; PA; QL *MALARONE (brand for atovaquone-proguanil hcl) - Tier 2; PA; QL* *MEPRON (brand for atovaquone) - Tier 2; PA; QL* *nitazoxanide oral - Tier 1; PA; QL* *PLAQUENIL (brand for hydroxychloroquine sulfate) - Tier 2; PA; QL* *SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; PA; QL*
Antipsychotics, other	
Antipsychotics	
COBENFY - Tier 2; PA; QL; AL COBENFY STARTER PACK - Tier 2; PA; QL; AL	

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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 *DONNATAL (brand for pb-hyoscy-atropine-scopolamine) - Tier 2; PA; QL* *pb-hyoscy-atropine-scopolamine (generic for DONNATAL) - Tier 1; PA; QL* *PHENOHYTRO (brand for pb-hyoscy-atropine-scopolamine) - Tier 2; PA; QL*
Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
dicyclomine hcl oral capsule - Tier 1; QL *dicyclomine hcl oral solution 10 mg/5ml - Tier 1* *dicyclomine hcl oral tablet 20 mg - Tier 1; QL* *glycopyrrolate oral solution (generic for CUVPOSA) - Tier 1; QL* *glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1; QL* *hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL* *hyoscyamine sulfate oral elixir - Tier 1; QL* *hyoscyamine sulfate oral solution - Tier 1; QL* *hyoscyamine sulfate oral tablet (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* *hyoscyamine sulfate tablet dispersible 0.125 mg oral (generic for NULEV) - Tier 1; QL* *hyosyne - Tier 1; QL* *methscopolamine bromide oral - Tier 1; QL* *NULEV (brand for hyoscyamine sulfate) - Tier 2; QL* *OSCIMIN (brand for hyoscyamine sulfate) - Tier 2; QL*	*chlordiazepoxide-clidinium capsule 5-2.5 mg oral (generic for LIBRAX) - Tier 1; PA*; QL* *chlordiazepoxide-clidinium capsule 5-2.5 mg oral (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; QL* *GLYCOPYRROLATE ORAL TABLET 1.5 MG (brand for glycopyrrolate) - Tier 2; PA; QL* *hyoscyamine sulfate tablet dispersible 0.125 mg oral (generic for NULEV) - Tier 1; PA; QL* *LEVBID (brand for hyoscyamine sulfate er) - Tier 2; PA; QL* *LEVSIN (brand for hyoscyamine sulfate) - Tier 2; PA; QL* *LEVSIN/SL (brand for hyoscyamine sulfate) - Tier 2; PA; QL* *LIBRAX (brand for chlordiazepoxide-clidinium) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
oxybutynin chloride er - Tier 1; QL *oxybutynin chloride oral - Tier 1; QL* *solifenacin succinate (generic for VESICARE) - Tier 1; QL*	*darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral - Tier 1; PA*; QL* *darifenacin hydrobromide er tablet extended release 24 hour 15 mg oral - Tier 1; PA; QL* *darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral - Tier 1; PA*; QL* *darifenacin hydrobromide er tablet extended release 24 hour 7.5 mg oral - Tier 1; PA; QL* *fesoterodine fumarate er (generic for TOVIAZ) - Tier 1; PA; QL* *flavoxate hcl tablet 100 mg oral - Tier 1; PA; QL* *flavoxate hcl tablet 100 mg oral - Tier 1; PA*; QL* GEMTESA - Tier 2; PA*; QL *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* OXYTROL - Tier 2; PA; QL OXYTROL FOR WOMEN - Tier 2; PA; QL *tolterodine tartrate - Tier 1; PA*; ST; QL* *tolterodine tartrate er - Tier 1; PA; QL* *TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL* *trospium chloride er - Tier 1; PA*; QL* *trospium chloride tablet 20 mg oral - Tier 1; PA; ST; QL* *trospium chloride tablet 20 mg oral - Tier 1; PA*; ST; QL* *VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Antispasticity Agents	
	ONTRALFY - Tier 2; PA *tizanidine hcl oral capsule 8 mg (generic for ZANAFLEX) - Tier 1; PA* *ZANAFLEX ORAL CAPSULE (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*	
Antituberculars - Tuberculosis Drugs	
Antimycobacterials - Drugs to Treat Infections	
cycloserine oral - Tier 1; QL *ethambutol hcl oral tablet 100 mg - Tier 1* *ethambutol hcl oral tablet 400 mg - Tier 1; QL* *isoniazid oral - Tier 1; QL* PRIFTIN - Tier 2; QL *pyrazinamide oral - Tier 1; QL* *rifampin oral - Tier 1; QL* SIRTURO - Tier 2; QL	
Antivirals - Drugs to Treat Viral Infections	
PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100 & 150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL *ribavirin inhalation - Tier 1; PA; QL*	VEKLURY - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
Anxiolytics, Other - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
buspirone hcl oral - Tier 1; QL *hydroxyzine hcl oral - Tier 1; QL* IGALMI - Tier 2; PA; QL	BUCAPSOL ORAL CAPSULE 15 MG - Tier 2; PA *meprobamate - Tier 1; PA; QL*
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
anastrozole oral (generic for ARIMIDEX) - Tier 1; QL *exemestane (generic for AROMASIN) - Tier 1; QL* *letrozole oral (generic for FEMARA) - Tier 1; QL*	*ARIMIDEX (brand for anastrozole) - Tier 2; PA; QL* *AROMASIN (brand for exemestane) - Tier 2; PA; QL* *FEMARA (brand for letrozole) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
ADZENYS XR-ODT (brand for amphetamine er) - Tier 2; QL; AL *amphetamine er (generic for ADZENYS XR-ODT) - Tier 1; QL; AL* *amphetamine sulfate (generic for EVEKEO) - Tier 1; QL; AL* *amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL* *amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; AL* *amphet-dextroamphet 3-bead er (generic for MYDAYIS) - Tier 1; QL; AL* *dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; QL; AL* *dextroamphetamine sulfate oral solution (generic for PROCENTRA) - Tier 1; QL; AL* *dextroamphetamine sulfate oral tablet 10 mg, 20 mg, 30 mg, 5 mg (generic for ZENZEDI) - Tier 1; QL; AL* DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE - Tier 2; QL; AL	*ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; PA; QL; AL* *ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; PA; QL; AL* *DEXEDRINE (brand for dextroamphetamine sulfate er) - Tier 2; PA; QL; AL* *dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 7.5 mg (generic for ZENZEDI) - Tier 1; PA; QL; AL* DYANAVEL XR ORAL TABLET EXTENDED RELEASE - Tier 2; PA*; AL *methamphetamine hcl - Tier 1; PA; QL; AL* *VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; QL; AL* XELSTRYM - Tier 2; PA; QL; AL *ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 7.5 MG (brand for dextroamphetamine sulfate) - Tier 2; PA; QL; AL*

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Preferred Agents	Non-Preferred Agents
EVEKEO (brand for amphetamine sulfate) - Tier 2; QL; AL *lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg (generic for VYVANSE) - Tier 1; QL; AL* *lisdexamfetamine dimesylate oral tablet chewable (generic for VYVANSE) - Tier 1; QL; AL* *MYDAYIS (brand for amphet-dextroamphet 3-bead er) - Tier 2; QL; AL* *PROCENTRA (brand for dextroamphetamine sulfate) - Tier 2; QL; AL* *VYVANSE ORAL TABLET CHEWABLE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL* *ZENZEDI ORAL TABLET 10 MG, 20 MG, 30 MG, 5 MG (brand for dextroamphetamine sulfate) - Tier 2; QL; AL*	

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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 AZSTARYS - Tier 2; QL; AL *clonidine hcl er - Tier 1; QL; AL* *CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG (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* *FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; QL; AL* *guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL* *METADATE CD (brand for methylphenidate hcl er (cd)) - Tier 2; QL; AL* *METHYLIN (brand for methylphenidate hcl) - Tier 2; QL; AL* *methylphenidate hcl er - Tier 1; QL; AL* *methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; QL; AL* *methylphenidate hcl er (la) (generic for RITALIN LA) - Tier 1; QL; AL*	*APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL* *CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL* COTEMPLA XR-ODT - Tier 2; PA; QL; AL *DAYTRANA (brand for methylphenidate) - 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 *methylphenidate (generic for DAYTRANA) - Tier 1; PA; QL; AL* *methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg (generic for APTENSIO XR) - Tier 1; PA; QL; AL* *methylphenidate hcl oral tablet chewable - Tier 1; PA; QL; AL* ONYDA XR - Tier 2; PA; QL; AL QUILLICHEW ER - 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; PA*: Preferred Alternative Trial Requirements

Preferred Agents	Non-Preferred Agents
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; QL; AL *METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL* *methylphenidate hcl er (osm) oral tablet extended release 72 mg (generic for RELEXXII) - Tier 1; QL; AL* *methylphenidate hcl oral solution (generic for METHYLIN) - Tier 1; QL; AL* *methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL* QELBREE - Tier 2; PA; QL *RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL* *RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL* *RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL*	QUILLIVANT XR - Tier 2; PA; QL; AL *RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG (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*

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Preferred Agents	Non-Preferred Agents
Benign Prostatic Hypertrophy Agents - Prostate Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL *dutasteride oral (generic for AVODART) - Tier 1; QL* *finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL* *tamsulosin hcl - Tier 1; QL* *terazosin hcl - Tier 1; QL*	*AVODART (brand for dutasteride) - Tier 2; PA; QL* CARDURA XL - Tier 2; PA; QL *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; QL* *RAPAFLO (brand for silodosin) - Tier 2; PA; QL* *silodosin capsule 4 mg oral (generic for RAPAFLO) - Tier 1; PA*; QL* *silodosin capsule 4 mg oral (generic for RAPAFLO) - Tier 1; PA; QL* *silodosin capsule 8 mg oral (generic for RAPAFLO) - Tier 1; PA*; QL* *silodosin capsule 8 mg oral (generic for RAPAFLO) - Tier 1; PA; QL* TEZRULY - Tier 2; PA; QL *UROXATRAL (brand for alfuzosin hcl er) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Benzodiazepines - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
alprazolam oral tablet (generic for XANAX) - Tier 1 *chlordiazepoxide hcl - Tier 1* *clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL* *diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1* *diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1* *estazolam - Tier 1; QL; AL* *lorazepam injection solution 4 mg/ml (generic for ATIVAN) - Tier 1; PA* *lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1* *lorazepam oral tablet (generic for ATIVAN) - Tier 1* *LORAZEPAM SOLUTION 2 MG/ML INJECTION (brand for lorazepam) - Tier 2; PA* *lorazepam solution 2 mg/ml injection (generic for ATIVAN) - Tier 1; PA* *midazolam hcl oral - Tier 1; QL; AL* *quazepam - Tier 1; QL; AL* *triazolam (generic for HALCION) - Tier 1; QL; AL*	*alprazolam er (generic for XANAX XR) - Tier 1; PA** *alprazolam intensol - Tier 1; PA** *alprazolam oral tablet dispersible - Tier 1; PA** *alprazolam xr (generic for XANAX XR) - Tier 1; PA** *ATIVAN (brand for lorazepam) - Tier 2; PA* *clonazepam oral tablet dispersible - Tier 1; PA; QL* *clorazepate dipotassium tablet 15 mg oral - Tier 1; PA* *clorazepate dipotassium tablet 15 mg oral - Tier 1; PA** *clorazepate dipotassium tablet 3.75 mg oral - Tier 1; PA* *clorazepate dipotassium tablet 3.75 mg oral - Tier 1; PA** *clorazepate dipotassium tablet 7.5 mg oral - Tier 1; PA* *clorazepate dipotassium tablet 7.5 mg oral - Tier 1; PA** *HALCION (brand for triazolam) - Tier 2; PA; QL; AL* *KLONOPIN (brand for clonazepam) - Tier 2; PA; QL* *lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; PA* LOREEV XR - Tier 2; PA *oxazepam capsule 10 mg oral - Tier 1; PA* *oxazepam capsule 10 mg oral - Tier 1; PA** *oxazepam capsule 15 mg oral - Tier 1; PA* *oxazepam capsule 15 mg oral - Tier 1; PA** *oxazepam capsule 30 mg oral - Tier 1; PA* *oxazepam capsule 30 mg oral - Tier 1; PA** *VALIUM (brand for diazepam) - Tier 2; PA* *XANAX (brand for alprazolam) - Tier 2; PA* *XANAX XR (brand for alprazolam er) - Tier 2; PA*

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Preferred Agents	Non-Preferred Agents
Beta-Adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
acebutolol hcl oral - Tier 1; QL *atenolol oral (generic for TENORMIN) - Tier 1; QL* *betaxolol hcl oral - Tier 1; QL* *bisoprolol fumarate oral tablet 10 mg, 5 mg - Tier 1; QL* *carvedilol (generic for COREG) - Tier 1; QL* *carvedilol phosphate er (generic for COREG CR) - Tier 1; QL* *labetalol hcl oral tablet 100 mg, 200 mg, 300 mg - Tier 1; QL* *metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL* *metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL* *metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg - Tier 1; QL* *nadolol oral - Tier 1; QL* *nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL* *propranolol hcl er (generic for INDERAL LA) - Tier 1; QL* *propranolol hcl oral - Tier 1; QL*	*bisoprolol fumarate oral tablet 2.5 mg - Tier 1; PA; QL* *BYSTOLIC (brand for nebivolol hcl) - Tier 2; PA; QL* *COREG (brand for carvedilol) - Tier 2; PA; QL* *COREG CR (brand for carvedilol phosphate er) - Tier 2; PA; QL* HEMANGEOL - Tier 2; PA*; QL *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 *labetalol hcl oral tablet 400 mg - Tier 1; PA; QL* *LOPRESSOR (brand for metoprolol tartrate) - Tier 2; PA; QL* *METOPROLOL TARTRATE ORAL TABLET 12.5 MG (brand for metoprolol tartrate) - Tier 2; PA; QL* *pindolol tablet 10 mg oral - Tier 1; PA; QL* *pindolol tablet 10 mg oral - Tier 1; PA*; QL* *pindolol tablet 5 mg oral - Tier 1; PA; QL* *pindolol tablet 5 mg oral - Tier 1; PA*; QL*

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Preferred Agents	Non-Preferred Agents
	TENORMIN (brand for atenolol) - Tier 2; PA; QL *timolol maleate tablet 10 mg oral - Tier 1; PA*; QL* *timolol maleate tablet 10 mg oral - Tier 1; PA; QL* *timolol maleate tablet 20 mg oral - Tier 1; PA*; QL* *timolol maleate tablet 20 mg oral - Tier 1; PA; QL* *timolol maleate tablet 5 mg oral - Tier 1; PA*; QL* *timolol maleate tablet 5 mg oral - Tier 1; PA; QL* *TOPROL XL (brand for metoprolol succinate er) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Beta-Lactam, Cephalosporins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
cefaclor oral capsule - Tier 1; QL *cefadroxil - Tier 1; QL* *cefazolin sodium injection solution reconstituted 1 gm, 10 gm - Tier 1; PA; QL* *cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-% - Tier 1; PA; QL* *cefdinir - Tier 1; QL* *cefepime hcl intravenous solution reconstituted 2 gm - Tier 1; PA; QL* *cefixime oral capsule - Tier 1; QL* CEFIXIME ORAL TABLET - Tier 2; QL *cefotetan disodium (generic for CEFOTAN) - Tier 1; PA; QL* *cefoxitin sodium intravenous solution reconstituted 10 gm - Tier 1; PA; QL* *cefpodoxime proxetil oral tablet - Tier 1* *cefprozil - Tier 1; QL* *ceftazidime injection (generic for TAZICEF) - Tier 1; PA; QL* *ceftazidime intravenous (generic for TAZICEF) - Tier 1; PA; QL* *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg - Tier 1; PA; QL* *cefuroxime axetil - Tier 1; QL* *cephalexin oral capsule - Tier 1; QL* *cephalexin oral suspension reconstituted - Tier 1; QL* *tazicef injection (generic for TAZICEF) - Tier 1; PA; QL* *tazicef intravenous solution reconstituted (generic for TAZICEF) - Tier 1; PA; QL*	*cefaclor er - Tier 1; PA; QL* *cefixime oral suspension reconstituted - Tier 1; PA; QL; AL* *CEFOTAN (brand for cefotetan disodium) - Tier 2; PA; QL* *cefpodoxime proxetil oral suspension reconstituted - Tier 1; PA; QL* *cephalexin oral tablet - Tier 1; PA; QL*
Miscellaneous Therapeutic Agents	
FETROJA - Tier 2; PA	

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Preferred Agents	Non-Preferred Agents
Beta-Lactam, Penicillins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
amoxicillin - Tier 1; QL *amoxicillin-potassium clavulanate (generic for AUGMENTIN ES-600) - Tier 1; QL* *ampicillin - Tier 1; QL* *ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm (generic for UNASYN) - Tier 1; PA* AUGMENTIN - Tier 2 BICILLIN L-A - Tier 2; PA; QL *dicloxacillin sodium - Tier 1; QL* *penicillin g potassium injection solution reconstituted 5000000 unit (generic for PFIZERPEN) - Tier 1; PA; QL* *penicillin g sodium - Tier 1; PA; QL* *penicillin v potassium - Tier 1; QL* *piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - Tier 1; PA; QL*	*amoxicillin-potassium clavulanate er - Tier 1; PA; QL* *AUGMENTIN ES-600 (brand for amoxicillin-pot clavulanate) - Tier 2; PA; QL* *PFIZERPEN INJECTION SOLUTION RECONSTITUTED 5000000 UNIT (brand for penicillin g potassium) - Tier 2; PA; QL* *UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM (brand for ampicillin-sulbactam sodium) - Tier 2; PA*

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Preferred Agents	Non-Preferred Agents
Blood Formation Modifiers - Blood Formation Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
ALVAIZ - Tier 2; PA; SP; QL *anagrelide hcl (generic for AGRYLIN) - Tier 1; QL* APHEXDA - Tier 2; PA; QL ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL *eltrombopag olamine (generic for PROMACTA) - Tier 1; PA; SP; QL* FULPHILA - Tier 2; PA; SP; QL NEUPOGEN - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP; QL	*AGRYLIN (brand for anagrelide hcl) - Tier 2; PA; QL* DOPTELET - Tier 2; PA; SP; QL DOPTELET SPRINKLE - Tier 2; PA; SP; QL EPOGEN INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML - Tier 2; PA*; SP; QL EPOGEN SOLUTION 10000 UNIT/ML INJECTION - Tier 2; PA; SP; QL EPOGEN SOLUTION 10000 UNIT/ML INJECTION - Tier 2; PA*; SP; QL EPOGEN SOLUTION 20000 UNIT/ML INJECTION - Tier 2; PA; SP; QL EPOGEN SOLUTION 20000 UNIT/ML INJECTION - Tier 2; PA*; SP; QL FYLNETRA - Tier 2; PA*; SP; QL GRANIX - Tier 2; PA; SP; QL LEUKINE - Tier 2; PA; SP; QL MIRCERA - Tier 2; PA*; QL MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA*; SP; QL NEULASTA ONPRO - Tier 2; PA*; SP; QL NIVESTYM - Tier 2; PA*; SP; QL

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Preferred Agents	Non-Preferred Agents
	NPLATE - Tier 2; PA; QL NYVEPRIA - Tier 2; PA*; SP; QL PROCRIT - Tier 2; PA*; SP; QL *PROMACTA (brand for eltrombopag olamine) - Tier 2; PA; SP; QL* RELEUKO - Tier 2; PA*; SP; QL ROLVEDON - Tier 2; PA*; SP; QL RYZNEUTA - Tier 2; PA; QL STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS - Tier 2; PA*; SP; QL STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS - Tier 2; PA; SP; QL UDENYCA ONBODY - Tier 2; PA; SP; QL UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS - Tier 2; PA*; SP; QL UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS - Tier 2; PA; SP; QL UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS - Tier 2; PA*; SP; QL UDENYCA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS - Tier 2; PA; SP; QL ZARXIO - Tier 2; PA*; SP; QL ZIEXTENZO - Tier 2; PA; SP; QL
Blood Products and Modifiers, Other	
Blood Products and Modifiers	
	NYPOZI - Tier 2; PA; SP; QL VAFSEO ORAL TABLET 150 MG - Tier 2; PA; QL VAFSEO ORAL TABLET 300 MG - Tier 2; PA

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

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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%, 2.5 mg/0.5ml - Tier 1; QL* *albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; QL; AL* *albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL* ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL *albuterol sulfate oral syrup 2 mg/5ml - Tier 1; QL* *albuterol sulfate oral tablet - Tier 1; QL* *epinephrine injection solution auto-injector 0.15 mg/0.15ml (generic for AUVI-Q) - Tier 1; 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* NEFFY NASAL SOLUTION 2 MG/0.1ML - Tier 2; PA; QL SEREVENT DISKUS - Tier 2; QL *terbutaline sulfate injection - Tier 1; PA; QL*	*albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for VENTOLIN HFA) - Tier 1; PA; QL* *arformoterol tartrate nebulization solution 15 mcg/2ml inhalation - Tier 1; PA*; QL* *arformoterol tartrate nebulization solution 15 mcg/2ml inhalation - Tier 1; PA; QL* *AUVI-Q (brand for epinephrine) - Tier 2; PA; QL* *epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; PA; QL* *EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL* *EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL* *formoterol fumarate nebulization solution 20 mcg/2ml inhalation (generic for PERFOROMIST) - Tier 1; PA*; QL* *formoterol fumarate nebulization solution 20 mcg/2ml inhalation (generic for PERFOROMIST) - Tier 1; PA; QL* *levalbuterol hcl inhalation - Tier 1; PA*; QL* *LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT (brand for levalbuterol tartrate) - Tier 2; PA*; QL* NEFFY NASAL SOLUTION 1 MG/0.1ML - Tier 2; PA *PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL* PROAIR RESPICLICK - Tier 2; PA*; QL STRIVERDI RESPIMAT - Tier 2; PA*; QL *terbutaline sulfate tablet 2.5 mg oral - Tier 1; PA*; QL* *terbutaline sulfate tablet 2.5 mg oral - Tier 1; PA; QL* *terbutaline sulfate tablet 5 mg oral - Tier 1; PA*; QL* *terbutaline sulfate tablet 5 mg oral - Tier 1; PA; QL* *VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL* *XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
AIMOVIG - Tier 2; PA; QL AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	EMGALITY (300 MG DOSE) - Tier 2; PA; QL NURTEC - Tier 2; PA; QL QULIPTA - Tier 2; PA; QL VYEPTI - Tier 2; PA; QL ZAVZPRET - Tier 2; PA; QL; AL
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 *diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL* *diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL* *diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL* *diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL* *diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL* *dilt-xr - Tier 1; QL* *felodipine er - Tier 1; QL* *nifedipine er - Tier 1; QL* *nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL* *nifedipine oral - Tier 1; QL* NIMODIPINE ORAL SOLUTION - Tier 2; QL NYMALIZE - Tier 2; QL *tiadylt er (generic for TIADYLT ER) - Tier 1; QL* *verapamil hcl er oral tablet extended release - 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 (brand for diltiazem hcl er) - Tier 2; PA; QL* *cartia xt (generic for CARTIA XT) - Tier 1; PA; QL* *CONJUPRI ORAL TABLET 2.5 MG (brand for levamlodipine maleate) - Tier 2; PA*; QL* *CONJUPRI ORAL TABLET 5 MG (brand for levamlodipine maleate) - Tier 2; PA; QL* *diltiazem hcl er oral tablet extended release 24 hour (generic for CARDIZEM LA) - Tier 1; PA*; QL* *isradipine - Tier 1; PA*; QL* KATERZIA - Tier 2; PA; QL *LEVAMLODIPINE MALEATE (brand for levamlodipine maleate) - Tier 2; PA*; QL* *matzim la (generic for MATZIM LA) - Tier 1; PA; QL* *nicardipine hcl capsule 20 mg oral - Tier 1; PA; QL* *nicardipine hcl capsule 20 mg oral - Tier 1; PA*; QL*

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Preferred Agents	Non-Preferred Agents
verapamil hcl oral - Tier 1; QL	*nicardipine hcl capsule 30 mg oral - Tier 1; PA; QL* *nicardipine hcl capsule 30 mg oral - Tier 1; PA*; QL* *nimodipine oral capsule - Tier 1; PA; QL* *nisoldipine er (generic for SULAR) - Tier 1; PA*; QL* NORLIQVA - Tier 2; PA; QL *NORVASC (brand for amlodipine besylate) - Tier 2; PA; QL* *PROCARDIA XL (brand for nifedipine er osmotic release) - Tier 2; PA; QL* SDAMLO - Tier 2; PA; QL *SULAR (brand for nisoldipine er) - Tier 2; PA; QL* *TIAZAC (brand for diltiazem hcl er beads) - Tier 2; PA; QL* *verapamil hcl er capsule extended release 24 hour 100 mg oral - Tier 1; PA*; QL* *verapamil hcl er capsule extended release 24 hour 100 mg oral - Tier 1; PA; QL* *verapamil hcl er capsule extended release 24 hour 120 mg oral - Tier 1; PA; QL* *verapamil hcl er capsule extended release 24 hour 120 mg oral - Tier 1; PA*; QL* *verapamil hcl er capsule extended release 24 hour 180 mg oral - Tier 1; PA; QL* *verapamil hcl er capsule extended release 24 hour 180 mg oral - Tier 1; PA*; QL* *verapamil hcl er capsule extended release 24 hour 240 mg oral - Tier 1; PA; QL* *verapamil hcl er capsule extended release 24 hour 240 mg oral - Tier 1; PA*; QL* *verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg - Tier 1; PA; QL*

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

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Preferred Agents	Non-Preferred Agents
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride-hydrochlorothiazide - Tier 1; QL *amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-10 mg, 5-20 mg (generic for LOTREL) - Tier 1; QL* *amlodipine besylate-benazepril hcl oral capsule 2.5-10 mg - Tier 1; PA; QL* *amlodipine besylate-benazepril hcl oral capsule 5-40 mg - Tier 1; QL* *amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1; QL* *amlodipine-olmesartan (generic for AZOR) - Tier 1; QL* *atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL* *benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL* *bisoprolol-hydrochlorothiazide - Tier 1; QL* *captopril-hydrochlorothiazide - Tier 1; QL* *CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL* *digoxin oral (generic for LANOXIN) - Tier 1; QL* *enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL* *fosinopril sodium-hctz - 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; QL* *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; 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* *DIOVAN HCT (brand for valsartan-hydrochlorothiazide) - Tier 2; PA; QL* *droxidopa (generic for NORTHERA) - Tier 1; PA; SP; QL* EDARBYCLOR - Tier 2; PA; QL *ENTRESTO (brand for sacubitril-valsartan) - Tier 2; PA; QL* *EXFORGE (brand for amlodipine besylate-valsartan) - Tier 2; PA; QL* *EXFORGE HCT (brand for amlodipine-valsartan-hctz) - Tier 2; PA; QL* *HYZAAR (brand for losartan potassium-hctz) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL	*isosorb dinitrate-hydralazine (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*
lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL	*LOTENSIN HCT (brand for benazepril-hydrochlorothiazide) - Tier 2; PA; QL*
losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL	*LOTREL (brand for amlodipine besy-benazepril hcl) - Tier 2; PA; QL*
metoprolol-hydrochlorothiazide - Tier 1; QL	*MICARDIS HCT (brand for telmisartan-hctz) - Tier 2; PA; QL*
metyrosine - Tier 1; QL	*NORTHERA (brand for droxidopa) - Tier 2; PA; SP; QL*
milrinone lactate - Tier 1; PA; QL	*olmesartan-amlodipine-hctz (generic for TRIBENZOR) - Tier 1; PA; QL*
milrinone lactate in dextrose - Tier 1; PA; QL	OPSYNVI - Tier 2; PA; SP; QL
olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL	*TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL*
pentoxifylline er - Tier 1; QL	*telmisartan-amlodipine - Tier 1; PA; QL*
quinapril-hydrochlorothiazide - Tier 1; QL	*TENORETIC 100 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL*
ranolazine er - Tier 1; PA; QL	*TENORETIC 50 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL*
sacubitril-valsartan (generic for ENTRESTO) - Tier 1; PA; QL	*trandolapril-verapamil hcl er - Tier 1; PA; QL*
spironolactone-hctz - Tier 1; QL	*TRIBENZOR (brand for olmesartan-amlodipine-hctz) - Tier 2; PA; QL*
telmisartan-hctz (generic for MICARDIS HCT) - Tier 1; QL	*VASERETIC (brand for enalapril-hydrochlorothiazide) - Tier 2; PA; QL*
triamterene-hctz - Tier 1; QL	*ZESTORETIC (brand for lisinopril-hydrochlorothiazide) - Tier 2; PA; QL*
valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL	

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Preferred Agents	Non-Preferred Agents
VECAMYL - Tier 2; PA; QL VERQUVO - Tier 2; PA; QL	
Central Nervous System, Other	
Central Nervous System Agents	
	QALSODY - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
AUSTEDO - Tier 2; SP; QL; AL AUSTEDO XR - Tier 2; SP; QL AUSTEDO XR PATIENT TITRATION - Tier 2; SP; QL *caffeine citrate oral - Tier 1; QL; AL* *riluzole - Tier 1; QL* *tetrabenazine (generic for XENAZINE) - Tier 1; SP; QL; AL*	*gabapentin (once-daily) oral tablet 300 mg, 600 mg (generic for GRALISE) - Tier 1; PA; QL* *gabapentin (once-daily) oral tablet 450 mg, 750 mg, 900 mg (generic for GRALISE) - Tier 1; PA; QL; AL* *GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL* *GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL; AL* HORIZANT - Tier 2; PA; QL INGREZZA ORAL CAPSULE 40 MG, 80 MG - Tier 2; PA; SP; QL; AL INGREZZA ORAL CAPSULE 60 MG - Tier 2; PA; QL INGREZZA ORAL CAPSULE SPRINKLE - Tier 2; PA; SP; QL INGREZZA ORAL CAPSULE THERAPY PACK - Tier 2; PA; SP; QL *memantine hcl-donepezil hcl er (generic for NAMZARIC) - Tier 1; PA; QL; AL* *NAMZARIC (brand for memantine hcl-donepezil hcl er) - Tier 2; PA; QL; AL* NEURAPTINE - Tier 2; PA; QL NEURORUB - Tier 2; PA; QL NUEDEXTA - Tier 2; PA; QL TEGLUTIK - Tier 2; PA; QL TIGLUTIK - Tier 2; PA; QL *XENAZINE (brand for tetrabenazine) - Tier 2; PA; SP; QL; AL*

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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; AL *donepezil hcl oral tablet dispersible - Tier 1; QL* *rivastigmine (generic for EXELON) - Tier 1; QL; AL*	*ARICEPT ORAL TABLET 10 MG, 5 MG (brand for donepezil hcl) - Tier 2; PA; QL; AL* *ARICEPT ORAL TABLET 23 MG (brand for donepezil hcl) - Tier 2; PA; ST; QL; AL* *donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; PA; ST; QL; AL* *EXELON (brand for rivastigmine) - Tier 2; PA; QL; AL* *galantamine hydrobromide er - Tier 1; PA*; QL* *galantamine hydrobromide oral solution - Tier 1; PA; QL; AL* *galantamine hydrobromide tablet 12 mg oral - Tier 1; PA*; QL; AL* *galantamine hydrobromide tablet 12 mg oral - Tier 1; PA; QL; AL* *galantamine hydrobromide tablet 4 mg oral - Tier 1; PA*; QL; AL* *galantamine hydrobromide tablet 4 mg oral - Tier 1; PA; QL; AL* *galantamine hydrobromide tablet 8 mg oral - Tier 1; PA*; QL; AL* *galantamine hydrobromide tablet 8 mg oral - Tier 1; PA; QL; AL* *rivastigmine tartrate - Tier 1; PA*; QL; AL*

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Preferred Agents	Non-Preferred Agents
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
BETHKIS (brand for tobramycin) - Tier 2; SP; QL; AL CAYSTON - Tier 2; PA; SP; QL; AL *KITABIS PAK (W/ NEBULIZER) (brand for tobramycin) - Tier 2; PA; SP; QL; AL* *tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; SP; QL; AL* *tobramycin nebulization solution 300 mg/5ml inhalation (generic for KITABIS PAK (W/ NEBULIZER)) - Tier 1; SP; QL; AL* *TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION (brand for tobramycin) - Tier 2; SP; QL; AL*	*TOBI NEBULIZER (brand for tobramycin) - Tier 2; PA; SP; QL; AL* TOBI PODHALER - Tier 2; PA; SP; QL; AL
Dental and Oral Agents	
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
oral anesthetic max str gel 20 % mouth/throat (generic for HURRICAINE) - Tier 1; QL *HURRICAINE GEL 20 % MOUTH/THROAT (brand for cvs oral anesthetic max str) - Tier 2; QL* *instant oral pain relief max (generic for HURRICAINE) - Tier 1; QL* *LOLLICAINE (brand for cvs oral anesthetic max str) - Tier 2; QL* *oral pain relief mouth/throat gel 20 % (generic for HURRICAINE) - Tier 1; QL*	*oral anesthetic max str gel 20 % mouth/throat (generic for HURRICAINE) - Tier 1; PA; QL* *HURRICAINE GEL 20 % MOUTH/THROAT (brand for cvs oral anesthetic max str) - Tier 2; PA; QL* *oral pain relieving (generic for HURRICAINE) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
cevimeline hcl (generic for EVOXAC) - Tier 1; QL *chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL* *CLINPRO 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; QL* *DENTA 5000 PLUS SENSITIVE (brand for sod fluoride-potassium nitrate) - Tier 2; QL* *DENTAGEL (brand for sf) - Tier 2; QL* *FLUORIDEX (brand for sodium fluoride 5000 ppm) - Tier 2; QL* *FLUORIDEX ENHANCED WHITENING (brand for sodium fluoride 5000 ppm) - Tier 2; QL* *FLUORIMAX 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; QL* *FLUORIMAX 5000 SENSITIVE (brand for sod fluoride-potassium nitrate) - Tier 2; QL* *JUST RIGHT 5000 (brand for sodium fluoride 5000 ppm) - Tier 2; QL* *pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL* *PREVIDENT 5000 BOOSTER PLUS (brand for sodium fluoride 5000 ppm) - Tier 2; QL*	*DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; PA; QL* *EVOXAC (brand for cevimeline hcl) - Tier 2; PA; QL* *KOURZEQ (brand for triamcinolone acetonide) - Tier 2; PA; QL* *ORALONE (brand for triamcinolone acetonide) - Tier 2; PA; QL* *PERIDEX (brand for chlorhexidine gluconate) - Tier 2; PA; QL* *periogard (generic for PERIOGARD) - Tier 1; PA; QL* *PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; PA; QL* *SALAGEN (brand for pilocarpine hcl) - Tier 2; PA; QL* *sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; PA; QL* *sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; PA; QL* *sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2; QL *PREVIDENT 5000 ENAMEL PROTECT (brand for sod fluoride-potassium nitrate) - Tier 2; QL* *PREVIDENT 5000 KIDS (brand for sodium fluoride 5000 ppm) - Tier 2; QL* *PREVIDENT 5000 ORTHO DEFENSE (brand for sodium fluoride 5000 ppm) - Tier 2; QL* *PREVIDENT 5000 SENSITIVE (brand for sod fluoride-potassium nitrate) - Tier 2; QL* *PREVIDENT DENTAL (brand for sf) - Tier 2; QL* *PREVIDENT MOUTH/THROAT (brand for sodium fluoride) - Tier 2* *sf gel 1.1% (generic for PREVIDENT) - Tier 1; QL* *sod fluoride-potassium nitrate (generic for FLUORIMAX 5000 SENSITIVE) - Tier 1; QL* *sodium fluoride 5000 enamel (generic for FLUORIMAX 5000 SENSITIVE) - Tier 1; QL* *sodium fluoride 5000 ppm (generic for CLINPRO 5000) - Tier 1; QL* *sodium fluoride 5000 sensitive (generic for FLUORIMAX 5000 SENSITIVE) - Tier 1; QL* *sodium fluoride dental gel (generic for PREVIDENT) - Tier 1; QL* *sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1* *triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL*	
Dermatitis and Pruitus Agents	
Dermatological Agents	
HYFTOR - Tier 2; PA; QL	

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Preferred Agents	Non-Preferred Agents
Dermatological Agents - Drugs to Treat Skin Conditions	
accutane (generic for ACCUTANE) - Tier 1; PA; QL	*ABSORICA (brand for isotretinoin) - Tier 2; PA; QL*
acitretin - Tier 1; QL	ABSORICA LD - Tier 2; PA; QL
adapalene external cream (generic for DIFFERIN) - Tier 1; QL; AL	*ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL*
adapalene external gel (generic for DIFFERIN) - Tier 1; QL; AL	*ACZONE (brand for dapsone) - Tier 2; PA; QL*
adapalene-benzoyl peroxide external gel 0.1-2.5 % (generic for EPIDUO) - Tier 1; QL	*adapalene-benzoyl peroxide external gel 0.3-2.5 % (generic for EPIDUO FORTE) - Tier 1; PA; QL*
AMELUZ - Tier 2; PA; QL	ADBRY - Tier 2; PA; SP; QL
ammonium lactate external (generic for AL12) - Tier 1; PA; QL	AKLIEF - Tier 2; PA*; QL
amnesteem (generic for ACCUTANE) - Tier 1; PA; QL	APORIX EXTERNAL LOTION - Tier 2; PA; QL
AVAR CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2; QL	*ATRALIN (brand for tretinoin) - Tier 2; PA; QL*
azelaic acid external (generic for FINACEA) - Tier 1; QL	*AVAR LS CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2; PA; QL*
benzoyl peroxide-erythromycin (generic for BENZAMYCIN) - Tier 1; QL	*AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2; PA; QL*
calcipotriene external cream - Tier 1; QL	AVIDORA EXTERNAL SOLUTION - Tier 2; PA; QL
calcipotriene external ointment (generic for CALCITRENE) - Tier 1; QL	*BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL*
	benzoin - Tier 1; PA
	bp 10-1 - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
calcipotriene external solution - Tier 1; QL *calcipotriene-betameth diprop external ointment - Tier 1; QL* *CALCITRENE (brand for calcipotriene) - Tier 2; QL* *claravis (generic for ACCUTANE) - Tier 1; PA; QL* *CLEOCIN-T (brand for clindamycin phosphate) - Tier 2; QL* *clindamycin phos (once-daily) (generic for CLINDAGEL) - Tier 1; QL* *clindamycin phos (twice-daily) - Tier 1; QL* *clindamycin phos-benzoyl perox external gel 1.2-2.5 % (generic for ACANYA) - Tier 1; QL* *clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL* *clindamycin phosphate-benzoyl peroxide external gel 1-5 % - Tier 1; QL* *clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL* *clindamycin phosphate external solution - Tier 1; QL*	*brimonidine tartrate external (generic for MIRVASO) - Tier 1; PA; QL* *CALCIPOTRIENE EXTERNAL FOAM (brand for calcipotriene) - Tier 2; PA; QL* *calcipotriene-betameth diprop external suspension (generic for TACLONEX) - Tier 1; PA; QL* *calcitriol external (generic for VECTICAL) - Tier 1; PA*; QL* *CLENIA PLUS (brand for sulfacetamide sodium-sulfur) - Tier 2; PA; QL* *clindacin (generic for CLINDACIN) - Tier 1; PA; QL* *clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; PA; QL* *clindacin-p (generic for CLINDACIN ETZ) - Tier 1; PA; QL* *CLINDAGEL (brand for clindamycin phos (once-daily)) - Tier 2; PA; QL* *clindamycin phos-benzoyl perox external gel 1.2-3.75 % (generic for ONEXTON) - Tier 1; PA; QL* *clindamycin phosphate external foam (generic for CLINDACIN) - Tier 1; PA; QL* *clindamycin-tretinoin (generic for ZIANA) - Tier 1; PA; QL* *clotrimazole-betamethasone external lotion - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL	*coal tar external - Tier 1; PA*
clotrimazole-betamethasone external cream - Tier 1; QL	COSENTYX INTRAVENOUS SOLUTION 125 MG/5ML - Tier 2; PA; QL
diclofenac sodium external gel 3 % - Tier 1; PA; QL	COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA*; SP; QL
DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; QL; AL	COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA*; SP; QL
DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; QL; AL	COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS - Tier 2; PA*; QL
doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL	COSENTYX UNOREADY SOLUTION AUTO-INJECTOR 300 MG/2ML SUBCUTANEOUS - Tier 2; PA; QL
DUPIXENT - Tier 2; PA; SP; QL	*dapsone external gel 7.5 % (generic for ACZONE) - Tier 1; PA; QL*
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL; AL	*dapsone gel 5 % external - Tier 1; PA; QL*
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL	*dapsone gel 5 % external - Tier 1; PA*; QL*
erythromycin external solution - Tier 1; QL	DEOXIA EXTERNAL LOTION - Tier 2; PA; QL
EUCRISA - Tier 2; QL; AL	DEOXIATAR - Tier 2; PA; QL
FINACEA EXTERNAL FOAM - Tier 2; QL	DIOCHLOY - Tier 2; PA; QL
	ENSTILAR - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
fluorouracil external cream 5 % - Tier 1; QL *fluorouracil external solution - Tier 1; PA; QL* *imiquimod external cream 5 % - Tier 1; QL* *isotretinoin oral (generic for ABSORICA) - Tier 1; PA; QL* *ivermectin external cream (generic for SOOLANTRA) - Tier 1; QL* LEVULAN KERASTICK - Tier 2; PA; QL *lidocaine-hydrocort (perianal) (generic for LIDOCORT) - Tier 1* *LIDOCORT (brand for lidocaine-hydrocort (perianal)) - Tier 2* *methoxsalen rapid - Tier 1; QL* *OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2* *OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2* *podofilox external gel (generic for CONDYLOX) - Tier 1* *podofilox external solution - Tier 1; QL* *PYZCHIVA SUBCUTANEOUS SOLUTION (brand for ustekinumab-ttwe) - Tier 2; PA; SP; 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 *erythromycin external gel - Tier 1; PA*; QL* *FABIOR (brand for tazarotene) - Tier 2; PA; QL* FLUOROURACIL EXTERNAL CREAM 0.5 % - Tier 2; PA; QL *hydrophor (generic for AQUA-NU) - Tier 1; PA* ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS - Tier 2; PA*; SP; QL ILUMYA SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS - Tier 2; PA; SP; QL *imiquimod external cream 3.75 % (generic for ZYCLARA) - Tier 1; PA; QL* *imiquimod pump (generic for ZYCLARA) - Tier 1; PA; QL* IMULDOSA SUBCUTANEOUS - Tier 2; PA; SP; QL *KLARON (brand for sulfacetamide sodium (acne)) - Tier 2; PA; QL* LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
PYZCHIVA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for ustekinumab-ttwe) - Tier 2; PA; SP; QL	*lidocaine-hydrocortisone ace rectal kit 3-0.5 %, 3-2.5 % - Tier 1; PA*
RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; QL	LITFULO - Tier 2; PA; QL
SELARSDI SUBCUTANEOUS SOLUTION - Tier 2; PA; QL	*MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL*
SELARSDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for ustekinumab-aekn) - Tier 2; PA; SP; QL	NEMLUVIO - Tier 2; PA; SP; QL
selenium sulfide external lotion - Tier 1; QL	NEO-SYNALAR - Tier 2; PA*; QL
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1	*neuac (generic for NEUAC) - Tier 1; PA; QL*
STEQEYMA SUBCUTANEOUS - Tier 2; PA; SP	*ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL*
sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1	*OTULFI SUBCUTANEOUS (brand for ustekinumab-aauz) - Tier 2; PA; SP; QL*
sulfacetamide sodium-sulfur external liquid 10-2 % (generic for AVAR LS CLEANSER) - Tier 1; QL	*OVACE PLUS WASH EXTERNAL GEL (brand for sulfacetamide sodium (cleans)) - Tier 2; PA; QL*
sulfacetamide sodium-sulfur external liquid 10-5 % (generic for AVAR CLEANSER) - Tier 1; QL	*pimecrolimus - Tier 1; PA; QL; AL*
tacrolimus external ointment 0.03 %, 0.1 % - Tier 1; PA; QL; AL	PLENURA - Tier 2; PA; QL
	PLEXION CLEANSER (brand for sulfacetamide sodium-sulfur) - Tier 2; PA
	PRAMOSONE EXTERNAL CREAM - Tier 2; PA
	PRAMOSONE EXTERNAL LOTION - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
TALTZ - Tier 2; PA; SP; QL *tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL* *tretinoin external gel 0.01 %, 0.025 % (generic for RETIN-A) - Tier 1; QL* *USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION (brand for ustekinumab-ttwe) - Tier 2; PA; SP; QL* YESINTEK SUBCUTANEOUS - Tier 2; PA; QL *zenatane (generic for ACCUTANE) - Tier 1; PA; QL*	PROCORT - Tier 2; PA *PRUDOXIN (brand for doxepin hcl) - Tier 2; PA; QL* *RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL* *RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL* RHOFADE - Tier 2; PA; QL SOFDRA - Tier 2; PA *SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL* *SORBIDON HYDRATE (brand for hydrocerin) - Tier 2; PA* *SORILUX (brand for calcipotriene) - Tier 2; PA; QL* SOTYKTU - Tier 2; PA; SP; QL SPEVIGO INTRAVENOUS - Tier 2; PA; SP; QL SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; QL *sss 10-5 (generic for AVAR-E EMOLLIENT) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
	STARJEMZA SUBCUTANEOUS - Tier 2; PA; SP; QL *sulfacetamide sodium (acne) (generic for KLARON) - Tier 1; PA*; QL* *sulfacetamide sodium (cleans) (generic for OVACE PLUS WASH) - Tier 1; PA; QL* *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*; QL* *sulfacetamide sodium-sulfur external emulsion - Tier 1; PA; QL* *sulfacetamide sodium-sulfur external liquid 9-4.5 % - Tier 1; PA*; QL* *sulfacetamide sodium-sulfur external suspension 9-4.25 % (generic for CLENIA PLUS) - Tier 1; PA; QL* *sulfacetamide sodium-sulfur liquid 9.8-4.8 % external (generic for PLEXION CLEANSER) - Tier 1; PA** *sulfacetamide sodium-sulfur liquid 9.8-4.8 % external (generic for PLEXION CLEANSER) - Tier 1; PA* *sulfacetamide sodium-sulfur liquid 9-4 % external - Tier 1; PA*; QL* *sulfacetamide sodium-sulfur liquid 9-4 % external - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
	sulfacetamide sodium-sulfur suspension 8-4 % external (generic for SULFACLEANSE 8/4) - Tier 1; PA; QL* *sulfacetamide sodium-sulfur suspension 8-4 % external (generic for SULFACLEANSE 8/4) - Tier 1; PA; QL* *sulfacetamide sod-sulfur wash - Tier 1; PA*; QL* *SULFACLEANSE 8/4 (brand for sulfacetamide sodium-sulfur) - Tier 2; PA; QL* SUMAXIN - Tier 2; PA *TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL* *tazarotene external cream 0.05 % (generic for TAZORAC) - Tier 1; PA; QL* *tazarotene external cream 0.1 % (generic for TAZORAC) - Tier 1; PA*; QL* *TAZAROTENE EXTERNAL FOAM (brand for tazarotene) - Tier 2; PA; QL* *tazarotene gel 0.05 % external (generic for TAZORAC) - Tier 1; PA*; QL* *tazarotene gel 0.05 % external (generic for TAZORAC) - Tier 1; PA; QL* *tazarotene gel 0.1 % external (generic for TAZORAC) - Tier 1; PA*; QL* *tazarotene gel 0.1 % external (generic for TAZORAC) - Tier 1; PA; QL* *TAZORAC (brand for tazarotene) - Tier 2; PA; QL* TREMFYA INTRAVENOUS - Tier 2; PA TREMFYA ONE-PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS - Tier 2; PA*; SP; QL TREMFYA ONE-PRESS SOLUTION PEN-INJECTOR 100 MG/ML SUBCUTANEOUS - Tier 2; PA; SP; QL TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML - Tier 2; PA; SP; QL TREMFYA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML - Tier 2; PA; SP TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA*; SP; QL TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/2ML - Tier 2; PA; SP TREMFYA-CD/UC INDUCTION - Tier 2; PA; SP *tretinoin external gel 0.05 % (generic for ATRALIN) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
	tretinoin microsphere external gel 0.08 % (generic for RETIN-A MICRO PUMP) - Tier 1; PA; QL *tretinoin microsphere pump external gel 0.08 % (generic for RETIN-A MICRO PUMP) - Tier 1; PA; QL* *USTEKINUMAB-AAUZ (brand for ustekinumab-aauz) - Tier 2; PA; SP; QL* *USTEKINUMAB-AEKN (brand for ustekinumab-aekn) - Tier 2; PA; SP* *USTEKINUMAB-TTWE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (brand for ustekinumab-ttwe) - Tier 2; PA; SP* *VECTICAL (brand for calcitriol) - Tier 2; PA; QL* VEREGEN - Tier 2; PA; QL VITAMIN C BRIGHTENING SERUM - Tier 2; PA VTAMA - Tier 2; PA*; QL WINLEVI - Tier 2; PA*; QL *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 *ZYCLARA (brand for imiquimod) - Tier 2; PA; QL* *ZYCLARA PUMP (brand for imiquimod) - Tier 2; PA; QL*
Miscellaneous Therapeutic Agents	
	ZORYVE EXTERNAL CREAM 0.05 % - Tier 2; PA; QL ZORYVE EXTERNAL CREAM 0.15 % - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
Dermatological Agents - Hair Loss Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
	LEQSELVI - Tier 2; PA; QL
Dermatological Agents - Skin Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
finasteride oral tablet 1 mg (generic for PROPECIA) - Tier 1; QL *urea external cream 40 % - Tier 1; PA; QL* XERAC AC - Tier 2 YCANTH - Tier 2; PA; QL	ANZUPGO - Tier 2; PA; QL BILAYER MATRIX WOUND DRESSING - Tier 2; PA CHLOOXIA - Tier 2; PA; QL CIBINQO - Tier 2; PA; SP; QL DIVINIX - Tier 2; PA; QL DY-O-DERM VITILIGO STAIN - Tier 2; PA EPSOLAY - Tier 2; PA; QL *glycerin external - Tier 1; PA* *glycerin external liquid 99.5 % - Tier 1; PA* LIDOTRAL + HYDROCORTISONE EXTERNAL CREAM 3.88-1 % - Tier 2; PA *NUTRIARX CREAMPAK (brand for sanadermrx skin repair) - Tier 2; PA; QL* OPZELURA - Tier 2; PA; SP; QL *SANADERMRX SKIN REPAIR (brand for sanadermrx skin repair) - Tier 2; PA; QL* *TRIVIX (brand for sanadermrx skin repair) - Tier 2; PA; QL* ZORYVE EXTERNAL FOAM - Tier 2; PA

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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 strips 333) - 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 strips 333) - Tier 2; QL* *ACCU-CHEK SMARTVIEW (brand for blood glucose test strips 333) - Tier 2; QL* *ACCU-CHEK SMARTVIEW 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 strips 333) - 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 strips 333) - Tier 2; PA; QL* *ADVANCED GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *ADVANTAGE SAFETY LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL* *ADVOCATE INSULIN PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL* *ADVOCATE SAFETY LANCETS 21G (brand for advanced mobile lancet) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL *ASSURE CONTROL SOLUTION 2/3 (brand for element compact control 2) - Tier 2; QL* *BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL* *BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; QL* BD ULTRA-FINE INSULIN SYRINGES - 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 10 MD - Tier 2 CHEMSTRIP 10/SG - Tier 2	*ADVOCATE SAFETY LANCETS 23G (brand for advanced mobile lancet) - Tier 2; PA; QL* *ADVOCATE SAFETY LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL* *AGAMATRIX PRESTO TEST (brand for blood glucose test strips 333) - 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 strips 333) - Tier 2; PA; 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*

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Preferred Agents	Non-Preferred Agents
CHEMSTRIP 2 GP - Tier 2	*AUM PEN NEEDLE 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL*
CHEMSTRIP 5 OB - Tier 2	*AUM PEN NEEDLE 32G X 5 MM , 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL*
CHEMSTRIP 7 - Tier 2	*AUM READYGARD DUO PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL*
CHEMSTRIP 9 - Tier 2	*BD PEN NEEDLE MICRO ULTRAFINE 32G X 6 MM (brand for aum mini insulin pen needle) - Tier 2; PA; QL*
CHEMSTRIP K (brand for ketone test) - Tier 2; QL	*BD PEN NEEDLE NANO ULTRAFINE (brand for aqinject pen needle) - Tier 2; PA; QL*
CHEMSTRIP UGK - Tier 2; QL	*BD ULTRA-FINE PEN NEEDLES (brand for aqinject pen needle) - Tier 2; PA; QL*
CONTOUR NEXT EZ KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL	*BIOTEL CARE TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL*
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL	*BLOOD GLUCOSE METER DEVICE (brand for blood glucose monitoring 333) - Tier 2; PA; 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 strips 333) - Tier 2; QL	
CONTOUR PLUS BLUE KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
CONTOUR PLUS CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL	*BLOOD GLUCOSE MONITORING 333 (brand for blood glucose monitoring 333) - Tier 2; PA; QL*
CONTOUR PLUS TEST STRIP (brand for blood glucose test strips 333) - Tier 2; QL	*BLOOD GLUCOSE SYSTEM (brand for fondcircle blood glucose monit) - Tier 2; PA; QL*
CONTOUR TEST STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; QL	BLOOD GLUCOSE SYSTEM REFILL - Tier 2; PA; QL
DEXCOM G6 RECEIVER - Tier 2; PA; QL	*BLOOD GLUCOSE TEST IN VITRO STRIP (brand for blood glucose test strips 333) - 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 strips 333) - 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 strips 333) - 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 strips 333) - Tier 2; PA; QL*
EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL	*CARESENS LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL*
EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL	

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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	*CARESENS N FELIZ (brand for blood glucose monitoring 333) - 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 strips 333) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL *FREESTYLE LIBRE 3 PLUS SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* FREESTYLE LIBRE 3 READER - Tier 2; PA; QL FREESTYLE LIBRE READER - Tier 2; PA; QL *IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* KETO-DIASTIX - Tier 2; QL KETONE CARE - Tier 2; QL *KETONE TEST (brand for ketone test) - Tier 2; QL* *KETOSTIX (brand for ketone test) - Tier 2; QL* *LANCETS (brand for advanced mobile lancet) - Tier 2; QL* *LANCETS 28G THIN (brand for advanced mobile lancet) - Tier 2; QL* *LANCETS MICRO THIN 33G (brand for advanced mobile lancet) - Tier 2; QL*	*CARETOUCH MONITOR SYSTEM (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *CARETOUCH TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *CARETOUCH TWIST MC LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* CHEMSTRIP MICRAL - Tier 2; PA *CHOSEN LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *CHOSEN SAFETY LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL* *COMFORT EZ PRO PEN NEEDLES 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL* *COMFORT TOUCH LANCETS 31G (brand for advanced mobile lancet) - Tier 2; PA; QL* *COMFORT TOUCH PLUS LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL *MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL* *NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH DELICA PLUS LANCET30G (brand for advanced mobile lancet) - Tier 2; QL* *ONETOUCH DELICA PLUS LANCET33G (brand for advanced mobile lancet) - Tier 2; QL* *ONETOUCH ULTRA 2 KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL* *ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL*	*COMFORT TOUCH PLUS LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *COMFORT TOUCH TWIST LANCET 30G (brand for advanced mobile lancet) - 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

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Preferred Agents	Non-Preferred Agents
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL	*CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; PA; QL*
ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL	*CONTOUR TEST STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; PA; QL*
ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; QL	*D-CARE BLOOD GLUCOSE (brand for blood glucose test strips 333) - Tier 2; PA; QL*
PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL	*D-CARE GLUCOMETER (brand for fondcircle blood glucose monit) - Tier 2; PA; QL*
PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL	DIASTIX - Tier 2; PA
QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL	DIASTIX REAGENT - Tier 2; PA
TRUEPLUS LANCETS 30G (brand for advanced mobile lancet) - Tier 2; QL	*DROPSAFE ACTI-LANCE 23G (brand for advanced mobile lancet) - Tier 2; PA; QL*
VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL	*DROPSAFE MEDLANCE LANCET 30G (brand for advanced mobile lancet) - Tier 2; PA; QL*
	EASY MAX BLOOD GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
	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 strips 333) - Tier 2; PA; QL* EASYGLUCO - Tier 2; PA; QL *EASYMAX 15 TEST (brand for blood glucose test strips 333) - 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 strips 333) - 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 strips 333) - 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* *EVERSENSE 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 strips 333) - Tier 2; PA; QL* *FONDCIRCLE SINGLE USE LANCETS (brand for advanced mobile lancet) - Tier 2; PA; QL* *FORA 6 CONNECT/GTEL TEST (brand for blood glucose test strips 333) - 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 strips 333) - Tier 2; PA; QL* *FREESTYLE TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL* *GLUCOCARD EXPRESSION TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *GLUCOCARD SHINE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *GLUCOCARD VITAL TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *GLUCOSE METER TEST STRIPS (brand for blood glucose test strips 333) - 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 strips 333) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	INSULIN PEN NEEDLES (brand for advanced mobile lancet) - 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* *LANCETS (brand for advanced mobile lancet) - Tier 2; PA; QL* *LANCETS MICRO THIN 33G (brand for advanced mobile lancet) - Tier 2; PA; QL* *LANCETS SUPER THIN (brand for advanced mobile lancet) - Tier 2; PA; QL* *LANCETS ULTRATHIN 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *MICRODOT TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *MINIMED INSTINCT GLUC SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL* *MOBILE LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *NEUTEK 2TEK TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *ON CALL EXPRESS BLOOD GLUCOSE (brand for blood glucose test strips 333) - Tier 2; PA; QL* *ON CALL EXPRESS MONITORING SYS (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *ONETOUCH DELICA PLUS LANCET30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *ONETOUCH DELICA PLUS LANCET33G (brand for advanced mobile lancet) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	ONETOUCH DELICA SAFETY LANCING (brand for advanced mobile lancet) - 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 strips 333) - Tier 2; PA; QL* *ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; PA; QL* *ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test strips 333) - Tier 2; PA; ST; QL* *ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL* *ONETOUCH ULTRASOFT 2 LANCETS (brand for advanced mobile lancet) - 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 REFLECT KIT W/DEVICE (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *ONETOUCH VERIO TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL* *ONETOUCH VERIO TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; ST; QL* *OPTIUMEZ TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *PEN NEEDLE/5-BEVEL TIP 32G X 4 MM (brand for aqinject pen needle) - Tier 2; PA; QL* *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*

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Preferred Agents	Non-Preferred Agents
	PERFECT POINT SAFETY LANCETS (brand for advanced mobile lancet) - 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 strips 333) - Tier 2; PA; QL* *PRECISION XTRA BLOOD GLUCOSE STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL* *PRO COMFORT SAFETY LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *PTS PANELS EGLU TEST (brand for blood glucose test strips 333) - 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 strips 333) - 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 strips 333) - 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 strips 333) - Tier 2; PA; QL* *RELION GLUCOSE TEST STRIPS (brand for blood glucose test strips 333) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	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 strips 333) - Tier 2; PA; QL* *RELION ULTIMA GLUCOSE SYSTEM (brand for fondcircle blood glucose monit) - Tier 2; PA; QL* *RELION ULTIMA TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *RIGHTEST GT333 GLUCOSE TEST (brand for blood glucose test strips 333) - Tier 2; PA; QL* *SAFETY LANCETS 23G (brand for advanced mobile lancet) - Tier 2; PA; QL* *SAFETY PEN NEEDLES 30G X 8 MM (brand for pen needles) - Tier 2; PA; QL* *SENSILANCE SAFETY LANCETS 21G (brand for advanced mobile lancet) - Tier 2; PA; QL* *SENSILANCE SAFETY LANCETS 26G (brand for advanced mobile lancet) - Tier 2; PA; QL* *SENSILANCE SAFETY LANCETS 28G (brand for advanced mobile lancet) - 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 LANCETS 26G (brand for advanced mobile lancet) - 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 strips 333) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	TRUE METRIX AIR GLUCOSE METER (brand for blood glucose monitoring 333) - Tier 2; PA; QL *TRUE METRIX GLUCOSE TEST (brand for blood glucose test strips 333) - 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* *TRUEPLUS LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *TRUETRACK BLOOD GLUCOSE DEVICE (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *TWIST TOP LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* UDSX MEDICATED SYSTEM - Tier 2; PA UDSXMP 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 strips 333) - Tier 2; PA; QL* *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* *VERIFINE SAFE LANCET MINI 21G (brand for advanced mobile lancet) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	VERIFINE SAFE LANCET MINI 23G (brand for advanced mobile lancet) - Tier 2; PA; QL *VERIFINE SAFE LANCET MINI 28G (brand for advanced mobile lancet) - Tier 2; PA; QL* *VERIFINE SAFE LANCET MINI 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *VERIFINE UNIVERSAL LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL* *VERIFINE UNIVERSAL LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *VERIFINE UNIVERSAL LANCETS 33G (brand for advanced mobile lancet) - 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 strips 333) - Tier 2; PA; QL* *VIVAGUARD LANCETS 30G (brand for advanced mobile lancet) - Tier 2; PA; QL* *VIVAGUARD SAFETY LANCETS 28G (brand for advanced mobile lancet) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Diabetic/Endocrine Blood: Glucose Monitoring	
FLOW-EZE VENTED NEEDLE - Tier 2; QL	*AUTOLET LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *AUTOLET LITE LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *CARETOUCH LANCING/EJECTOR (brand for cvs lancing device) - Tier 2; PA; QL* *CHOSEN LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *FONDCIRCLE LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *IHEALTH LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *MICROLET NEXT LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *MINI LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *ONETOUCH DELICA PLUS LANCING (brand for cvs lancing device) - Tier 2; PA; QL* *TRUEDRAW LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL* *VIVAGUARD LANCING DEVICE (brand for cvs lancing device) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Diuretics, Carbonic Anhydrase Inhibitors - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	dichlorphenamide tablet 50 mg oral (generic for KEVEYIS) - Tier 1; PA; SP; QL* *dichlorphenamide tablet 50 mg oral (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 injection - Tier 1; PA; QL *bumetanide oral (generic for BUMEX) - Tier 1; QL* *furosemide oral (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* *ethacrynic acid (generic for EDECRIN) - Tier 1; PA*; QL* FUROSCIX - Tier 2; PA; QL *LASIX (brand for furosemide) - Tier 2; PA; QL*
Diuretics, Potassium-sparing - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
amiloride hcl oral - Tier 1; QL *eplerenone - Tier 1; QL* *spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL* *triamterene oral (generic for DYRENIUM) - Tier 1; QL*	*ALDACTONE (brand for spironolactone) - Tier 2; PA; QL* *CAROSPIR (brand for spironolactone) - Tier 2; PA; QL* *DYRENIUM (brand for triamterene) - Tier 2; PA; QL* *spironolactone oral suspension (generic for CAROSPIR) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
Diuretics, Thiazide - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
chlorthalidone - Tier 1; QL *hydrochlorothiazide oral - Tier 1; QL* *indapamide - Tier 1; QL* *metolazone - Tier 1; QL* THALITONE - Tier 2; QL	HEMICLOR - Tier 2; PA; QL INZIRQO - Tier 2; PA; QL
Dopamine Agonists - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
pramipexole dihydrochloride - Tier 1; QL *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 capsule (generic for PARLODEL) - Tier 1; PA*; QL* *bromocriptine mesylate tablet 2.5 mg oral (generic for PARLODEL) - Tier 1; PA; QL* *bromocriptine mesylate tablet 2.5 mg oral (generic for PARLODEL) - Tier 1; PA*; QL* NEUPRO - Tier 2; PA*; QL ONAPGO - Tier 2; PA; SP *PARLODEL (brand for bromocriptine mesylate) - Tier 2; PA; QL* *pramipexole dihydrochloride er - Tier 1; PA*; QL* *ropinirole hcl er - Tier 1; PA; QL*

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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 oral (generic for LODOSYN) - Tier 1; QL *carbidopa-levodopa (generic for DHIVY) - Tier 1; QL* *carbidopa-levodopa er oral tablet extended release - Tier 1; QL* *carbidopa-levodopa-entacapone oral tablet 25-100-200 mg, 50-200-200 mg - Tier 1; QL* *DHIVY (brand for carbidopa-levodopa) - Tier 2; QL*	*CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE (brand for carbidopa-levodopa er) - Tier 2; PA; QL* *carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 31.25-125-200 mg, 37.5-150-200 mg - Tier 1; PA; QL* CREXONT - Tier 2; PA; QL DUOPA - Tier 2; PA; QL *LODOSYN (brand for carbidopa) - Tier 2; PA; QL* *RYTARY (brand for carbidopa-levodopa er) - Tier 2; PA; QL* *SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL* VYALEV - Tier 2; PA; SP
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
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 - Tier 1; PA; QL* *fenofibrate oral capsule (generic for LIPOFEN) - Tier 1; PA; QL* *fenofibrate oral tablet 120 mg, 40 mg - Tier 1; PA; QL* *fenofibric acid oral capsule delayed release - Tier 1; PA; QL* *LIPOFEN (brand for fenofibrate) - Tier 2; PA; QL* *LOPID (brand for gemfibrozil) - Tier 2; PA; QL* *TRICOR (brand for fenofibrate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL *lovastatin oral - Tier 1; QL; AL* *pravastatin sodium - Tier 1; QL* *rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL* *simvastatin oral (generic for ZOCOR) - Tier 1; QL*	ATORVALIQ - Tier 2; PA; QL *CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL* *fluvastatin sodium - Tier 1; PA*; QL* *fluvastatin sodium er (generic for LESCOL XL) - Tier 1; PA*; QL* *LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA; QL* *LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL* *LIVALO (brand for pitavastatin calcium) - Tier 2; PA*; QL* *pitavastatin calcium (generic for LIVALO) - Tier 1; PA; QL* *ZOCOR (brand for simvastatin) - Tier 2; PA; QL* ZYPITAMAG - Tier 2; PA*; QL

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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* *ezetimibe-simvastatin (generic for VYTORIN) - Tier 1; QL* JUXTAPID - Tier 2; PA; SP; QL; AL NEXLETOL - Tier 2; PA; QL *niacin er (antihyperlipidemic) - Tier 1; QL* *prevalite (generic for PREVALITE) - Tier 1; QL* REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; SP; QL REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; SP; QL	*colesevelam hcl oral packet (generic for WELCHOL) - Tier 1; PA*; QL* *colesevelam hcl tablet 625 mg oral (generic for WELCHOL) - Tier 1; PA*; QL* *colesevelam hcl tablet 625 mg oral (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* *icosapent ethyl (generic for VASCEPA) - Tier 1; PA; QL* *LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL* NEXLIZET - Tier 2; PA; QL *omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL* PRALUENT - Tier 2; PA; SP; 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*

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Preferred Agents	Non-Preferred Agents
	WELCHOL (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 *calcium + vitamin d3 (generic for OYSCO 500+D) - Tier 1; QL* *calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium 600 - Tier 1; QL* *calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-5 mg-mcg (generic for ONEVITE CALCIUM+D3) - Tier 1; QL* *calcium carbonate - Tier 1; QL* *calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL* *calcium fast dissolution - Tier 1; QL*	*effer-k oral tablet effervescent 25 meq - Tier 1; PA; QL* *ENDARI (brand for l-glutamine) - Tier 2; PA; QL* FERRIMIN 150 - Tier 2; PA *ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1; PA* *klor-con oral packet (generic for KLOR-CON) - Tier 1; PA; QL* LIQUICAL PLUS - Tier 2; PA *potassium chloride er oral tablet extended release 20 meq - Tier 1; PA; QL* *potassium chloride oral packet 20 meq (generic for KLOR-CON) - Tier 1; PA; QL* *UROCIT-K 10 (brand for potassium citrate er) - Tier 2; PA; QL* *UROCIT-K 15 (brand for potassium citrate er) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
calcium high potency - Tier 1; QL *calcium high potency/vitamin d (generic for ONEVITE CALCIUM+D3) - Tier 1; QL* *calcium oral tablet 1500 (600 ca) mg, 600 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-vitamin d3 oral tablet (generic for ONE VITE CALCIUM + D3) - Tier 1; QL* *fe c tab (generic for ICAR-C) - Tier 1; QL* *FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL* *ferosul (generic for FEROSUL) - Tier 1; QL* *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* GALZIN ORAL CAPSULE 25 MG - Tier 2; PA GALZIN ORAL CAPSULE 50 MG - Tier 2; PA; QL *HEMATOGEN (brand for iron complex) - Tier 2; QL* *ICAR-C (brand for fe c tab) - Tier 2; QL* INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML - Tier 2; PA; QL *iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron 100/c (generic for ICAR-C) - Tier 1; QL* *iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron oral tablet 325 (65 fe) mg, 325 mg (generic for FEROSUL) - Tier 1; QL* *iron sucrose (generic for VENOFER) - Tier 1; PA; QL*	

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Preferred Agents	Non-Preferred Agents
iron supplement oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - 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 m15 (generic for KLOR-CON M15) - Tier 1; QL* *klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL* *klor-con oral tablet extended release (generic for KLOR-CON) - Tier 1; QL* K-PHOS - Tier 2; QL K-PHOS NO 2 - Tier 2; QL *levocarnitine oral solution (generic for CARNITOR) - Tier 1; QL* *levocarnitine oral tablet (generic for CARNITOR) - Tier 1; QL* *levocarnitine sf (generic for CARNITOR) - Tier 1; QL* *l-glutamine oral packet (generic for ENDARI) - Tier 1; PA; QL* MONOFERRIC - Tier 2; PA; QL *ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
ONE VITE FERROUS SULFATE (brand for ferrous sulfate) - Tier 2; QL *ONEVITE CALCIUM+D3 ORAL TABLET 500-5 MG-MCG (brand for calcium + vitamin d3) - Tier 2; QL* *ONEVITE CALCIUM+D3 ORAL TABLET 600-200 MG-UNIT (brand for calcium carb-cholecalciferol) - Tier 2; QL* *oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1; QL* *oyster shell calcium + d3 - Tier 1; QL* *oyster shell calcium oral tablet 1250 (500 ca) mg - Tier 1; QL* *oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
PHOSPHO-TRIN K500 - Tier 2; QL *potassium chloride crys er (generic for KLOR-CON M10) - 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 8 meq (generic for KLOR-CON) - Tier 1; QL* *potassium chloride oral solution 10 %, 20 meq/15ml (10%) - Tier 1; QL* *potassium chloride oral solution 40 meq/15ml (20%) - Tier 1; PA; QL* *potassium citrate er (generic for UROCIT-K 10) - Tier 1; QL* *sodium fluoride oral solution 1.1 (0.5 f) mg/ml - Tier 1; QL* *sodium fluoride oral tablet 1.1 (0.5 f) mg - Tier 1* *sodium fluoride oral tablet 2.2 (1 f) mg - 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* *VENOFER (brand for iron sucrose) - Tier 2; PA; QL*	

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Preferred Agents	Non-Preferred Agents
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
ACTIFLOVIT EAR HEALTH (brand for b complex formula 1 (lipotrop)) - Tier 2; QL *aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *b complex formula 1 (lipotrop) (generic for CVS BALANCED B50) - Tier 1; QL* *balance b-100 (generic for CVS BALANCED B50) - Tier 1; QL* *balanced b50 (generic for CVS BALANCED B50) - Tier 1; QL* *BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL* BRAIN BUILDER KIDS - Tier 2; QL *calcium 600+d oral tablet 600-5 mg-mcg - 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*	ACCRUFER - Tier 2; PA; QL *b-100 b-complex (generic for BIG 100 (BIOTIN)) - Tier 1; PA* *balance b-50 (generic for BIG 100 (BIOTIN)) - Tier 1; PA* *BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; PA; QL* *FERAHEME (brand for ferumoxytol) - Tier 2; PA; QL* *FERRLECIT (brand for na ferric gluc cplx in sucrose) - Tier 2; PA; QL* L-ISOLEUCINE - Tier 2; PA *MIFEPREX (brand for mifepristone) - Tier 2; PA* *mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; PA* *multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; PA; QL* ORACIT - Tier 2; PA; QL *PAXLYTE (brand for b complex vitamins (w/ fa)) - Tier 2; PA* POKONZA ORAL PACKET - Tier 2; PA; QL POKONZA ORAL SOLUTION - Tier 2; PA *POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL *childrens multi plus immune (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL* *childrens/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL* *cholecalciferol oral (generic for THERA-D 2000) - Tier 1; QL* *d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) - Tier 1; QL* *d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1; QL* *d3 max st (generic for IS-D 10,000) - Tier 1; QL* *d3 oral capsule 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut) - Tier 1; QL*	*POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; PA; QL* *potassium chloride oral packet 40 meq - Tier 1; PA; QL* *stress formula/zinc (b-compl) - Tier 1; PA* *stress formula/zinc oral tablet - Tier 1; PA* STROVITE FORTE - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1; QL *d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1; QL* *d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1; QL* *d3-50 (generic for D3-50) - Tier 1; QL* *DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d) - Tier 2; QL* DIALYVITE 5000 - Tier 2; QL DIALYVITE 800/IRON - Tier 2; QL *DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2; QL* *D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL* *d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ - Tier 2; QL *ferate (generic for FERATE) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
ferotrinsic (generic for TRICON) - Tier 1; QL *ferrous gluconate - Tier 1; QL* *ferrous gluconate oral (generic for FERATE) - Tier 1; QL* *ferumoxytol (generic for FERAHEME) - Tier 1; PA; QL* *foltrin (generic for TRICON) - Tier 1; QL* HEMATINIC PLUS VIT/MINERALS - Tier 2; QL INFED - Tier 2; PA; QL INFUVITE PEDIATRIC - Tier 2; PA; QL *inner ear plus (generic for CVS BALANCED B50) - Tier 1; QL* *iron oral tablet 200 (65 fe) mg (generic for FEOSOL) - Tier 1; QL* *iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1; QL* *K-PHOS-NEUTRAL (brand for phosphorous) - Tier 2; QL* *k-tan plus (generic for K-TAN PLUS) - Tier 1; QL* *LIPO FLAVONOID ADVANCED BALANC (brand for b complex formula 1 (lipotrop)) - Tier 2; QL* *little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
mega multiple/chelated mineral (generic for CVS BALANCED B50) - Tier 1; QL *na ferric gluc cplx in sucrose (generic for FERRLECIT) - Tier 1; PA; QL* NUTRIVIT - Tier 2; QL *oyster shell calcium oral tablet 500 mg - Tier 1; QL* *PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL* *phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL* *potassium chloride er oral tablet extended release 15 meq - Tier 1; QL* *potassium citrate-citric acid - Tier 1; QL* *purevit dualfe plus (generic for K-TAN PLUS) - Tier 1; QL* *radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
risanoid plus (generic for CVS BALANCED B50) - Tier 1; QL *se-tan plus (generic for K-TAN PLUS) - Tier 1; QL* *sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1; QL* *sv vitamin d3 oral capsule - Tier 1; QL* *TANDEM PLUS (brand for purevit dualfe plus) - Tier 2; QL* *tinnitus relief (generic for CVS BALANCED B50) - Tier 1; QL* *tricitrates - Tier 1; QL* *TRICON (brand for ferotrinsic) - Tier 2; QL* *tri-vite/fluoride (generic for SOLUVITA ACD WITH FLUORIDE) - Tier 1; QL* *TRUE VITAMIN D3 ORAL CAPSULE (brand for cvs d3) - Tier 2; QL* TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1000 UT), 50 MCG - Tier 2; QL *TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2; QL* *vitamin d (cholecalciferol) oral tablet (generic for VITAMIN D-1000 MAX ST) - Tier 1; QL* *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; QL* *vitamin d oral capsule 25 mcg (1000 ut) - Tier 1; QL* *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; QL* *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; QL* *vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut), 50 mcg (2000 ut) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1; QL *vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d3 oral liquid 125 mcg/ml - Tier 1; QL* *vitamin d-3 oral tablet (generic for VITAMIN D-1000 MAX ST) - Tier 1; QL* *vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1; QL* *vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1; QL* *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; QL* *vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL* *weekly-d (generic for D3-50) - Tier 1; QL* *WELL VITAMIN D3 (brand for cvs d3) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
Electrolyte/Mineral/Metal Modifiers	
Electrolytes/Minerals/Metals/Vitamins	
CHEMET - Tier 2; QL *deferasirox (generic for EXJADE) - Tier 1; SP; QL* *deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; SP; QL* LOKELMA - Tier 2; QL *sodium polystyrene sulfonate oral - Tier 1; QL* SPS (SODIUM POLYSTYRENE SULF) RECTAL - Tier 2; QL *trientine hcl (generic for SYPRINE) - Tier 1; PA; SP; QL* VELTASSA ORAL PACKET 1 GM - Tier 2; QL	CUVRIOR - Tier 2; PA; SP; QL *deferiprone (generic for FERRIPROX) - Tier 1; PA; SP; QL* *EXJADE (brand for deferasirox) - Tier 2; PA; SP; QL* *FERRIPROX (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* *SPS (SODIUM POLYSTYRENE SULF) COMBINATION (brand for sodium polystyrene sulfonate) - Tier 2; PA; QL* *SYPRINE (brand for trientine hcl) - Tier 2; PA; SP; QL* VELTASSA ORAL PACKET 16.8 GM, 25.2 GM - Tier 2; PA*; QL VELTASSA PACKET 8.4 GM ORAL - Tier 2; PA; QL VELTASSA PACKET 8.4 GM ORAL - Tier 2; PA*; QL

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Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
aprepitant oral capsule 125 mg, 40 mg - Tier 1; QL *aprepitant oral capsule 80 mg (generic for EMEND BIPACK) - Tier 1; QL* *ondansetron hcl +rfid - Tier 1; QL* *ondansetron hcl injection - Tier 1; QL* *ondansetron hcl oral solution 4 mg/5ml - Tier 1; QL* *ondansetron hcl oral tablet - Tier 1; QL* *ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL*	ANZEMET - Tier 2; PA*; QL APONVIE - Tier 2; PA; QL *aprepitant pak 80 & 125mg (generic for EMEND TRIPACK) - Tier 1; PA; QL* CINVANTI - Tier 2; PA; QL *dronabinol (generic for MARINOL) - Tier 1; PA; QL* *EMEND (brand for fosaprepitant dimeglumine) - Tier 2; PA; QL* *EMEND BIPACK (brand for aprepitant) - Tier 2; PA; QL* *EMEND TRIPACK (brand for aprepitant) - Tier 2; PA; QL* *fosaprepitant dimeglumine (generic for EMEND) - Tier 1; PA; QL* *granisetron hcl intravenous - Tier 1; PA; QL* *granisetron hcl oral - Tier 1; PA*; QL* *MARINOL (brand for dronabinol) - Tier 2; PA; QL* *ondansetron odt oral tablet dispersible 16 mg - Tier 1; PA* *palonosetron hcl (generic for POSFREA) - Tier 1; PA; QL* *POSFREA (brand for palonosetron hcl) - Tier 2; PA; QL* SANCUSO - Tier 2; PA; QL SUSTOL PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS - Tier 2; PA*; QL SUSTOL PREFILLED SYRINGE 10 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Enzyme Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
BALVERSA - Tier 2; PA; SP; QL *etoposide oral - Tier 1; PA; QL* HYCAMTIN ORAL - Tier 2; PA; SP; QL 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	
Ergot Alkaloids - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
dihydroergotamine mesylate injection - Tier 1; PA; QL *dihydroergotamine mesylate nasal - Tier 1; PA; QL* ERGOMAR - Tier 2; PA; QL MIGERGOT - Tier 2; QL	BREKIYA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
abigale (generic for ABIGALE) - Tier 1; QL	*ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL*
abigale lo (generic for ABIGALE LO) - Tier 1; QL	BIJUVA ORAL CAPSULE 0.5-100 MG - Tier 2; PA; QL; AL
afirmelle (generic for AFIRMELLE) - Tier 1; QL	BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL
ALORA (brand for estradiol) - Tier 2; QL	*CLIMARA (brand for estradiol) - Tier 2; PA; QL*
altavera (generic for ALTAVERA) - Tier 1; QL	*DELESTROGEN (brand for estradiol valerate) - Tier 2; PA; QL*
alyacen 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL	*DIVIGEL (brand for estradiol) - Tier 2; PA; QL*
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL	DUAVEE - Tier 2; PA; QL
amethyst (generic for AMETHYST) - Tier 1; QL	ELESTRIN - Tier 2; PA; QL
ANGELIQ - Tier 2; QL	*ESTRACE (brand for estradiol) - Tier 2; PA; QL*
ANNOVERA - Tier 2; QL	*estradiol transdermal gel (generic for DIVIGEL) - Tier 1; PA; QL*
apri - Tier 1; QL	*ESTROGEL (brand for estradiol) - Tier 2; PA; QL*
aranelle - Tier 1; QL	EVAMIST - Tier 2; PA; QL
ashlyna - Tier 1; QL	FEMLYV - Tier 2; PA; QL
aubra eq (generic for AFIRMELLE) - Tier 1; QL	FEMRING - Tier 2; PA; QL
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL	IMVEXXY MAINTENANCE PACK - Tier 2; PA; QL
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL	IMVEXXY STARTER PACK - Tier 2; PA; QL
aurovela 24 fe - Tier 1; QL	MENOSTAR - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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* *azurette (generic for AZURETTE) - Tier 1; QL* *BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; QL* *balziva (generic for BALZIVA) - Tier 1; QL* *BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; QL* *blisovi 24 fe - Tier 1; QL* *blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *blisovi fe 1/20 - Tier 1; QL* *briellyn (generic for BALZIVA) - Tier 1; QL* *camrese - Tier 1; QL* *camrese lo (generic for CAMRESE LO) - Tier 1; QL* *charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL* *chateal eq (generic for ALTAVERA) - Tier 1; QL* CLIMARA PRO - Tier 2; QL	*mimvey (generic for ABIGALE) - Tier 1; PA; QL* *VAGIFEM (brand for estradiol) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
COMBIPATCH - Tier 2; QL *COVARYX (brand for est estrogens-methyltest) - Tier 2; QL* *COVARYX HS (brand for est estrogens-methyltest hs) - Tier 2; QL* *cryselle - Tier 1; QL* *cyred eq - Tier 1; QL* *dasetta 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL* *dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL* *daysee - Tier 1; QL* *delyla (generic for AFIRMELLE) - Tier 1; QL* DEPO-ESTRADIOL - Tier 2; QL *desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; QL* *dolishale (generic for AMETHYST) - Tier 1; QL* *dotti (generic for DOTTI) - Tier 1; QL* *drospiren-eth estrad-levomefol (generic for BEYAZ) - Tier 1; QL* *drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL* *EEMT (brand for est estrogens-methyltest) - Tier 2; QL* *elinest - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
eluryng (generic for ELURYNG) - Tier 1; QL *enilloring (generic for ELURYNG) - Tier 1; QL* *enskyce - Tier 1; QL* *est estrogens-methyltest (generic for COVARYX) - Tier 1; QL* *est estrogens-methyltest ds (generic for COVARYX) - Tier 1; QL* *est estrogens-methyltest hs (generic for COVARYX HS) - Tier 1; QL* *estarylla (generic for ESTARYLLA) - Tier 1; QL* *estradiol oral - Tier 1; QL* *estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL* *estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL* *estradiol vaginal (generic for ESTRACE) - Tier 1; QL* *estradiol valerate intramuscular (generic for DELESTROGEN) - Tier 1; QL* *estradiol-norethindrone acet (generic for ABIGALE) - Tier 1; QL* *ESTRATEST H.S. (brand for est estrogens-methyltest hs) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
ESTRING - Tier 2; QL *estrogens conjugated (generic for PREMARIN) - Tier 1; QL* *ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL* *etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL* *falmina (generic for AFIRMELLE) - Tier 1; QL* *feirza 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *feirza 1/20 - Tier 1; QL* *finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL* *fyavolv (generic for FYAVOLV) - Tier 1; QL* *galbriela - Tier 1; QL* *gemmily (generic for GEMMILY) - Tier 1; QL* *hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *hailey 24 fe - Tier 1; QL* *hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *hailey fe 1/20 - Tier 1; QL* *haloette (generic for ELURYNG) - Tier 1; QL* *iclevia (generic for ICLEVIA) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
introvale (generic for ICLEVIA) - Tier 1; QL *isibloom - Tier 1; QL* *jaimiess - Tier 1; QL* *jasmiel (generic for JASMIEL) - Tier 1; QL* *jinteli (generic for FYAVOLV) - Tier 1; QL* *jolessa (generic for ICLEVIA) - Tier 1; QL* *joyeaux (generic for JOYEAUX) - Tier 1; QL* *juleber - Tier 1; QL* *junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL* *junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *kaitlib fe - 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*	

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Preferred Agents	Non-Preferred Agents
larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL *larin 24 fe - Tier 1; QL* *larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *larin fe 1/20 - 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; QL* *levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg (generic for CAMRESE LO) - Tier 1; QL* *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for ICLEVIA) - Tier 1; QL* *levonorgest-eth estradiol-iron (generic for JOYEAUX) - Tier 1; QL* *levonorgestrel-ethinyl estrad (generic for AFIRMELLE) - Tier 1; QL* *levonorg-eth estrad triphasic (generic for LEVONEST) - Tier 1; QL* LO LOESTRIN FE - Tier 2; QL *LOESTRIN 1.5/30 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
LOESTRIN 1/20 (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; QL* *loryna (generic for JASMIEL) - Tier 1; QL* *low-ogestrel - Tier 1; QL* *lo-zumandimine (generic for JASMIEL) - Tier 1; QL* *luizza 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *luizza 1/20 (generic for AUROVELA 1/20) - Tier 1; QL* *lutera (generic for AFIRMELLE) - 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 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL* *microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
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* *MINIVELLE (brand for estradiol) - Tier 2; QL* *minzoya (generic for JOYEAUX) - Tier 1; QL* MIUDELLA INTRAUTERINE COPPER - Tier 2; QL *mono-linyah (generic for ESTARYLLA) - Tier 1; QL* MYFEMBREE - Tier 2; PA; QL NATAZIA - Tier 2; QL *necon 0.5/35 (28) - Tier 1; QL* NEXTSTELLIS - Tier 2; QL *nikki (generic for JASMIEL) - Tier 1; QL* *norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL* *norethin ace-eth estrad-fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL* *norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
norethindrone-eth estradiol (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* *NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; 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* PARAGARD INTRAUTERINE COPPER - Tier 2; QL *philith (generic for BALZIVA) - Tier 1; QL* *pimtrea (generic for AZURETTE) - Tier 1; QL* *portia-28 (generic for ALTAVERA) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
PREMARIN ORAL (brand for estrogens conjugated) - Tier 2; QL PREMARIN VAGINAL - Tier 2; QL PREMPHASE - Tier 2; QL PREMPRO - Tier 2; QL *reclipsen - Tier 1; QL* *rivelsa (generic for RIVELSA) - Tier 1; QL* *rosyrah (generic for RIVELSA) - Tier 1; QL* *SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; QL* *setlakin (generic for ICLEVIA) - Tier 1; QL* *simliya (generic for AZURETTE) - Tier 1; QL* *simpesse - Tier 1; QL* *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*	

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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* TWIRLA - Tier 2; QL TYBLUME - Tier 2; QL *tydemy (generic for TYDEMY) - Tier 1; QL* *valtya 1/35 (generic for KELNOR 1/35) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
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* *VIVELLE-DOT (brand for estradiol) - Tier 2; QL* *volnea (generic for AZURETTE) - Tier 1; QL* *vyfemla (generic for BALZIVA) - Tier 1; QL* *vylibra (generic for ESTARYLLA) - Tier 1; QL* *wera - Tier 1; QL* *wymzya fe (generic for WYMZYA FE) - Tier 1; QL* *xarah fe - Tier 1; QL* *xelria fe (generic for WYMZYA FE) - Tier 1; QL* *xulane (generic for XULANE) - Tier 1; QL* *YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; QL* *YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; QL* *yuvafem (generic for YUVAFEM) - Tier 1; QL* *zafemy (generic for XULANE) - Tier 1; QL* *zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL* *zumandimine (generic for 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 - Tier 1; QL *pregabalin oral (generic for LYRICA) - Tier 1; QL*	*LYRICA (brand for pregabalin) - Tier 2; PA; QL* *LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL* *pregabalin er (generic for LYRICA CR) - Tier 1; PA; QL* SAVELLA - Tier 2; PA; QL SAVELLA TITRATION PACK - Tier 2; PA; QL VENLAFAXINE BESYLATE ER - Tier 2; PA; QL
GABA Receptor Modulators - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
flurazepam hcl - Tier 1; QL; AL *temazepam (generic for RESTORIL) - Tier 1; QL; AL* *zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; QL; AL* *zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL; AL*	*AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL; AL* *AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA; QL; AL* EDLUAR - Tier 2; PA; QL; AL *eszopiclone (generic for LUNESTA) - Tier 1; PA; QL; AL* *LUNESTA (brand for eszopiclone) - Tier 2; PA; QL; AL* *RESTORIL (brand for temazepam) - Tier 2; PA; QL; AL* *zaleplon - Tier 1; PA; QL; AL* ZOLPIDEM TARTRATE ORAL CAPSULE - Tier 2; PA; QL *zolpidem tartrate sublingual - Tier 1; PA; QL; AL*

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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; QL *clobazam oral tablet 10 mg (generic for ONFI) - Tier 1; PA; QL* *clobazam oral tablet 20 mg (generic for ONFI) - Tier 1; QL* *diazepam rectal gel 10 mg, 20 mg - Tier 1; QL* *gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL* *primidone oral (generic for MYSOLINE) - Tier 1; QL* *SABRIL (brand for vigabatrin) - Tier 2; SP; 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* VALTOCO 10 MG DOSE - Tier 2; QL VALTOCO 15 MG DOSE - Tier 2; QL VALTOCO 20 MG DOSE - Tier 2; QL VALTOCO 5 MG DOSE - Tier 2; QL *vigabatrin (generic for SABRIL) - Tier 1; SP; QL* *VIGADRONE (brand for vigabatrin) - Tier 2; SP; QL* VIGAFYDE - Tier 2; SP; QL; AL	GABARONE - Tier 2; PA; QL *MYSOLINE (brand for primidone) - Tier 2; PA; QL* *NEURONTIN (brand for gabapentin) - Tier 2; PA; QL* *ONFI (brand for clobazam) - Tier 2; PA; QL* SYMPAZAN - Tier 2; PA; QL
Gastrointestinal Agents, Other	
Gastrointestinal Agents	
	SUFLAVE - Tier 2; PA*; QL

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Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
ACID GONE ORAL SUSPENSION - Tier 2; QL *antacid calcium (generic for CAL-GEST ANTACID) - Tier 1; QL* *antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1; QL* *antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; QL* *antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; QL* *antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; QL* *antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1; QL* *antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1; QL* *antacid oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1; QL* *antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1; QL*	*amoxicill-clarithro-lansopraz - Tier 1; PA; QL* *cromolyn sodium oral (generic for GASTROCROM) - Tier 1; PA; QL* CTEXLI - Tier 2; PA *diphenoxylate-atropine oral liquid - Tier 1; PA; QL* *diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1; PA*; QL* *gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA; QL* *GASTROCROM (brand for cromolyn sodium) - Tier 2; PA; QL* *infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA; QL* *infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA; QL* *LOMOTIL (brand for diphenoxylate-atropine) - Tier 2; PA; QL* *loperamide hcl capsule 2 mg oral (generic for IMODIUM A-D) - Tier 1; PA; QL* *loperamide hcl capsule 2 mg oral (generic for IMODIUM A-D) - Tier 1; PA*; QL*

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Preferred Agents	Non-Preferred Agents
antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; QL *antacid regular strength oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1; QL* *antacid ultra strength (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1; QL* *antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1; QL* *anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1; QL* *anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1; QL* *bis subcit-metronid-tetracyc (generic for PYLERA) - Tier 1; QL* *bismuth (generic for SOOTHE) - Tier 1; QL* *bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL* *bismuth/metronidaz/tetracyclin (generic for PYLERA) - Tier 1; QL* *calcium antacid (generic for CAL-GEST ANTACID) - Tier 1; QL*	*magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1; PA* *MAOX (brand for magnesium oxide) - Tier 2; PA* *MOTEGRITY (brand for prucalopride succinate) - Tier 2; PA; QL* MOTOFEN - Tier 2; PA*; QL *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2; PA; QL* MYTESI - Tier 2; PA; QL *opium - Tier 1; PA; QL* *prucalopride succinate (generic for MOTEGRITY) - Tier 1; PA; QL* *RELTONE (brand for ursodiol) - Tier 2; PA* SEROSTIM - Tier 2; PA*; SP; QL *SIMEPED (brand for cvs gas relief infants) - Tier 2; PA; QL* *simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA; QL* *simethicone oral suspension (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; PA; QL* SYMPROIC - Tier 2; PA; QL; AL

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Preferred Agents	Non-Preferred Agents
calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; QL *calcium carbonate antacid (generic for CAL-GEST ANTACID) - Tier 1; QL* *cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1; QL* *chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; QL* *diamode (generic for IMODIUM A-D) - Tier 1; QL* *diarrhea (generic for SOOTHE) - Tier 1; QL* *diarrhea relief (generic for SOOTHE) - Tier 1; QL* *enema disposable rectal enema 19-7 gm/118ml (generic for WE CARE ENEMA) - Tier 1; QL* *enema ready-to-use (generic for WE CARE ENEMA) - Tier 1; QL* *enema rectal enema , 16-6 gm/133ml, 7-19 gm/118ml (generic for WE CARE ENEMA) - Tier 1; QL* *ft enema (generic for WE CARE ENEMA) - Tier 1; QL* *gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1; QL* *gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1; QL* *gas relief extra strength oral tablet chewable 125 mg (generic for PHAZYME) - Tier 1; QL* *gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1; QL* *gas relief oral tablet chewable 80 mg - Tier 1; QL* *GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2; QL* *GAVISCON EXTRA STRENGTH ORAL SUSPENSION (brand for cvs heartburn relief ex st) - Tier 2; QL* *gentle laxative oral suspension (generic for DULCOLAX) - Tier 1; QL* *heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - Tier 1; QL* *heartland gas relief - Tier 1; QL*	*TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2; PA; QL* *TITRALAC (brand for medi-first antacid) - Tier 2; PA* *TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2; PA; QL* *TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2; PA; QL* *URSO FORTE (brand for ursodiol) - Tier 2; PA* *URSODIOL ORAL CAPSULE 200 MG, 400 MG (brand for ursodiol) - Tier 2; PA* *ursodiol oral capsule 300 mg - Tier 1; PA* *ursodiol oral tablet (generic for URSO FORTE) - Tier 1; PA* VOQUEZNA DUAL PAK - Tier 2; PA; QL VOQUEZNA TRIPLE PAK - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
KAOPECTATE (brand for bismuth) - Tier 2; QL *long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1; QL* *loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1; QL* *milk of magnesia (generic for DULCOLAX) - Tier 1; QL* *milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml (generic for DULCOLAX) - Tier 1; QL* MOVANTIK - Tier 2; PA; QL *PEPTO BISMOL ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2; QL* *PEPTO-BISMOL ORAL TABLET CHEWABLE (brand for bismuth) - Tier 2; QL* *PHAZYME (brand for cvs gas relief extra strength) - Tier 2; QL* *pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1; QL* *pink bismuth oral tablet 262 mg (generic for SOOTHE) - Tier 1; QL* *pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; QL* *ready-to-use enema rectal enema (generic for WE CARE ENEMA) - Tier 1; QL* REZDIFFRA - Tier 2; PA; SP; QL *simethicone oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1; QL* *simethicone oral tablet chewable (generic for PHAZYME) - Tier 1; QL* *smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; QL* *smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; QL* *sodium bicarbonate oral tablet - Tier 1; QL* *soothe oral (generic for SOOTHE) - Tier 1; QL* *stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1; QL* *stomach relief oral tablet 262 mg (generic for SOOTHE) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL *TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2; QL* *TUMS SMOOTHIES (brand for antacid) - Tier 2; QL* *WE CARE ENEMA (brand for cvs enema ready-to-use) - Tier 2; QL*	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
ARALAST NP - Tier 2; PA; QL *betaine (generic for CYSTADANE) - Tier 1; PA; SP; QL* CREON - Tier 2; QL GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML - Tier 2; PA; QL *nitisinone oral capsule 20 mg (generic for ORFADIN) - Tier 1; QL* *ORFADIN ORAL CAPSULE 20 MG (brand for nitisinone) - Tier 2; QL* PROLASTIN-C - Tier 2; PA; QL XPHOZAH - Tier 2; PA; SP; QL; AL YORVIPATH - Tier 2; PA; SP; QL ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG - Tier 2; PA; QL ZENPEP - Tier 2; QL	CHOLBAM - Tier 2; PA OLPRUVA (2 GM DOSE) - Tier 2; PA OLPRUVA (3 GM DOSE) - Tier 2; PA OLPRUVA (4 GM DOSE) - Tier 2; PA OLPRUVA (5 GM DOSE) - Tier 2; PA OLPRUVA (6 GM DOSE) - Tier 2; PA OLPRUVA (6.67 GM DOSE) - Tier 2; PA PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL - Tier 2; PA*; QL PERTZYE CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT ORAL - Tier 2; PA; QL PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL - Tier 2; PA*; QL PERTZYE CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT ORAL - Tier 2; PA; QL PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-86250 UNIT, 8000-28750 UNIT - Tier 2; PA*; QL VIOKACE - Tier 2; PA*; QL

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Preferred Agents	Non-Preferred Agents
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
bethanechol chloride oral - Tier 1; QL ELMIRON - Tier 2; PA; QL LITHOSTAT - Tier 2; PA; QL *penicillamine oral (generic for CUPRIMINE) - Tier 1; PA; SP; QL* *phenazopyridine hcl oral tablet 100 mg, 200 mg (generic for PYRIDIUM) - Tier 1; QL* *PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL* RIMSO-50 - Tier 2; PA; QL *THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL* *tiopronin (generic for THIOLA) - Tier 1; PA; SP; QL* *VENXXIVA (brand for tiopronin) - Tier 2; PA; SP; QL*	*CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP; QL* *DEPEN TITRATABS (brand for penicillamine) - Tier 2; PA; SP; QL* *MB CAPS (brand for mb caps) - Tier 2; PA; QL* *me/naphos/mb/hyo1 (generic for UROGESIC-BLUE) - Tier 1; PA*; QL* *THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL* TRIMO-SAN - Tier 2; PA; QL URELLE - Tier 2; PA; QL *URIMAR-T (brand for mb caps) - Tier 2; PA*; QL* *UROGESIC-BLUE (brand for me/naphos/mb/hyo1) - Tier 2; PA; QL* *URO-MP (brand for uro-mp) - Tier 2; PA*; QL* *VILAMIT MB (brand for uro-mp) - Tier 2; PA; QL* VILEVEV MB - Tier 2; PA; QL
Glucocorticoids - Drugs to Treat Inflammation	
Anti-inflammatory Agents - Drugs to Treat Inflammation	
	hydrocortisone ace-pramoxine external cream 2.5-1 % - Tier 1; PA; QL PRAMOSONE EXTERNAL OINTMENT - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
ANUCORT-HC (brand for hydrocortisone acetate) - Tier 2; QL *ANUSOL-HC RECTAL (brand for hydrocortisone acetate) - Tier 2; QL* *budesonide er (generic for UCERIS) - Tier 1; QL* *budesonide oral - Tier 1; QL* EOHILIA - Tier 2; PA; QL *HEMMOREX-HC (brand for hydrocortisone acetate) - Tier 2; QL* *hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL* *hydrocortisone ace-pramoxine external cream 1-1 % (generic for ANALPRAM HC) - Tier 1; QL* *hydrocortisone acetate rectal (generic for ANUSOL-HC) - Tier 1; QL* *hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1* *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 RECTAL (brand for hydrocortisone acetate) - Tier 2; QL* *procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL* TARPEYO - Tier 2; PA; QL *UCERIS ORAL (brand for budesonide er) - Tier 2; QL*	*ANALPRAM HC EXTERNAL CREAM 1-1 % (brand for hydrocortisone ace-pramoxine) - Tier 2; PA; QL* ANALPRAM HC EXTERNAL LOTION - Tier 2; PA *ANUSOL-HC EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; PA; QL* *budesonide rectal (generic for UCERIS) - Tier 1; PA; QL* *CORTENEMA (brand for hydrocortisone) - Tier 2; PA* CORTIFOAM - Tier 2; PA*; QL PROCTOFOAM HC - Tier 2; PA; QL *PROCTOSOL HC (brand for hydrocortisone (perianal)) - Tier 2; PA; QL* *PROCTOZONE-HC (brand for hydrocortisone (perianal)) - Tier 2; PA; QL* *UCERIS RECTAL (brand for budesonide) - Tier 2; PA; QL*

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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; PA; QL* *FELBATOL (brand for felbamate) - Tier 2; PA; QL* *FYCOMPA (brand for perampanel) - Tier 2; PA; QL* *lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL* *lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; QL; AL* *perampanel (generic for FYCOMPA) - Tier 1; PA; QL* *subvenite oral tablet (generic for SUBVENITE) - 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; QL* *topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL*	*EPRONTIA (brand for topiramate) - Tier 2; PA; QL; AL* *LAMICTAL ODT (brand for lamotrigine) - Tier 2; PA; QL* *LAMICTAL ORAL TABLET (brand for lamotrigine) - Tier 2; PA; QL* *LAMICTAL ORAL TABLET CHEWABLE (brand for lamotrigine) - Tier 2; PA; QL; AL* *LAMICTAL STARTER (brand for lamotrigine starter kit-blue) - Tier 2; PA; QL* *LAMICTAL XR (brand for lamotrigine er) - Tier 2; PA; QL* *lamotrigine er (generic for LAMICTAL XR) - Tier 1; PA; QL* *lamotrigine oral kit (generic for LAMICTAL ODT) - Tier 1; PA; QL* *lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; PA; QL* *lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; PA; QL* *lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
	lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; PA; QL SUBVENITE ORAL SUSPENSION - Tier 2; PA; QL *subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; PA; QL* *subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; PA; QL* *subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; PA; QL* *TOPAMAX (brand for topiramate) - Tier 2; PA; QL* *TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; QL; AL* *topiramate er (generic for TROKENDI XR) - Tier 1; PA; QL* *topiramate oral solution (generic for EPRONTIA) - Tier 1; PA; QL; AL* *TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
BAQSIMI ONE PACK - Tier 2; PA; QL BAQSIMI TWO PACK - Tier 2; PA; QL *diazoxide oral (generic for PROGLYCEM) - Tier 1; QL* *ft glucose (generic for FT GLUCOSE) - Tier 1; QL* *glucagon emergency injection solution reconstituted 1 mg - Tier 1; QL* GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED 1 MG/ML - Tier 2; QL *GLUCO TO GO (brand for cvs glucose) - Tier 2; QL* *glucose liquid shot - Tier 1; 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; QL* *PROGLYCEM (brand for diazoxide) - Tier 2; QL* *soft glucose (generic for FT GLUCOSE) - Tier 1; QL* *TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL*	GVOKE HYPOPEN 1-PACK - Tier 2; PA; QL GVOKE HYPOPEN 2-PACK - Tier 2; PA; QL GVOKE KIT - Tier 2; PA; QL GVOKE PFS - Tier 2; PA; QL
Hemostasis Agents - Drugs to Stop Bleeding	
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
tranexamic acid-nacl - Tier 1; PA; QL	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
aminocaproic acid oral - Tier 1; QL *tranexamic acid intravenous (generic for CYKLOKAPRON) - Tier 1; PA; QL* *tranexamic acid oral - Tier 1; QL*	*CYKLOKAPRON (brand for tranexamic acid) - Tier 2; PA; QL* TAVALISSE - Tier 2; PA; SP; QL VISTASEAL - Tier 2; PA

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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 (generic for PEPCID AC) - Tier 1; QL* *nizatidine - Tier 1; QL* *PEPCID AC (brand for acid controller) - Tier 2; QL*	*cimetidine hcl - Tier 1; PA; QL* *cimetidine tablet 200 mg oral (rx) (generic for TAGAMET HB 200) - Tier 1; PA; QL* *cimetidine tablet 200 mg oral (rx) (generic for TAGAMET HB 200) - Tier 1; PA*; QL* *cimetidine tablet 300 mg oral - Tier 1; PA; QL* *cimetidine tablet 300 mg oral - Tier 1; PA*; QL* *cimetidine tablet 400 mg oral - Tier 1; PA; QL* *cimetidine tablet 400 mg oral - Tier 1; PA*; QL* *cimetidine tablet 800 mg oral - Tier 1; PA; QL* *cimetidine tablet 800 mg oral - Tier 1; PA*; QL* *famotidine (pf) - Tier 1; PA; QL* *PEPCID (brand for famotidine) - Tier 2; PA; QL* *TAGAMET HB 200 (brand for cimetidine) - Tier 2; PA; QL*
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	
dexameth sod phos (pf) +rfid - Tier 1; PA; QL *dexamethasone sod phos (pf) - Tier 1; PA; QL* DEXONTO 0.4% - Tier 2; PA; QL IONTOSONE 0.4% - Tier 2; PA; QL *KENALOG-80 (brand for triamcinolone acetonide) - Tier 2; PA; QL* *TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 80 MG/ML (brand for triamcinolone acetonide) - Tier 2; PA; QL*	HEMADY - Tier 2; PA; QL *hydrocortisone acetate external ointment - Tier 1; PA*

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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	
ACTHAR - Tier 2; PA; SP; QL *anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *betamethasone dipropionate external lotion - Tier 1; QL* *BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION (brand for betamethasone sod phos & acet) - Tier 2; PA; QL* *betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection (generic for CELESTONE SOLUSPAN) - Tier 1; PA; QL* *betamethasone valerate external cream - Tier 1; QL* *betamethasone valerate external lotion - Tier 1; QL* *betamethasone valerate external ointment - Tier 1; QL* *clobetasol propionate e - Tier 1; QL*	AGAMREE - Tier 2; PA; SP; QL *ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; PA; QL* *alclometasone dipropionate - Tier 1; PA*; QL* ALKINDI SPRINKLE - Tier 2; PA; QL *amcinonide external cream - Tier 1; PA; QL* *BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML (brand for betamethasone sod phos & acet) - Tier 2; PA; QL* *betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; PA; QL* *betamethasone dipropionate external cream - Tier 1; PA; QL* *betamethasone dipropionate external ointment - Tier 1; PA; QL* *betamethasone valerate external foam - Tier 1; PA; QL* BLT-25 - Tier 2; PA *CELESTONE SOLUSPAN (brand for betamethasone sod phos & acet) - Tier 2; PA; QL* *clobetasol prop emollient base - Tier 1; PA; QL* *clobetasol propionate emulsion (generic for TOVET) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
clobetasol propionate external cream 0.05 % - Tier 1; QL *clobetasol propionate external gel - Tier 1; QL* *clobetasol propionate external ointment - Tier 1; QL* *clobetasol propionate external solution - Tier 1; QL* *cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* CORTROPHIN - Tier 2; PA; SP; QL *desonide external cream - Tier 1; QL* *desonide external ointment - Tier 1; QL* *dexamethasone intensol - Tier 1; QL* *dexamethasone oral elixir - Tier 1; QL* *dexamethasone oral solution - Tier 1; QL* *dexamethasone oral tablet - Tier 1; QL* *dexamethasone sod phos +rfid - Tier 1; PA; QL* *dexamethasone sod phosphate pf - Tier 1; PA; QL* *dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml - Tier 1; PA; QL*	*clobetasol propionate external foam - Tier 1; PA; QL* *clobetasol propionate external liquid (generic for CLOBEX SPRAY) - Tier 1; PA; QL* *clobetasol propionate external lotion (generic for CLOBEX) - Tier 1; PA; QL* *clobetasol propionate external shampoo (generic for CLODAN) - Tier 1; PA; QL* *CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL* *CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL* *clocortolone pivalate - Tier 1; PA; QL* *clodan (generic for CLODAN) - Tier 1; PA; QL* *CORTEF (brand for hydrocortisone) - Tier 2; PA; QL* *deflazacort (generic for KYMBEE) - Tier 1; PA; SP; QL* *DEPO-MEDROL (brand for methylprednisolone acetate) - Tier 2; PA; QL* *DERMA-SMOOTHE/FS BODY (brand for fluocinolone acetonide body) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION - Tier 2; PA; QL *dexamethasone sodium phosphate solution 10 mg/ml injection - Tier 1; PA; QL* DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 4 MG/ML INJECTION - Tier 2; PA; QL *dexamethasone sodium phosphate solution 4 mg/ml injection - Tier 1; PA; QL* *fludrocortisone acetate oral - Tier 1; QL* *fluticasone propionate external cream - Tier 1; QL* *fluticasone propionate external ointment - Tier 1* *halobetasol propionate external cream - Tier 1; QL* *halobetasol propionate external ointment - Tier 1; QL* *hydrocortisone acetate external cream 1 % - Tier 1; QL* *hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL*	*DERMA-SMOOTHE/FS SCALP (brand for fluocinolone acetonide scalp) - Tier 2; PA; QL* *desonide external lotion - Tier 1; PA; QL* *desoximetasone external (generic for TOPICORT) - Tier 1; PA; QL* *dexamethasone oral tablet therapy pack (generic for HIDEX 6-DAY) - Tier 1; PA; QL* *diflorasone diacetate - Tier 1; PA; QL* *DIPROLENE (brand for betamethasone dipropionate aug) - Tier 2; PA; QL* *EMFLAZA (brand for deflazacort) - Tier 2; PA; SP; 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*

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Preferred Agents	Non-Preferred Agents
hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	*flurandrenolide - Tier 1; PA; QL*
hydrocortisone external ointment 0.5 %, 2.5 % - Tier 1; QL	*fluticasone propionate external lotion - Tier 1; PA; QL*
hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL	*halcinonide external cream (generic for HALOG) - Tier 1; PA*; QL*
hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	*halcinonide external solution (generic for HALOG) - Tier 1; PA; QL*
hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	*halobetasol propionate external foam (generic for LEXETTE) - Tier 1; PA; QL*
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL	*HALOG (brand for halcinonide) - Tier 2; PA; QL*
hydrocortisone plus external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	*HIDEX 6-DAY (brand for dexamethasone) - Tier 2; PA; QL*
hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	*hydrocortisone butyrate - Tier 1; PA; QL*
hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL	*hydrocortisone external lotion 2.5 % - Tier 1; PA; QL*
	HYDROCORTISONE EXTERNAL SOLUTION 2.5 % (brand for hydrocortisone) - Tier 2; PA
	hydrocortisone valerate - Tier 1; PA; QL
	jaythari (generic for KYMBEE) - Tier 1; PA; SP; QL
	KENALOG-10 (brand for triamcinolone acetonide) - Tier 2; PA; QL
	KENALOG-40 (brand for triamcinolone acetonide) - Tier 2; PA; QL
	KHINDIVI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
instacort 5 - Tier 1; QL *itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL* *MEDPURA HYDROCORTISONE (brand for ala-cort) - Tier 2; QL* *methylprednisolone acetate suspension 40 mg/ml injection (generic for DEPO-MEDROL) - Tier 1; PA; QL* *METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION (brand for methylprednisolone acetate) - Tier 2; PA; QL* *methylprednisolone acetate suspension 80 mg/ml injection (generic for DEPO-MEDROL) - Tier 1; PA; QL* *METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION (brand for methylprednisolone acetate) - Tier 2; PA; QL* *methylprednisolone oral (generic for MEDROL) - Tier 1; QL*	*kymbee (generic for KYMBEE) - Tier 1; PA; SP; QL* *LEXETTE (brand for halobetasol propionate) - Tier 2; PA; QL* *MEDROL (brand for methylprednisolone) - Tier 2; PA; QL* *ORAPRED ODT (brand for prednisolone sodium phosphate) - Tier 2; PA; QL* *prednisolone oral tablet - Tier 1; PA; QL* *prednisone oral solution - Tier 1; PA; QL* PREDNISONE ORAL TABLET DELAYED RELEASE - Tier 2; PA; QL *pyquvi (generic for PYQUVI) - Tier 1; PA; SP; QL* *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; QL* 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*

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Preferred Agents	Non-Preferred Agents
mometasone furoate external cream - Tier 1; QL *mometasone furoate external ointment - Tier 1; QL* *mometasone furoate external solution - Tier 1* *prednisolone oral solution - Tier 1; QL* *prednisolone sodium phosphate oral solution 10 mg/5ml, 20 mg/5ml, 25 mg/5ml, 5 mg/5ml - Tier 1; QL* *prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1* *prednisolone sodium phosphate oral tablet dispersible 30 mg (generic for ORAPRED ODT) - Tier 1; QL* *prednisone intensol - 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* *SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (brand for hydrocortisone sod suc (pf)) - Tier 2; PA; QL* *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 - Tier 1; QL* *triamcinolone acetonide injection suspension 10 mg/ml (generic for KENALOG-10) - Tier 1; PA; QL* *triamcinolone acetonide suspension 40 mg/ml injection (generic for KENALOG-40) - Tier 1; PA; QL* *TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION (brand for triamcinolone acetonide) - Tier 2; PA; QL* *triamcinolone in absorbase - Tier 1; QL* *triderm (generic for TRIDERM) - Tier 1; QL*	*triamcinolone acetonide external aerosol solution - Tier 1; PA; QL* ULTRAVATE - Tier 2; PA; QL *VANOS (brand for fluocinonide) - Tier 2; PA; QL* ZILRETTA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
	NGENLA - Tier 2; PA*; QL; AL SOGROYA - Tier 2; PA*; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
	VEOZAH - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
ACTHAR GEL - Tier 2; PA; SP CORTROPHIN GEL - Tier 2; PA; SP; QL *desmopressin ace spray refrig - Tier 1; QL* *desmopressin acetate injection (generic for DDAVP) - Tier 1; PA; QL* *desmopressin acetate oral (generic for DDAVP) - Tier 1; QL* *desmopressin acetate pf (generic for DDAVP PF) - Tier 1; PA; QL* *desmopressin acetate spray - Tier 1; QL* EGRIFTA SV - Tier 2; PA; SP; QL EGRIFTA WR - Tier 2; PA; QL GENOTROPIN - Tier 2; PA; SP; QL GENOTROPIN MINIQUICK - Tier 2; PA; SP; QL INCRELEX - Tier 2; PA; SP; QL; AL NORDITROPIN FLEXPRO - Tier 2; PA; SP; QL NOVAREL - Tier 2; PA	*DDAVP (brand for desmopressin acetate) - Tier 2; PA; QL* *DDAVP PF (brand for desmopressin acetate pf) - Tier 2; PA; QL* HUMATROPE - Tier 2; PA*; SP; QL NUTROPIN AQ NUSPIN 10 - Tier 2; PA*; SP; QL NUTROPIN AQ NUSPIN 20 - Tier 2; PA*; SP; QL NUTROPIN AQ NUSPIN 5 - Tier 2; PA*; SP; QL OMNITROPE - Tier 2; PA*; SP; QL SKYTROFA SUBCUTANEOUS CARTRIDGE 0.7 MG, 1.4 MG, 1.8 MG, 2.1 MG, 2.5 MG - Tier 2; PA; SP; QL SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG - Tier 2; PA*; SP; QL ZOMACTON - Tier 2; PA*; SP; QL

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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	
KORLYM (brand for mifepristone) - Tier 2; PA; SP; QL *mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL*	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
levo-t (generic for LEVO-T) - Tier 1; QL *levothyroxine sodium oral tablet (generic for LEVO-T) - Tier 1; QL* *levoxyl (generic for LEVO-T) - Tier 1; QL* *liomny (generic for LIOMNY) - Tier 1; QL* *liothyronine sodium oral (generic for LIOMNY) - Tier 1; QL* *unithroid (generic for LEVO-T) - Tier 1; QL*	*CYTOMEL (brand for liothyronine sodium) - Tier 2; PA; QL* *LEVOTHYROXINE SODIUM ORAL CAPSULE (brand for levothyroxine sodium) - Tier 2; PA*; QL* *SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL* THYQUIDITY - Tier 2; PA; QL *TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL*
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants	
LYSODREN - Tier 2; PA; QL	
Hormonal Agents, Suppressant (Pituitary)	
CAMCEVI - Tier 2; PA; QL	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
cabergoline - Tier 1; QL ELIGARD - Tier 2; PA; SP; QL FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL *lanreotide acetate (generic for SOMATULINE DEPOT) - Tier 1; PA* *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 (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL LUTRATE DEPOT - Tier 2; PA; SP; QL MYCAPSSA - Tier 2; PA; SP; QL	*SANDOSTATIN (brand for octreotide acetate) - Tier 2; PA; SP; QL* *SANDOSTATIN LAR DEPOT (brand for octreotide acetate) - Tier 2; PA; QL* *SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML (brand for lanreotide acetate) - Tier 2; PA* TRIPTODUR - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
octreotide acetate injection (generic for SANDOSTATIN) - Tier 1; PA; SP; QL *octreotide acetate intramuscular (generic for SANDOSTATIN LAR DEPOT) - Tier 1; PA; QL* *octreotide acetate subcutaneous - Tier 1; PA; SP; QL* ORIAHNN - Tier 2; PA; QL ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SIGNIFOR LAR - Tier 2; PA; QL SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML - Tier 2; PA; QL SOMAVERT - Tier 2; PA; SP; QL SUPPRELIN LA - Tier 2; PA; QL SYNAREL - Tier 2; PA; QL TRELSTAR MIXJECT - Tier 2; PA; QL VABRINTY SUBCUTANEOUS KIT 22.5 MG, 30 MG, 45 MG - 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

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Preferred Agents	Non-Preferred Agents
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (brand for adalimumab-aaty (1 pen)) - *Tier 2; PA; SP; QL* *ADALIMUMAB-AATY (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (brand for adalimumab-aaty (1 pen))* - *Tier 2; PA; QL* *ADALIMUMAB-AATY (2 PEN) (brand for adalimumab-aaty (1 pen))* - *Tier 2; PA; SP; QL* *ADALIMUMAB-AATY (2 SYRINGE) (brand for adalimumab-aaty (2 syringe))* - *Tier 2; PA; SP; QL* *ADALIMUMAB-AATY CD/UC/HS START (brand for adalimumab-aaty (1 pen))* - *Tier 2; PA; SP; QL* *ADALIMUMAB-ADAZ (brand for adalimumab-adaz)* - *Tier 2; PA; SP; QL* *ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (brand for adalimumab-adbm (2 pen))* - *Tier 2; PA; SP; QL*	ABRILADA (1 PEN) - Tier 2; PA; SP; QL ABRILADA (2 PEN) - Tier 2; PA; SP; QL ABRILADA (2 SYRINGE) - Tier 2; PA; SP; QL ADALIMUMAB-AACF (2 PEN) - Tier 2; PA; QL ADALIMUMAB-AACF (2 SYRINGE) - Tier 2; PA; QL ADALIMUMAB-AACF(CD/UC/HS STRT) - Tier 2; PA; QL ADALIMUMAB-AACF(PS/UV STARTER) - Tier 2; PA; QL *ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (brand for adalimumab-adbm (2 pen))* - *Tier 2; PA; SP* *ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (brand for adalimumab-adbm (2 pen))* - *Tier 2; PA; SP* *ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (brand for adalimumab-adbm (2 syringe))* - *Tier 2; PA; SP* *ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (brand for adalimumab-adbm (2 syringe))* - *Tier 2; PA; SP*

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Preferred Agents	Non-Preferred Agents
ADALIMUMAB-ADBM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.8ML SUBCUTANEOUS (brand for adalimumab-adbm (2 pen)) - *Tier 2; PA; SP; QL* *ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (brand for adalimumab-adbm (2 syringe))* - *Tier 2; PA; SP; QL* *ADALIMUMAB-ADBM (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.8ML SUBCUTANEOUS (brand for adalimumab-adbm (2 syringe))* - *Tier 2; PA; SP; QL* *ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML (brand for adalimumab-adbm (2 syringe))* - *Tier 2; PA; SP; QL* *ADALIMUMAB-BWWD (brand for adalimumab-bwwd)* - *Tier 2; PA; SP; QL* *azathioprine oral (generic for AZASAN)* - *Tier 1; QL* *azathioprine sodium* - *Tier 1; PA; QL*	*ADALIMUMAB-FKJP (2 PEN) (brand for adalimumab-fkjp (2 pen))* - *Tier 2; PA; QL* *ADALIMUMAB-FKJP (2 SYRINGE) (brand for adalimumab-fkjp (2 syringe))* - *Tier 2; PA; QL* *ADALIMUMAB-RYVK (1 PEN) (brand for adalimumab-ryvk (1 pen))* - *Tier 2; PA; SP; QL* *ADALIMUMAB-RYVK (2 PEN) (brand for adalimumab-ryvk (2 pen))* - *Tier 2; PA; SP; QL* *ADALIMUMAB-RYVK (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe))* - *Tier 2; PA; QL* AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA; QL AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML - Tier 2; PA; SP; QL	AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML - Tier 2; PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; Sureclick Preferred, Mini Non-Preferred||Continued use of two or more drugs in this class may require prior authorization; SP; QL	AMJEVITA-PED 15KG TO <30KG - Tier 2; PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL	AVSOLA - Tier 2; PA*; SP; QL
HADLIMA (brand for adalimumab-bwwd) - Tier 2; PA; SP; QL	*AZASAN (brand for azathioprine) - Tier 2; PA; QL*
HADLIMA PUSHTOUCH (brand for adalimumab-bwwd) - Tier 2; PA; SP; QL	*CELLCEPT INTRAVENOUS (brand for mycophenolate mofetil) - Tier 2; PA*
methotrexate sodium (pf) - Tier 1; QL	CIMZIA (2 SYRINGE) - Tier 2; PA*; SP; QL
methotrexate sodium injection solution - Tier 1; QL	CIMZIA VIAL KIT - Tier 2; PA*; SP; QL
methotrexate sodium injection solution reconstituted - Tier 1	CIMZIA-STARTER - Tier 2; PA*; SP; QL
methotrexate sodium oral - Tier 1; QL	*CYLTEZO (2 PEN) (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL*
ORENCIA - Tier 2; PA; SP; QL	*CYLTEZO (2 SYRINGE) (brand for adalimumab-adbm (2 syringe)) - Tier 2; PA; SP; QL*
ORENCIA CLICKJECT - Tier 2; PA; SP; QL	*CYLTEZO-CD/UC/HS STARTER (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL*
RASUVO - Tier 2; PA; QL	

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Preferred Agents	Non-Preferred Agents
TREXALL - Tier 2; QL XATMEP - Tier 2; QL XELJANZ - Tier 2; PA; SP; QL *YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; SP; QL* *YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; QL* *YUFLYMA (2 PEN) (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; SP; QL* *YUFLYMA (2 SYRINGE) (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL* *YUFLYMA-CD/UC/HS STARTER (brand for adalimumab-aaty (1 pen)) - Tier 2; PA; QL*	*CYLTEZO-PSORIASIS/UV STARTER (brand for adalimumab-adbm (2 pen)) - Tier 2; PA; SP; QL* ENBREL SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; Sureclick Preferred, Mini Non-Preferred||Continued use of two or more drugs in this class may require prior authorization; SP; QL *HULIO (2 PEN) (brand for adalimumab-fkjp (2 pen)) - Tier 2; PA; QL* *HULIO (2 SYRINGE) (brand for adalimumab-fkjp (2 syringe)) - Tier 2; PA; QL* HUMIRA (1 PEN) - Tier 2; PA; SP; QL HUMIRA (2 PEN) - Tier 2; PA; SP; QL HUMIRA (2 SYRINGE) - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA-PSORIASIS/UVEIT STARTER - Tier 2; PA; SP; QL *HYRIMOZ (brand for adalimumab-adaz) - Tier 2; PA; SP* *HYRIMOZ-CROHNS/UC STARTER (brand for adalimumab-adaz) - Tier 2; PA; SP*

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Preferred Agents	Non-Preferred Agents
	HYRIMOZ-PED<40KG CROHN STARTER - Tier 2; PA; SP HYRIMOZ-PED>/=40KG CROHN START - Tier 2; PA; SP HYRIMOZ-PLAQ PSOR/UVEIT START - Tier 2; PA; SP HYRIMOZ-PLAQUE PSORIASIS START - Tier 2; PA; SP *IMURAN (brand for azathioprine) - Tier 2; PA; QL* INFLECTRA - Tier 2; PA*; SP; QL *INFLIXIMAB (brand for infliximab) - Tier 2; PA*; SP; QL* JYLAMVO - Tier 2; PA; QL KINERET - Tier 2; PA*; SP; QL LUPKYNIS - Tier 2; PA; SP; QL *mycophenolate mofetil hcl (generic for CELLCEPT INTRAVENOUS) - Tier 1; PA* *mycophenolate mofetil intravenous (generic for CELLCEPT INTRAVENOUS) - Tier 1; PA* OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA*; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA* OMVOH - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
	OMVOH (300 MG DOSE) - Tier 2; PA; SP *REMICADE (brand for infliximab) - Tier 2; PA*; SP; QL* RENFLEXIS - Tier 2; PA*; SP; QL *SIMLANDI (1 PEN) (brand for adalimumab-ryvk (1 pen)) - Tier 2; PA; SP; QL* *SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL* SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML - Tier 2; PA *SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; QL* SIMPONI - Tier 2; PA*; SP; QL SKYRIZI INTRAVENOUS - Tier 2; PA*; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA*; SP; QL *STELARA (brand for ustekinumab) - Tier 2; PA*; SP; QL* *USTEKINUMAB (brand for ustekinumab) - Tier 2; PA; SP; QL* XELJANZ XR - Tier 2; PA*; SP; QL YUSIMRY - Tier 2; PA; SP ZYMFENTRA (1 PEN) - Tier 2; PA; SP; QL ZYMFENTRA (2 PEN) - Tier 2; PA; SP; QL ZYMFENTRA (2 SYRINGE) - Tier 2; PA; SP; QL
Immunizing Agents, Passive - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
HYPERTET - Tier 2; QL	ATGAM - Tier 2; PA THYMOGLOBULIN - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
Immunological Agents, Other	
Immunological Agents	
	BIMZELX - Tier 2; PA; SP; QL
Immunomodulators - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
AURANOFIN (brand for auranofin) - Tier 2; QL BENLYSTA INTRAVENOUS - Tier 2; PA; QL BENLYSTA SUBCUTANEOUS - Tier 2; PA; SP; QL *leflunomide oral (generic for ARAVA) - Tier 1; QL* OTEZLA - Tier 2; PA; SP; QL *PYZCHIVA INTRAVENOUS (brand for ustekinumab-ttwe) - Tier 2; PA; QL* *RIDAURA (brand for auranofin) - Tier 2; QL* SELARSDI INTRAVENOUS - Tier 2; PA; QL STEQEYMA INTRAVENOUS - Tier 2; PA; QL XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL YESINTEK INTRAVENOUS - Tier 2; PA; QL	ACTEMRA - Tier 2; PA*; SP; QL ACTEMRA ACTPEN - Tier 2; PA*; SP; QL *ARAVA (brand for leflunomide) - Tier 2; PA; QL* ARCALYST - Tier 2; PA*; SP; QL ENTYVIO - Tier 2; PA*; SP; QL ENTYVIO PEN - Tier 2; PA*; QL ILARIS - Tier 2; PA*; SP; QL IMULDOSA INTRAVENOUS - Tier 2; PA; QL KEVZARA - Tier 2; PA*; SP; QL OTEZLA XR - Tier 2; PA; SP; QL OTEZLA/OTEZLA XR INITIATION PK - Tier 2; PA; SP; QL OTULFI INTRAVENOUS - Tier 2; PA; QL RINVOQ - Tier 2; PA*; SP; QL RINVOQ LQ - Tier 2; PA; SP; QL SIMPONI ARIA - Tier 2; PA*; SP; QL STARJEMZA INTRAVENOUS - Tier 2; PA; QL TOFIDENCE - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
	TYENNE - Tier 2; PA; SP; QL *USTEKINUMAB-TTWE INTRAVENOUS (brand for ustekinumab-ttwe) - Tier 2; PA; QL*
Insulins - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
BD BLUNT FILL NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL *BD BLUNT FILL NEEDLE W/FILTER (brand for carepoint poly hub needle) - Tier 2; QL* *BD ECLIPSE NEEDLE 18G X 1-1/2" (brand for carepoint poly hub needle) - Tier 2; QL* *BD ECLIPSE SHIELDED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL* *BD NOKOR ADMIX NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL* *CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL* *CARETOUCH HYPODERMIC NEEDLE 18G X 1-1/2" (brand for carepoint poly hub needle) - Tier 2; QL* FIASP PUMPCART - Tier 2; QL *HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL*	*ADMELOG (brand for insulin lispro) - Tier 2; PA; Cartridges Preferred, vials Non-Preferred; QL* *ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS - Tier 2; PA*; QL APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS - Tier 2; PA; QL APIDRA SOLUTION 100 UNIT/ML INJECTION - Tier 2; PA; QL APIDRA SOLUTION 100 UNIT/ML INJECTION - Tier 2; PA*; QL BASAGLAR KWIKPEN - Tier 2; PA; QL BASAGLAR TEMPO PEN - Tier 2; PA; QL FIASP - Tier 2; PA*; QL FIASP FLEXTOUCH - Tier 2; PA*; QL FIASP PENFILL - Tier 2; PA*; QL

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Preferred Agents	Non-Preferred Agents
HUMALOG MIX 50/50 KWIKPEN - Tier 2; QL HUMALOG MIX 75/25 - Tier 2; QL *HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; QL* HUMALOG SUBCUTANEOUS - Tier 2; Cartridges Preferred, vials Non-Preferred; 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 ASP PROT & ASP FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; QL* *INSULIN ASPART (brand for insulin aspart) - Tier 2; QL* *INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL*	*HUMALOG INJECTION (brand for insulin lispro) - Tier 2; PA; Cartridges Preferred, vials Non-Preferred; QL* *HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* HUMALOG TEMPO PEN - Tier 2; PA; QL HUMULIN R SOLUTION 100 UNIT/ML INJECTION - Tier 2; PA; QL *INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; PA; QL* *INSULIN DEGLUDEC (brand for insulin degludec) - Tier 2; PA*; QL* *INSULIN DEGLUDEC FLEXTOUCH (brand for insulin degludec flextouch) - 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* KIRSTY - Tier 2; PA; QL LANTUS U-100 VIAL - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
INSULIN ASPART PENFILL (brand for insulin aspart penfill) - Tier 2; QL *INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; QL* *INSULIN LISPRO (brand for insulin lispro) - Tier 2; Cartridges Preferred, vials Non-Preferred; 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* *INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL* LANTUS SOLOSTAR - Tier 2; QL *MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL* *NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL* *NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL* *NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL* *NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; QL* *NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL* *NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL*	LYUMJEV - Tier 2; PA*; QL LYUMJEV KWIKPEN - Tier 2; PA*; QL LYUMJEV TEMPO PEN - Tier 2; PA; QL MERILOG - Tier 2; PA; QL MERILOG SOLOSTAR - Tier 2; PA; QL 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 - Tier 2; PA; QL NOVOLIN R FLEXPEN RELION - 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 MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 RELION (brand for insulin aspart prot & aspart) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & 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 (brand for insulin degludec) - Tier 2; PA*; QL*

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Preferred Agents	Non-Preferred Agents
	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	
AMITIZA (brand for lubiprostone) - Tier 2; PA; QL; AL LINZESS - Tier 2; PA; QL; AL *lubiprostone (generic for AMITIZA) - Tier 1; PA; QL; AL*	*alosetron hcl (generic for LOTRONEX) - Tier 1; PA; QL; AL* IBSRELA - Tier 2; PA; QL *LOTRONEX (brand for alosetron hcl) - Tier 2; PA; QL; AL* TALICIA - Tier 2; PA; QL VIBERZI - Tier 2; PA; QL; AL

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Preferred Agents	Non-Preferred Agents
Laxatives - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; QL *daily fiber oral powder 43 % (generic for REGULOID) - Tier 1; QL* *enema mineral oil rectal enema (generic for FLEET OIL) - Tier 1; QL* *fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *fiber oral powder 43 % (generic for REGULOID) - Tier 1; QL* *FLEET OIL (brand for cvs mineral oil enema) - Tier 2; QL* *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; QL* *METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2; QL*	*daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; PA* *fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; PA* *fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; PA* *fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1; PA* *FLEET LAXATIVE MINERAL OIL (brand for cvs mineral oil) - Tier 2; PA* *mineral oil heavy oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1; PA* *mineral oil lubricant laxative (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1; PA* *mineral oil oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1; PA* *sorbitol oral - Tier 1; PA* SUTAB - Tier 2; PA*

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Preferred Agents	Non-Preferred Agents
mineral oil enema (generic for FLEET OIL) - Tier 1; QL *MIRALAX (brand for ft clearlax) - Tier 2; QL* *natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1; QL* *natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *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* *psyldex - Tier 1* *purelax oral powder (generic for CLEARLAX) - Tier 1; QL* *reguloid oral powder 43 % (generic for REGULOID) - Tier 1; QL* *smooth lax oral powder (generic for CLEARLAX) - Tier 1; QL*	

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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; QL *bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL* *bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* *bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL* *BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL* *chocolate laxative (generic for EX-LAX) - Tier 1; QL* *chocolate laxative pieces (generic for EX-LAX) - Tier 1; QL* *chocolated laxative (generic for EX-LAX) - Tier 1; QL* *citroma (generic for CITROMA) - Tier 1; QL* *c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *constulose - Tier 1; QL* *docusate calcium - Tier 1; QL* *docusate sodium oral (generic for FLEET STOOL SOFTENER) - Tier 1; QL*	CLENPIQ - Tier 2; PA*; QL *GOLYTELY (brand for peg-3350/electrolytes) - Tier 2; PA; QL* *KRISTALOSE (brand for lactulose) - Tier 2; PA; QL* *MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL* *na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral (generic for SUPREP BOWEL PREP KIT) - Tier 1; PA*; QL* *na sulfate-k sulfate-mg sulf solution 17.5-3.13-1.6 gm/177ml oral (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*

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Preferred Agents	Non-Preferred Agents
dok oral tablet (generic for DOK) - Tier 1; QL *dss (generic for FLEET STOOL SOFTENER) - Tier 1; QL* *enulose - Tier 1; QL* *EX-LAX (brand for chocolated laxative) - Tier 2; QL* *EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2; QL* *EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL* *FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL* *FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL* *FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL* *gavilyte-c - Tier 1; QL* *gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL* *gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL* *generlac - Tier 1; QL* *gentle laxative oral tablet delayed release (generic for EX-LAX ULTRA) - Tier 1; QL* *gentle laxative rectal (generic for THE MAGIC BULLET) - Tier 1; QL* *gentle laxative womens oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* *geri-kot (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1; QL* *glycerin (child) (generic for PROCTOZONE-G CHILDRENS) - Tier 1; QL* *glycerin (infants & children) rectal suppository 1 gm - Tier 1; QL* *glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1; QL* *glycerin child rectal suppository 1 gm - Tier 1; QL* *glycerin child rectal suppository 1.2 gm (generic for PROCTOZONE-G CHILDRENS) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
glycerin childrens (generic for PROCTOZONE-G CHILDRENS) - Tier 1; QL *lactulose (generic for KRISTALOSE) - Tier 1; QL* *lactulose encephalopathy - Tier 1; QL* *laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; QL* *laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; QL* *laxative oral tablet chewable 15 mg (generic for EX-LAX) - Tier 1; QL* *laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL* *laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; QL* *laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1; QL* *laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL* *laxative regular strength (generic for SENNA SMOOTH) - Tier 1; QL* *magnesium citrate oral solution (generic for CITROMA) - Tier 1; QL* *natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *ONELAX (brand for bisacodyl) - Tier 2; QL* *ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL* *ONELAX SENNA (brand for senna) - Tier 2; QL* *peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL* *peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL* *PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2; QL* *PROCTOZONE-B (brand for bisacodyl) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
PROCTOZONE-GMAX ADULT (brand for cvs glycerin adult) - Tier 2; QL *PROLAXA (brand for cvs stool softener) - Tier 2; QL* *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 capsule - Tier 1; QL* *senna oral liquid (generic for ONELAX SENNA) - Tier 1; QL* *senna oral syrup 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1; QL* *senna oral tablet (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *senna smooth (generic for SENNA SMOOTH) - Tier 1; QL* *senna-extra (generic for SENOKOT EXTRA STRENGTH) - Tier 1* *senna-lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL *senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *SENNAZON (brand for senna) - Tier 2; QL* *SENOKOT (brand for cvs senna) - Tier 2; QL* *SENOKOT EXTRA STRENGTH (brand for cvs senna-extra) - Tier 2* *stool softener extra str (generic for PROLAXA) - Tier 1; QL* *stool softener oral capsule 100 mg (generic for FLEET STOOL SOFTENER) - Tier 1; QL* *stool softener oral capsule 240 mg - Tier 1; QL* *stool softener oral capsule 250 mg (generic for PROLAXA) - Tier 1; QL* *stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1* *stool softener oral tablet 100 mg (generic for DOK) - Tier 1; QL* *the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL* *vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL* *womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL* *womens laxative (generic for EX-LAX ULTRA) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
Local Anesthetics	
Anesthetics - Drugs for Numbing	
glydo (generic for GLYDO) - Tier 1; QL *lidocaine external ointment 5 % - Tier 1; QL* *lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; QL* *lidocaine hcl external cream 3 % (generic for DERMACINRX LIDOCAINE) - Tier 1; QL* *lidocaine hcl external solution - Tier 1; QL* *lidocaine hcl urethral/mucosal (generic for GLYDO) - Tier 1; QL* *lidocaine viscous hcl - Tier 1; QL* *lidocaine-prilocaine external cream - Tier 1; QL* *LIDOCAN PATCH 5 % EXTERNAL (brand for lidocaine) - Tier 2; QL* *LIDODERM (brand for lidocaine) - Tier 2; QL* LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL *TRIDACAINE II (brand for lidocaine) - Tier 2; QL* *TRIDACAINE III (brand for lidocaine) - Tier 2; QL*	BRUSELIX EXTERNAL CREAM - Tier 2; PA; QL BUPIVACAINE HCL (BULK) - Tier 2; PA DERMACINRX LIDOCAINE EXTERNAL GEL - Tier 2; PA ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 % - Tier 2; PA ENZNONUTY - Tier 2; PA; QL *LIDOCAINE HCL EXTERNAL CREAM 4.12 % (brand for lidocaine hcl) - Tier 2; PA; QL* *lidocaine hcl mouth/throat - Tier 1; PA* *LIDOCAN PATCH 5 % EXTERNAL (brand for lidocaine) - Tier 2; PA; QL* LIDORUB - Tier 2; PA; QL LIDOTHOL EXTERNAL GEL - Tier 2; PA; QL LIDOTRAL EXTERNAL CREAM - Tier 2; PA; QL LIDOTRAL EXTERNAL GEL 5 % - Tier 2; PA LIDOTRAL EXTERNAL LIQUID - Tier 2; PA LIDOTRAL ROLL-ON - Tier 2; PA LIDOTRAN - Tier 2; PA; QL LIDTOPIC - Tier 2; PA; QL *LYDEXA (brand for lidocaine hcl) - Tier 2; PA; QL* MARVONA-25 SUIK - Tier 2; PA *NEUROZYL (brand for lidocaine hcl) - Tier 2; PA; QL* NOBELA - Tier 2; PA; QL ZTLIDO - Tier 2; PA; QL

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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* DIFICID ORAL SUSPENSION RECONSTITUTED - Tier 2; QL *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL* *erythromycin base oral capsule delayed release particles - Tier 1; QL* *erythromycin base oral tablet delayed release (generic for ERY-TAB) - Tier 1; QL* *erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml (generic for E.E.S. GRANULES) - Tier 1; QL* *erythromycin oral (generic for ERY-TAB) - Tier 1; QL* *fidaxomicin (generic for DIFICID) - Tier 1; QL*	*clarithromycin er tablet extended release 24 hour 500 mg oral - Tier 1; PA*; QL* *clarithromycin er tablet extended release 24 hour 500 mg oral - Tier 1; PA; QL* *DIFICID ORAL TABLET (brand for fidaxomicin) - Tier 2; PA; QL* *E.E.S. GRANULES (brand for erythromycin ethylsuccinate) - Tier 2; PA; QL* *ERYPED 400 (brand for erythromycin ethylsuccinate) - Tier 2; PA; QL* *erythromycin base oral tablet - Tier 1; PA*; QL* *erythromycin ethylsuccinate oral suspension reconstituted 400 mg/5ml (generic for ERYPED 400) - 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	

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Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	
alendronate sodium (generic for FOSAMAX) - Tier 1; QL *calcitonin (salmon) (generic for MIACALCIN) - Tier 1; QL* *cinacalcet hcl (generic for SENSIPAR) - Tier 1; QL* *ibandronate sodium oral - Tier 1; QL* RAYALDEE - Tier 2; PA; QL *zoledronic acid (generic for RECLAST) - Tier 1; PA; QL*	*ACTONEL (brand for risedronate sodium) - Tier 2; PA; QL* *ATELVIA (brand for risedronate sodium) - Tier 2; PA; QL* BINOSTO - Tier 2; PA; QL *FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL* FOSAMAX PLUS D - Tier 2; PA; QL *ibandronate sodium intravenous - Tier 1; PA; QL* *MIACALCIN (brand for calcitonin (salmon)) - Tier 2; PA; QL* *pamidronate disodium - Tier 1; PA; QL* PROLIA - Tier 2; PA; QL *RECLAST (brand for zoledronic acid) - Tier 2; PA; QL* *risedronate sodium oral tablet 150 mg (generic for ACTONEL) - Tier 1; PA*; QL* *risedronate sodium oral tablet delayed release (generic for ATELVIA) - Tier 1; PA*; QL* *risedronate sodium tablet 30 mg oral - Tier 1; PA*; QL* *risedronate sodium tablet 30 mg oral - Tier 1; PA; QL* *risedronate sodium tablet 35 mg oral (generic for ACTONEL) - Tier 1; PA*; QL* *risedronate sodium tablet 35 mg oral (generic for ACTONEL) - Tier 1; PA; QL* *risedronate sodium tablet 5 mg oral - Tier 1; PA*; QL* *risedronate sodium tablet 5 mg oral - Tier 1; PA; QL* TYMLOS - Tier 2; PA; SP; QL XGEVA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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; QL; AL* *doxercalciferol oral - Tier 1; PA; QL* *paricalcitol oral capsule 1 mcg, 2 mcg (generic for ZEMPLAR) - Tier 1; QL* *paricalcitol oral capsule 4 mcg - Tier 1; PA; QL*	EVENITY - Tier 2; PA; QL
Mineralocorticoid Receptor Antagonists	
Cardiovascular Agents	
KERENDIA - Tier 2; PA; QL	

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Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL ALCOHOL PREP PADS SHEET 70 % - Tier 2; QL *ALCOHOL SWABS PAD 70 % (brand for alcohol prep) - Tier 2; QL* ALCOH-WIPE - Tier 2; QL *AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL* *BD ECLIPSE LUER-LOK NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL* *BD ECLIPSE NEEDLE 21G X 1" , 21G X 1-1/2" , 23G X 1" , 25G X 5/8" , 27G X 1/2" (brand for carepoint poly hub needle) - Tier 2; QL* *BD ECLIPSE NEEDLE 25G X 1-1/2" (brand for carepoint safety 1st needle) - Tier 2; QL* *BD PEN NEEDLE MINI ULTRAFINE (brand for aqinject pen needle) - Tier 2; QL* *BD SAFETYGLIDE NEEDLE 21G X 1" (brand for carepoint poly hub needle) - Tier 2; QL*	ACCU-CHEK TENDER 1 INFUSION - Tier 2; PA *ACE AEROSOL CLOUD ENHANCER (brand for adult aerosol mask) - Tier 2; PA; QL* *acne control cleanser external liquid (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1; PA* *ADULT AEROSOL MASK (brand for adult aerosol mask) - Tier 2; PA; QL* *adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1; PA* *AEROBIKA (brand for adult mask) - Tier 2; PA* *AEROCHAMBER HOLDING CHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* *AEROCHAMBER PLS FLOVU MTHPIECE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* *AEROCHAMBER PLUS FLO-VU INTERM (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* *AEROCHAMBER PLUS FLO-VU LARGE DEVICE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
BD SAFETYGLIDE NEEDLE 23G X 1-1/2" (brand for carepoint safety 1st needle) - Tier 2; QL	*AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
BD SAFETYGLIDE SHIELDED NEEDLE 21G X 1-1/2" (brand for carepoint poly hub needle) - Tier 2; QL	*AEROCHAMBER PLUS FLO-VU SMALL DEVICE (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	*AEROCHAMBER2GO ANTI-STATIC (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL	*AEROECLIPSE EZ TWIST TUBING (brand for adult aerosol mask) - Tier 2; PA; QL*
BILDYOS - Tier 2; PA; QL	*AEROECLIPSE MASK LARGE (brand for adult aerosol mask) - Tier 2; PA; QL*
BILPREVDA - Tier 2; PA; QL	*AEROECLIPSE MASK MEDIUM (brand for adult aerosol mask) - Tier 2; PA; QL*
BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL	*AEROECLIPSE MASK SMALL (brand for adult aerosol mask) - Tier 2; PA; QL*
BREATHE COMFORT HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL	*AQ INSULIN SYRINGE (brand for aq insulin syringe) - Tier 2; PA; QL*
BREATHE EASE HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL	*AQINJECT PEN NEEDLE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL*
BRINSUPRI - Tier 2; PA; QL	

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Preferred Agents	Non-Preferred Agents
CAREPOINT POLY HUB NEEDLE 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL	*ASPARTAME (FOR COMPOUNDING) (brand for aspartame (for compounding)) - Tier 2; PA*
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2" - Tier 2; QL	*ASPARTAME (NUTRASWEET) (brand for aspartame (for compounding)) - Tier 2; PA*
CAREPOINT PRECISION POLY HUB (brand for carepoint poly hub needle) - Tier 2; QL	*ASSURE ID DUO PRO PEN NEEDLES (brand for aqinject pen needle) - Tier 2; PA; QL*
CAREPOINT SAFETY 1ST NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL	*ASSURE ID PRO PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL*
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL	*AUM INSULIN SAFETY PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL*
CARETOUCH HYPODERMIC NEEDLE 20G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; 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*
CARETOUCH HYPODERMIC NEEDLE 23G X 1-1/2" , 25G X 1-1/2" (brand for carepoint safety 1st needle) - Tier 2; 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*
CAYA - Tier 2; QL	*AUM SAFETY PEN NEEDLE (brand for aqinject pen needle) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL *CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2* *CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL* *CONTOUR CONTROL SOLUTION (brand for easy plus ii control) - Tier 2; QL* *COOL MIST HUMIDIFER (brand for breathe ease humidifier) - Tier 2; QL* *COOL MIST HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL* *COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2* *COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2*	AVTOZMA INTRAVENOUS - Tier 2; PA; QL *BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL* *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*

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Preferred Agents	Non-Preferred Agents
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2 *COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL* DEXCOM G6 TRANSMITTER - Tier 2; PA; QL *DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2* *DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL* *DROPSAFE SICURA (brand for carepoint poly hub needle) - Tier 2; QL* *DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL* *DUREX TROPICAL (brand for true cover) - Tier 2; QL* *EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL* *EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL*	*BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL* *BD VEO INSULIN SYR ULTRAFINE (brand for global easy glide insulin syr) - Tier 2; PA; QL* BLUESTAR - Tier 2; PA BLUJEPA - Tier 2; PA; QL BOMYNTRA - Tier 2; PA; QL *BREATHE COMFORT CHAMBER/ADULT (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* *BREATHE COMFORT CHAMBER/CHILD (brand for breathe comfort chamber/adult) - Tier 2; PA; QL* *BREATHE EASE NEB MASK/CHILD (brand for adult aerosol mask) - Tier 2; PA; QL* *BREATHE EASE NEB MASK/INFANT (brand for adult aerosol mask) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL *EASYMAX CONTROL (brand for fondcircle control solution) - Tier 2; QL* *ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *EMBECTA AUTOSHIELD DUO (brand for pen needles) - Tier 2; QL* *EMBECTA INS SYR U/F 1/2 UNIT 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*	*CARETOUCH 2 CPAP HOSE HANGER (brand for adult aerosol mask) - Tier 2; PA; QL* *CARETOUCH CPAP & BIPAP HOSE (brand for adult aerosol mask) - Tier 2; PA; QL* *CARETOUCH CPAP MASK WIPES (brand for adult aerosol mask) - Tier 2; PA; QL* *CARETOUCH CPAP PRE-WASH SOLN (brand for adult aerosol mask) - Tier 2; PA; QL* *CARETOUCH CPAP TUBE BRUSH (brand for adult aerosol mask) - Tier 2; PA; QL* *CARETOUCH UNIVERSL CPAP FILTER (brand for adult aerosol mask) - Tier 2; PA; QL* *CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2; PA* *COMFORT EZ PRO PEN NEEDLES 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL	*COMFORT EZ PRO PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL*
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML (brand for global easy glide insulin syr) - Tier 2; QL	CONDOMS - Tier 2; PA
EMBECTA INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; QL	CONEXXENCE - Tier 2; PA; QL
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; QL	*daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1; PA*
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 0.5 ML (brand for insulin syringe-needle u-100) - Tier 2; QL	DAXXIFY - Tier 2; PA
EMBECTA INSULIN SYR ULTRAFINE 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; QL	*DERMACINRX ATRIX ANTIBAC WASH (brand for cvs acne control cleanser) - Tier 2; PA*
EMBECTA INSULIN SYRINGE U-500 - Tier 2; QL	*DERMACINRX ATRIX CLARIFY TONER (brand for cvs acne control cleanser) - Tier 2; PA*
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; QL	DIABECIN HR - Tier 2; PA
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM (brand for aqinject pen needle) - Tier 2; QL	*DIABETES CARE (brand for diabetes care) - Tier 2; PA; QL*
	DIABETES MONITOR DIGIT ADD-ON (brand for diabetes care) - Tier 2; PA; QL
	DIABETES MONITOR DIGIT SOLN (brand for diabetes care) - 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	DROPLET MICRON - Tier 2; PA; QL
EMBLAVEO - Tier 2; PA; QL	*DROPSAFE AUTOPROTECT DUO (brand for aqinject pen needle) - Tier 2; PA; QL*
ENOBY - Tier 2; PA; QL	*DROPSAFE SAFETY SYRINGE/NEEDLE (brand for aq insulin syringe) - Tier 2; PA; QL*
EXXUA - Tier 2; PA; QL	*EASY AIR NEBULIZER FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL*
EXXUA TITRATION PACK - Tier 2; PA; QL	*EASY NEB NEBULIZER FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL*
FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2	*EBASE CONTROLLER KIT (brand for adult aerosol mask) - Tier 2; PA; QL*
FC2 FEMALE CONDOM - Tier 2; QL	EKTERLY - Tier 2; PA
FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - 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; PA; QL*
FONDCIRCLE CONTROL SOLUTION (brand for fondcircle control solution) - 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; PA; QL*
FONDCIRCLE ELECTRONIC PEAK FLO - Tier 2; QL	
GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION HIGH , LOW (brand for easy plus ii control) - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
GLUCOSE CONTROL SOLUTION IN VITRO SOLUTION NORMAL (brand for fondcircle control solution) - Tier 2; QL *heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml (generic for BD HEPARIN POSIFLUSH) - Tier 1; PA; QL* *heparin sod (pork) lock flush - Tier 1; PA; QL* HERNEXEOS - Tier 2; PA; SP; QL *IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *IHEALTH GLUCO+ KIT 10 (brand for diabetes care) - Tier 2; QL* *INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2* *INFINITY CONTROL IN VITRO SOLUTION HIGH , LOW (brand for easy plus ii control) - Tier 2; QL* *INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL* INSPIREASE RESERVOIR BAGS - Tier 2; QL INSULIN PEN NEEDLES 29G X 10MM - Tier 2; QL INSULIN SYRINGES 28G X 5/16" 1 ML - Tier 2; 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* *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*

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Preferred Agents	Non-Preferred Agents
INSULIN SYRINGES 29G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; QL *INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL* JUBBONTI - Tier 2; PA; QL LATANOPROST OIL - Tier 2; PA *METHERGINE (brand for methylergonovine maleate) - Tier 2; QL* *methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL* MODEYSO - Tier 2; PA; QL NEODOT THERMOMETER - Tier 2; QL *nitrofurantoin oral suspension 25 mg/5ml - Tier 1; QL; AL* OMNIFLEX DIAPHRAGM - Tier 2 *ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2*	*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 (brand for insulin syringe-needle 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 30G X 5 MM (brand for pen needles) - 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* EPISIL - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
ONETOUCH VERIO IN VITRO LIQUID HIGH (brand for easy plus ii control) - Tier 2; QL	EVERSENSE 365 SMART TRANSMIT - Tier 2; PA; QL
ORAMAGICRX - Tier 2; QL	EVERSENSE SMART TRANSMITTER - Tier 2; PA; QL
PALFORZIA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL	FEMCAP - Tier 2; PA
PALFORZIA (120 MG DAILY DOSE) - Tier 2; PA; SP; QL	*FILTER AIR PP (brand for adult aerosol mask) - Tier 2; PA; QL*
PALFORZIA (160 MG DAILY DOSE) - Tier 2; PA; SP; QL	*FLEXICHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*
PALFORZIA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL	FLEXICHAMBER ADULT MASK/SMALL - Tier 2; PA; QL
PALFORZIA (200 MG DAILY DOSE) - Tier 2; PA; SP; QL	FLEXICHAMBER CHILD MASK/LARGE - Tier 2; PA; QL
PALFORZIA (240 MG DAILY DOSE) - Tier 2; PA; SP; QL	FLEXICHAMBER CHILD MASK/SMALL - Tier 2; PA; QL
PALFORZIA (3 MG DAILY DOSE) - Tier 2; PA; SP; QL	*formaldehyde - Tier 1; PA*
PALFORZIA (300 MG MAINTENANCE) - Tier 2; PA; SP; QL	GELFILM EXTERNAL - Tier 2; PA
PALFORZIA (300 MG TITRATION) - Tier 2; PA; SP; QL	*glutaraldehyde external - Tier 1; PA*
PALFORZIA (40 MG DAILY DOSE) - Tier 2; PA; SP; QL	GUARDIAN 4 TRANSMITTER - Tier 2; PA; QL
PALFORZIA (6 MG DAILY DOSE) - Tier 2; PA; SP; QL	GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL
PALFORZIA (80 MG DAILY DOSE) - Tier 2; PA; SP; QL	*HAN-EASE (brand for inject-ease) - Tier 2; PA; QL*
PALFORZIA INITIAL DOSE 4-17YRS - Tier 2; PA; SP; QL	HARLIKU - Tier 2; PA
PALFORZIA INITIAL ESCALATION - Tier 2; PA; SP; QL	*HUMATROPEN FOR 12MG (brand for inject-ease) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
PERFECT POINT SAFETY NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL	*HUMATROPEN FOR 24MG (brand for inject-ease) - Tier 2; PA; QL*
PHEXX - Tier 2; QL	*HUMATROPEN FOR 6MG (brand for inject-ease) - Tier 2; PA; QL*
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2	*IHEALTH GLUCO+ KIT 100 (brand for diabetes care) - Tier 2; PA; QL*
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL	INBRIJA - Tier 2; PA; SP; QL
RHAPSIDO - Tier 2; PA; SP; QL	*INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL*
salicylic acid wart remover (generic for VIRASAL) - Tier 1; PA	*INSULIN PEN NEEDLES 29G X 12MM (brand for raya sure pen needle) - Tier 2; PA; QL*
SALYCIM - Tier 2; QL	INSULIN PEN NEEDLES 29G X 4MM , 29G X 8MM - Tier 2; PA; QL
SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2	*INSULIN PEN NEEDLES 29G X 5MM , 31G X 6 MM (brand for easy comfort pen needles) - Tier 2; PA; QL*
TOP FILL HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL	*INSULIN PEN NEEDLES 30G X 5 MM (brand for pen needles) - Tier 2; PA; QL*
TROJAN BARESKIN (brand for true cover) - Tier 2; QL	*INSULIN PEN NEEDLES 31G X 4 MM (brand for aum insulin safety pen needle) - Tier 2; PA; QL*
TROJAN MAGNUM (brand for true cover) - Tier 2; QL	*INSULIN PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL *TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL* *TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; QL* *TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; QL* *TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; QL* *TRUE COVER (brand for true cover) - Tier 2; QL* *ULTRASONIC COOL MIST HUMIDIF (brand for breathe ease humidifier) - Tier 2; QL* *UNISTRIP CONTROL (brand for easy plus ii control) - Tier 2; QL* VAPORIZER WARM STEAM - Tier 2; QL *VERISAFE SAFETY STERILE NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL* VERSAPENN (AL) ANHYD LIPID - Tier 2; PA *VIRASAL (brand for salicylic acid wart remover) - Tier 2; PA*	*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 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" 0.5 ML, 31G X 1/2" 0.3 ML, 32G X 5/16" 1 ML - 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 (brand for true comfort insulin syringe) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
WARM MIST HUMIDIFIER (brand for breathe ease humidifier) - Tier 2; QL WARM STEAM VAPORIZER - Tier 2; QL WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL WYOST - Tier 2; PA; QL XTRENBO - Tier 2; PA; QL ZELSUVMI - 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* *INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL* JASCAYD - Tier 2; PA; QL JOURNAVX - Tier 2; PA *KERALYT EXTERNAL GEL 6 % (brand for salicylic acid) - Tier 2; PA* L-CYSTINE - Tier 2; PA LEQVIO - Tier 2; PA; SP; QL LUCIRA COVID-19 & FLU TEST - Tier 2; PA LYNKUET - Tier 2; PA; QL *MICROCHAMBER (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	MUCOTROL - 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* *NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2; PA* NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML - Tier 2; PA *NORDIPEN 5 INJECTION DEVICE (brand for inject-ease) - Tier 2; PA; QL* *NORDIPEN DELIVERY SYSTEM (brand for inject-ease) - Tier 2; PA; QL* *OMBRA COMPRESSOR AIR FILTERS (brand for adult aerosol mask) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	OMNIPOD 5 DEXCOM INTRO KIT - Tier 2; PA; QL OMNIPOD 5 DEXCOM PODS - Tier 2; PA; QL OMNIPOD 5 LIBRE2 G6 INTRO GEN5 - Tier 2; PA; QL OMNIPOD 5 LIBRE PODS - Tier 2; PA; QL ORLYNVAH - Tier 2; PA OSENVELT - Tier 2; PA; QL *PANOXYL ACNE (brand for cvs acne control cleanser) - Tier 2; PA* *PANOXYL ACNE BANISHING BODY (brand for cvs acne control cleanser) - Tier 2; PA* *PANOXYL CLARIFYING EXFOLIANT (brand for cvs acne control cleanser) - Tier 2; PA* *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* *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* PIVYA - Tier 2; PA; QL *PROCHAMBER VHC (brand for breathe comfort chamber/adult) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	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* PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA *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* *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* *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* *SAFETY PEN NEEDLES 30G X 5 MM (brand for pen needles) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	salicylic acid external gel 6 % (generic for KERALYT) - Tier 1; PA SALVAX - Tier 2; PA; QL STOBOCLO - Tier 2; PA; QL SYMBRAVO - Tier 2; PA TONMYA - Tier 2; PA; 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* TRYPTYR - Tier 2; PA; QL *TUBING/WING TIP (brand for adult aerosol mask) - Tier 2; PA; QL* TWYNEO - Tier 2; PA; QL *ULTRA NEB ACCESSORIES KIT (brand for adult aerosol mask) - Tier 2; PA; QL* ULTRAFOAM SPONGE 8X25X1CM - Tier 2; PA *UNIFINE OTC PEN NEEDLES 31G X 5 MM (brand for aqinject pen needle) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	UNIFINE PROTECT PEN NEEDLE 30G X 5 MM (brand for pen needles) - Tier 2; PA; QL *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* *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* VERSAPENN (AG) ANHYDROUS - Tier 2; PA *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* XICLO - Tier 2; PA ZIIHERA - Tier 2; PA ZUNVEYL - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ALECENSA - Tier 2; PA; SP; QL	*AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL*
ALUNBRIG - Tier 2; PA; SP; QL	*AFINITOR DISPERZ (brand for everolimus) - Tier 2; PA; SP; QL*
AYVAKIT - Tier 2; PA; SP; QL	DANZITEN - Tier 2; PA
BOSULIF - Tier 2; PA; SP; QL	*GLEEVEC ORAL TABLET 100 MG (brand for imatinib mesylate) - Tier 2; PA; SP; QL*
BRAFTOVI - Tier 2; PA; SP; QL	IMKELDI - Tier 2; PA; QL
BRUKINSA ORAL CAPSULE - Tier 2; PA; SP; QL	*IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL*
BRUKINSA ORAL TABLET - Tier 2; QL	*PHYRAGO (brand for dasatinib) - Tier 2; PA; SP; QL*
CABOMETYX - Tier 2; PA; SP; QL	*SPRYCEL (brand for dasatinib) - Tier 2; PA; SP; QL*
CALQUENCE - Tier 2; PA; SP; QL	
CAPRELSA - Tier 2; PA; SP; QL	
COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL	
COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL	
COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL	
COTELLIC - Tier 2; PA; SP; QL	
dasatinib (generic for PHYRAGO) - Tier 1; PA; SP; QL	
DAURISMO - Tier 2; PA; SP; QL	
ERIVEDGE - Tier 2; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
erlotinib hcl - Tier 1; PA; SP; QL *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP; QL* *everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL* 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 IBRANCE - Tier 2; PA; SP; QL ICLUSIG ORAL TABLET 10 MG, 30 MG - Tier 2; PA; QL ICLUSIG ORAL TABLET 15 MG, 45 MG - Tier 2; PA; SP; QL IDHIFA - Tier 2; PA; SP; QL *imatinib mesylate oral (generic for GLEEVEC) - Tier 1; PA; SP; QL* IMBRUVICA - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL JAKAFI - Tier 2; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL LAZCLUZE - Tier 2; PA; SP; QL LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL LYNPARZA - Tier 2; PA; SP; QL MEKINIST - Tier 2; PA; SP; QL 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	

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Preferred Agents	Non-Preferred Agents
OJEMDA - Tier 2; PA; SP; QL *pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL* QINLOCK - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA; SP; QL 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* STIVARGA - Tier 2; PA; SP; QL *sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL* *SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL* TABRECTA - Tier 2; PA; SP; QL TAFINLAR - 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 (generic for TORPENZ) - Tier 1; PA; SP; QL* TUKYSA - Tier 2; PA; SP; QL TURALIO - Tier 2; 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 VITRAKVI - Tier 2; PA; SP; QL VIZIMPRO - Tier 2; PA; SP; QL *VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL* XALKORI - Tier 2; PA; SP; QL XOSPATA - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG ORAL TABLET 100 MG - Tier 2; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
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 tablet 0.5 mg oral (generic for AZILECT) - Tier 1; PA*; QL* *rasagiline mesylate tablet 0.5 mg oral (generic for AZILECT) - Tier 1; PA; QL* *rasagiline mesylate tablet 1 mg oral (generic for AZILECT) - Tier 1; PA*; QL* *rasagiline mesylate tablet 1 mg oral (generic for AZILECT) - Tier 1; PA; QL* XADAGO - Tier 2; PA*; QL
Monoamine Oxidase Inhibitors - Antidepressants	
Antidepressants - Drugs to Treat Depression	
EMSAM - Tier 2; QL MARPLAN - Tier 2; QL *phenelzine sulfate oral (generic for NARDIL) - Tier 1; QL* *tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL*	*NARDIL (brand for phenelzine sulfate) - Tier 2; PA; QL* *PARNATE (brand for tranylcypromine sulfate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Mood Stabilizers - Mood Disorder Drugs	
Bipolar Agents - Drugs to Treat Mood Disorders	
DEPAKOTE SPRINKLES (brand for divalproex sodium) - Tier 2; QL; AL *divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; QL* *divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; QL; AL* *divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; QL* EQUETRO - Tier 2; PA; QL *lithium - Tier 1; QL* *lithium carbonate er (generic for LITHOBID) - Tier 1; QL* *lithium carbonate oral - Tier 1; QL*	*DEPAKOTE (brand for divalproex sodium) - Tier 2; PA; QL* *DEPAKOTE ER (brand for divalproex sodium er) - Tier 2; PA; QL* *LITHOBID (brand for lithium carbonate er) - Tier 2; PA; QL*

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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*

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; PA*: Preferred Alternative Trial Requirements

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 BETASERON - Tier 2; SP; QL *COPAXONE (brand for glatiramer acetate) - Tier 2; SP; QL* *dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; SP; QL* *dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; SP; QL* KESIMPTA - Tier 2; SP; QL TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG - Tier 2; PA; SP; QL *TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK (brand for dimethyl fumarate starter pack) - Tier 2; 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 BRIUMVI - Tier 2; PA; SP; QL *dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL* *fingolimod hcl capsule 0.5 mg oral (generic for GILENYA) - Tier 1; PA*; SP; QL* *fingolimod hcl capsule 0.5 mg oral (generic for GILENYA) - Tier 1; PA; SP; QL* GILENYA ORAL CAPSULE 0.25 MG - Tier 2; PA*; SP; QL *GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; PA; SP; QL* *glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous (generic for GLATOPA) - Tier 1; PA*; SP; QL* *glatiramer acetate solution prefilled syringe 20 mg/ml subcutaneous (generic for GLATOPA) - Tier 1; PA; SP; QL*

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Preferred Agents	Non-Preferred Agents
	glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous (generic for GLATOPA) - Tier 1; PA; SP; QL* *glatiramer acetate solution prefilled syringe 40 mg/ml subcutaneous (generic for GLATOPA) - Tier 1; PA; SP; QL* *glatopa (generic for GLATOPA) - Tier 1; PA*; SP; QL* LEMTRADA - Tier 2; PA*; SP; QL MAYZENT - Tier 2; PA*; SP; QL MAYZENT STARTER PACK - Tier 2; PA*; SP; QL OCREVUS - Tier 2; PA*; SP; QL OCREVUS ZUNOVO - Tier 2; PA; 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; QL *TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; PA; SP; QL* TYRUKO - Tier 2; PA; QL TYSABRI - Tier 2; PA*; SP; QL VUMERITY - Tier 2; PA*; SP; QL ZEPOSIA - Tier 2; PA*; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA*; SP; QL ZEPOSIA STARTER KIT - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
memantine hcl oral tablet - Tier 1; QL; AL	*memantine hcl er capsule extended release 24 hour 14 mg oral - Tier 1; PA*; QL; AL* *memantine hcl er capsule extended release 24 hour 14 mg oral - Tier 1; PA; QL; AL* *memantine hcl er capsule extended release 24 hour 21 mg oral - Tier 1; PA*; QL; AL* *memantine hcl er capsule extended release 24 hour 21 mg oral - Tier 1; PA; QL; AL* *memantine hcl er capsule extended release 24 hour 28 mg oral - Tier 1; PA*; QL; AL* *memantine hcl er capsule extended release 24 hour 28 mg oral - Tier 1; PA; QL; AL* *memantine hcl er capsule extended release 24 hour 7 mg oral - Tier 1; PA*; QL; AL* *memantine hcl er capsule extended release 24 hour 7 mg oral - Tier 1; PA; QL; AL* *memantine hcl oral solution 2 mg/ml - Tier 1; PA; QL; AL*

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Preferred Agents	Non-Preferred Agents
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
addaprin (generic for ADDAPRIN) - Tier 1; QL *ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE (brand for cvs ibuprofen childrens) - Tier 2; QL* *ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL* *ALEVE ALL DAY STRONG (brand for all day pain relief) - Tier 2; QL* *all day pain relief (generic for ALEVE ALL DAY STRONG) - Tier 1; QL* *all day relief (generic for ALEVE ALL DAY STRONG) - Tier 1; QL* *aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*	*ARTHROTEC (brand for diclofenac-misoprostol) - Tier 2; PA; QL* *CAPSINAC (brand for capsinac) - Tier 2; PA; QL* *CELEBREX (brand for celecoxib) - Tier 2; PA; QL* *celecoxib capsule 100 mg oral (generic for CELEBREX) - Tier 1; PA*; QL* *celecoxib capsule 100 mg oral (generic for CELEBREX) - Tier 1; PA; QL* *celecoxib capsule 200 mg oral (generic for CELEBREX) - Tier 1; PA*; QL* *celecoxib capsule 200 mg oral (generic for CELEBREX) - Tier 1; PA; QL* *celecoxib capsule 400 mg oral (generic for CELEBREX) - Tier 1; PA*; QL* *celecoxib capsule 400 mg oral (generic for CELEBREX) - Tier 1; PA; QL* *celecoxib capsule 50 mg oral (generic for CELEBREX) - Tier 1; PA*; QL* *celecoxib capsule 50 mg oral (generic for CELEBREX) - Tier 1; PA; QL* *COXANTO (brand for oxaprozin) - Tier 2; PA; QL* DERMACINRX DICLOLIDOL - Tier 2; PA *DICLOFENAC PATCH 1.3% (brand for diclofenac epolamine) - Tier 2; PA; QL* *diclofenac potassium oral capsule (generic for ZIPSOR) - Tier 1; PA; QL* *diclofenac sodium external solution 2 % - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	*diclofenac-misoprostol (generic for ARTHROTEC) - Tier 1; PA; QL*
aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL	*DICLOSAICIN (brand for capsinac) - Tier 2; PA; QL*
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL	*diflunisal oral - Tier 1; PA*; QL*
aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL	DOLOBID - Tier 2; PA; QL
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	ENOVARX-DICLOFENAC SODIUM - Tier 2; PA
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL	*etodolac er - Tier 1; PA*; QL*
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL	*etodolac oral capsule - Tier 1; PA*; QL*
BAYER ASPIRIN (brand for aspirin) - Tier 2; QL	*etodolac tablet 400 mg oral (generic for LODINE) - Tier 1; PA; QL*
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL	*etodolac tablet 400 mg oral (generic for LODINE) - Tier 1; PA*; QL*
	etodolac tablet 500 mg oral - Tier 1; PA; QL
	etodolac tablet 500 mg oral - Tier 1; PA; QL*
	fenoprofen calcium capsule 400 mg oral - Tier 1; PA; QL*
	fenoprofen calcium capsule 400 mg oral - Tier 1; PA; QL
	FENOPRON - Tier 2; PA; QL
	FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL
	FROTEK - Tier 2; PA; QL
	ibuprofen oral tablet 300 mg - Tier 1; PA; QL

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Preferred Agents	Non-Preferred Agents
CAMBIA (brand for diclofenac potassium(migraine)) - Tier 2; PA; QL	*ibuprofen-famotidine - Tier 1; PA; QL*
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL	*ICLOFENAC CP (brand for capsinac) - Tier 2; PA; QL*
diclofenac potassium oral tablet (generic for LOFENA) - Tier 1; QL	*INDOCIN (brand for indomethacin) - Tier 2; PA; QL*
diclofenac potassium(migraine) (generic for CAMBIA) - Tier 1; PA; QL	*indomethacin er - Tier 1; PA*; QL*
diclofenac sodium er - Tier 1; QL	*indomethacin oral suspension (generic for INDOCIN) - Tier 1; PA; QL*
diclofenac sodium external solution 1.5 % - Tier 1; QL	*INFLAMMACIN (brand for previdolrx plus analgesic) - Tier 2; PA; QL*
diclofenac sodium oral - Tier 1; QL	*ketoprofen er - Tier 1; PA*; QL*
ELYXYB - Tier 2; PA; QL	KETORUB - Tier 2; PA; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL	*LEXTOL (brand for capsinac) - Tier 2; PA; QL*
enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL	*LODINE (brand for etodolac) - Tier 2; PA; QL*
FLANAX (brand for all day pain relief) - Tier 2; QL	*LOFENA (brand for diclofenac potassium) - Tier 2; PA; QL*
flurbiprofen oral (generic for LURBIRO) - Tier 1; QL	*meclofenamate sodium oral - Tier 1; PA*; QL*
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL	*mefenamic acid oral - Tier 1; PA; QL*
ibuprofen (generic for IBU) - Tier 1; QL	*meloxicam oral capsule - Tier 1; PA; QL*
ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL	*MELOXICAM ORAL SUSPENSION (brand for meloxicam) - Tier 2; PA; QL*
	NAPRELAN (brand for naproxen sodium er) - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
ibuprofen ib childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL	*naproxen oral suspension - Tier 1; PA; QL*
ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL	*naproxen sodium er oral tablet extended release 24 hour 750 mg (generic for NAPRELAN) - Tier 1; PA*
ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL	*naproxen sodium er tablet extended release 24 hour 375 mg oral (generic for NAPRELAN) - Tier 1; PA**
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL	*naproxen sodium er tablet extended release 24 hour 375 mg oral (generic for NAPRELAN) - Tier 1; PA*; QL*
ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL	*naproxen sodium er tablet extended release 24 hour 375 mg oral (generic for NAPRELAN) - Tier 1; PA*
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL	*naproxen sodium er tablet extended release 24 hour 500 mg oral (generic for NAPRELAN) - Tier 1; PA**
ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL	*naproxen sodium er tablet extended release 24 hour 500 mg oral (generic for NAPRELAN) - Tier 1; PA*
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL	*naproxen sodium oral tablet 275 mg, 550 mg - Tier 1; PA*; QL*
indomethacin oral capsule - Tier 1; QL	*naproxen-esomeprazole mg - Tier 1; PA; QL*
indomethacin rectal suppository 50 mg (generic for INDOCIN) - Tier 1; QL	ORUDIS - Tier 2; PA; QL
infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL	*OXAPROZIN ORAL CAPSULE (brand for oxaprozin) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
ketorolac tromethamine +rfid - Tier 1; PA; QL *ketorolac tromethamine injection solution 15 mg/ml - Tier 1; PA; QL* *ketorolac tromethamine intramuscular solution 60 mg/2ml - Tier 1; PA; QL* *ketorolac tromethamine oral - Tier 1; QL* KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; PA; QL *ketorolac tromethamine solution 30 mg/ml injection - Tier 1; PA; QL* *LURBIRO (brand for flurbiprofen) - Tier 2; QL* *medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL* *MEDIPROXEN (brand for all day pain relief) - Tier 2; QL* *medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL* *meloxicam oral tablet - Tier 1; QL* *MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL* *MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL* *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* *ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL* *sulindac oral - Tier 1; QL*	*oxaprozin oral tablet - Tier 1; PA*; QL* *piroxicam oral - Tier 1; PA*; QL* *PREVIDOLRX PLUS ANALGESIC (brand for previdolrx plus analgesic) - Tier 2; PA; QL* RELAFEN DS - Tier 2; PA; QL *salsalate tablet 500 mg oral - Tier 1; PA*; QL* *salsalate tablet 500 mg oral - Tier 1; PA; QL* *salsalate tablet 750 mg oral - Tier 1; PA*; QL* *salsalate tablet 750 mg oral - Tier 1; PA; QL* *SURE RESULT DSS PREMIUM PACK (brand for capsinac) - Tier 2; PA; QL* *TOLECTIN 600 (brand for tolmetin sodium) - Tier 2; PA; QL* *tolmetin sodium (generic for TOLECTIN 600) - Tier 1; PA; QL* VYSCOXA - Tier 2; PA; QL XICLOFEN - Tier 2; PA *ZICLOPRO (brand for capsinac) - Tier 2; PA; QL* *ZIPSOR (brand for diclofenac potassium) - Tier 2; PA; QL* *ZYBIC (brand for meloxicam) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Ophthalmic Agents, Other - Miscellaneous Eye Drops	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
ALTACAINE (brand for tetracaine hcl) - Tier 2; PA; QL	AKTEN - Tier 2; PA; QL
altafrin (generic for ALTAFRIN) - Tier 1; PA; QL	*ALCAINE (brand for proparacaine hcl) - Tier 2; PA; QL*
altalube (generic for ALTALUBE) - Tier 1; QL	*astringent eye drops (generic for VISINE A.C.) - Tier 1; PA*
artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1; QL	*bacitracin-polymyxin b - Tier 1; PA*; QL*
artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml (generic for CLEAR EYES NATURAL TEARS) - Tier 1; QL	CEQUA - Tier 2; PA
artificial tears pf (generic for BION TEARS PF) - Tier 1; QL	*CYCLOGYL OPHTHALMIC SOLUTION 1 % (brand for cyclopentolate hcl) - Tier 2; PA; QL*
atropine sulfate ophthalmic solution 1 % - Tier 1	CYSTADROPS - Tier 2; PA
BIOLLE TEARS (brand for carboxymethylcellulose sod pf) - Tier 2; QL	CYSTARAN - Tier 2; PA
BION TEARS PF (brand for artificial tears pf) - Tier 2; QL	*eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE A.C.) - Tier 1; PA*
carboxymethylcellulose sod pf ophthalmic solution (generic for BIOLLE TEARS) - Tier 1; QL	KLARITY-C DROPS - Tier 2; PA
carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL	MIEBO - Tier 2; PA*; QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2; QL	*MYDRIACYL (brand for tropicamide) - Tier 2; PA; QL*
cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL	*neomycin-bacitracin zn-polymyx - Tier 1; PA*; QL*
	neomycin-polymyxin-gramicidin - Tier 1; PA; QL*
	PREDNISOLON-MOXIFLOX-BROMFENAC - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
cyclosporine ophthalmic (generic for RESTASIS) - Tier 1 *dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL* *eye drops long lasting (generic for SYSTANE) - Tier 1; QL* *eye lubricant (generic for ALTALUBE) - Tier 1; QL* *EYES ALIVE (brand for carboxymethylcellulose sod pf) - Tier 2; QL* *for sty relief (generic for ALTALUBE) - Tier 1; QL* *GENTEAL TEARS MODERATE PF (brand for artificial tears pf) - Tier 2; QL* *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; QL* *GENTEAL TEARS PF (brand for artificial tears pf) - 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) (generic for BIOLLE TEARS) - Tier 1; QL*	*relief eye drops (generic for VISINE A.C.) - Tier 1; PA* VERKAZIA - Tier 2; PA VEVYE - Tier 2; PA XIIDRA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL *lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL* *lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL* *lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL* *lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1; QL* *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; QL* *lubricating tears eye drops (generic for ULTRA FRESH) - Tier 1; QL* *lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL* *natural tears pf (generic for BION TEARS PF) - Tier 1; QL* *nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL *phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1; PA; QL* *polymyxin b-trimethoprim - Tier 1; QL* *polyvinyl alcohol ophthalmic - Tier 1; QL* *proparacaine hcl ophthalmic (generic for ALCAINE) - Tier 1; PA; QL* *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; QL* *REFRESH PLUS (brand for carboxymethylcellulose sod pf) - Tier 2; QL* *REFRESH RELIEVA (brand for lubricant drops/dual-action) - Tier 2; QL* *REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL* *RESTASIS (brand for cyclosporine) - Tier 2* *RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1; QL *restore pm (generic for ALTALUBE) - Tier 1; QL* *RETAINE CMC (brand for carboxymethylcellulose sod pf) - Tier 2; QL* RHOPRESSA - Tier 2; QL ROCKLATAN - 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; QL* *SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *SYSTANE OPHTHALMIC SOLUTION (brand for cvs lubricant drops fast act) - 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* *tetracaine hcl ophthalmic (generic for ALTACAINE) - Tier 1; PA; QL* TOBRADEX ST - Tier 2 *tobramycin-dexamethasone - Tier 1; QL* *tropicamide ophthalmic (generic for MYDRIACYL) - Tier 1; PA; QL* TROPICAMIDE-PHENYLEPHRINE - Tier 2; PA; QL *ultra fresh (generic for ULTRA FRESH) - Tier 1; QL* *ultra fresh pm (generic for ALTALUBE) - Tier 1; QL* *ultra lubricant drop (generic for SYSTANE) - Tier 1; QL* *ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL* *ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL *ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL* *allergy eye drops (generic for ALAWAY) - Tier 1; QL* *cromolyn sodium ophthalmic - Tier 1; QL* CYCLOMYDRIL - Tier 2; QL *eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL* *ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL*	ALOCRIL - Tier 2; PA *azelastine hcl ophthalmic - Tier 1; PA*; QL* *bepotastine besilate solution 1.5 % ophthalmic (generic for BEPREVE) - Tier 1; PA*; QL* *bepotastine besilate solution 1.5 % ophthalmic (generic for BEPREVE) - Tier 1; PA; QL* *BEPREVE (brand for bepotastine besilate) - Tier 2; PA; QL* *epinastine hcl - Tier 1; PA*; QL* LASTACAFT - Tier 2; PA *olopatadine hcl ophthalmic solution 0.1 % (generic for PATADAY) - Tier 1; PA; QL* *olopatadine hcl solution 0.2 % ophthalmic (otc) (generic for PATADAY) - Tier 1; PA; QL* *olopatadine hcl solution 0.2 % ophthalmic (rx) (generic for PATADAY) - Tier 1; PA*; QL* *PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; PA; QL* ZERVIATE - Tier 2; PA; QL

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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* *moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL* *ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL* *sulfacetamide sodium ophthalmic - Tier 1; QL* *tobramycin ophthalmic - Tier 1; QL* XDEMVY - Tier 2; QL	AZASITE SOLUTION 1 % OPHTHALMIC - Tier 2; PA*; QL AZASITE SOLUTION 1 % OPHTHALMIC - Tier 2; PA; QL *bacitracin ophthalmic - Tier 1; 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 solution 0.5 % ophthalmic - Tier 1; PA; QL* *gatifloxacin solution 0.5 % ophthalmic - Tier 1; PA*; QL* KLARITY-A - Tier 2; PA; QL *levofloxacin ophthalmic solution 0.5 % - Tier 1; PA* *OCUFLOX (brand for ofloxacin) - Tier 2; PA; QL* *POVIDONE-IODINE OPHTHALMIC (brand for povidone-iodine) - Tier 2; PA* TOBREX - Tier 2; PA*; QL *VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL*

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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 (generic for ALPHAGAN P) - Tier 1; QL* *brimonidine tartrate-timolol (generic for COMBIGAN) - Tier 1; QL* *brinzolamide (generic for AZOPT) - 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* *dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1; QL* *levobunolol hcl - Tier 1; QL* *methazolamide oral - Tier 1; QL* *pilocarpine hcl ophthalmic solution 1 % - Tier 1; QL* *pilocarpine hcl ophthalmic solution 1.25 % (generic for VUITY) - Tier 1; PA; QL* SIMBRINZA - Tier 2; QL *timolol maleate ocudose (generic for TIMOLOL MALEATE OCUDOSE) - Tier 1; QL* *timolol maleate ophthalmic - Tier 1; QL* *timolol maleate pf ophthalmic solution 0.5 % (generic for TIMOLOL MALEATE OCUDOSE) - Tier 1; QL* *TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (brand for timolol maleate pf) - Tier 2; QL* *VUITY (brand for pilocarpine hcl) - Tier 2; PA; QL*	*apraclonidine hcl - Tier 1; PA*; QL* *AZOPT (brand for brinzolamide) - Tier 2; PA; QL* *betaxolol hcl ophthalmic - Tier 1; PA*; QL* *BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL* BETOPTIC-S - Tier 2; PA*; QL *carteolol hcl - Tier 1; PA*; QL* *COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL* *COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL* IOPIDINE SOLUTION 1 % OPHTHALMIC - Tier 2; PA*; QL IOPIDINE SOLUTION 1 % OPHTHALMIC - Tier 2; PA; QL *ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL* *pilocarpine hcl ophthalmic solution 2 %, 4 % - Tier 1; PA; QL* *timolol hemihydrate (generic for BETIMOL) - Tier 1; PA; QL* *timolol maleate (once-daily) (generic for ISTALOL) - Tier 1; PA; QL* *timolol maleate pf ophthalmic solution 0.25 % (generic for TIMOPTIC OCUDOSE) - Tier 1; PA*; QL* *TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (brand for timolol maleate pf) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
dexamethasone sodium phosphate ophthalmic - Tier 1; QL *diclofenac sodium ophthalmic - Tier 1; QL* *difluprednate (generic for DUREZOL) - Tier 1; QL* *fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL* *flurbiprofen sodium - Tier 1; QL* ILEVRO - Tier 2; QL *ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1* *ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL* *neomycin-polymyxin-dexameth (generic for MAXITROL) - Tier 1; QL* NEVANAC - Tier 2; QL *prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL* *PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; 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) solution 0.09 % ophthalmic - Tier 1; PA*; QL* *bromfenac sodium (once-daily) solution 0.09 % ophthalmic - Tier 1; PA; QL* *bromfenac sodium ophthalmic (generic for BROMSITE) - Tier 1; PA; QL* *BROMSITE (brand for bromfenac sodium) - Tier 2; PA*; QL* *DUREZOL (brand for difluprednate) - Tier 2; PA; QL* EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA*; QL FML FORTE - Tier 2; PA*; QL *FML LIQUIFILM (brand for fluorometholone) - Tier 2; PA; QL* INVELTYS - Tier 2; PA*; QL

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Preferred Agents	Non-Preferred Agents
	LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL LOTEMAX SM - Tier 2; PA *loteprednol etabonate ophthalmic gel (generic for LOTEMAX) - Tier 1; PA; QL* *loteprednol etabonate ophthalmic suspension 0.2 % (generic for ALREX) - Tier 1; PA; QL* *loteprednol etabonate suspension 0.5 % ophthalmic (generic for LOTEMAX) - Tier 1; PA*; QL* *loteprednol etabonate suspension 0.5 % ophthalmic (generic for LOTEMAX) - Tier 1; PA; QL* *loteprednol-tobramycin (generic for ZYLET) - Tier 1; PA; QL* MAXIDEX - Tier 2; PA; QL *MAXITROL (brand for neomycin-polymyxin-dexameth) - Tier 2; PA; QL* *neomycin-polymyxin-hc ophthalmic - Tier 1; PA; QL* *PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL* PRED MILD - Tier 2; PA*; QL *prednisolone sodium phosphate ophthalmic - Tier 1; PA*; QL* PREDNISOLONE-MOXIFLOXACIN SOLUTION 1-0.5 % OPHTHALMIC - Tier 2; PA* PREDNISOLONE-MOXIFLOXACIN SOLUTION 1-0.5 % OPHTHALMIC - Tier 2; PA *PROLENSA (brand for bromfenac sodium) - Tier 2; PA*; QL* *ZYLET (brand for loteprednol-tobramycin) - Tier 2; PA*; QL*

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Preferred Agents	Non-Preferred Agents
Ophthalmic Antivirals - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
NATACYN - Tier 2; QL *trifluridine - Tier 1; QL*	ZIRGAN - Tier 2; PA; QL
Ophthalmic Prostaglandin and Prostamide Analogs - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
IYUZEH - Tier 2; QL *latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL*	*bimatoprost solution 0.03 % ophthalmic - Tier 1; PA*; QL* *bimatoprost solution 0.03 % ophthalmic - Tier 1; PA; QL* *LUMIGAN (brand for bimatoprost) - Tier 2; PA*; QL* *tafluprost (pf) solution 0.0015 % ophthalmic (generic for ZIOPTAN) - Tier 1; PA*; QL* *tafluprost (pf) solution 0.0015 % ophthalmic (generic for ZIOPTAN) - Tier 1; PA; QL* *TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL* *travoprost (bak free) solution 0.004 % ophthalmic (generic for TRAVATAN Z) - Tier 1; PA*; QL* *travoprost (bak free) solution 0.004 % ophthalmic (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*

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Preferred Agents	Non-Preferred Agents
Opioid Analgesics, Long-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
BELBUCA - Tier 2; PA; QL *buprenorphine (generic for BUTRANS) - Tier 1; QL* *BUTRANS (brand for buprenorphine) - Tier 2; QL* *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL* *morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL* *tramadol hcl er - Tier 1; PA; QL; AL*	*CONZIP (brand for tramadol hcl (er biphasic)) - Tier 2; PA; QL; AL* *diskets (generic for DISKETS) - Tier 1; PA; QL* *fentanyl patch 72 hour 37.5 mcg/hr transdermal - Tier 1; PA; QL* *fentanyl patch 72 hour 37.5 mcg/hr transdermal - Tier 1; PA*; QL* *fentanyl patch 72 hour 62.5 mcg/hr transdermal - Tier 1; PA; QL* *fentanyl patch 72 hour 62.5 mcg/hr transdermal - Tier 1; PA*; QL* *fentanyl patch 72 hour 87.5 mcg/hr transdermal - Tier 1; PA; QL* *fentanyl patch 72 hour 87.5 mcg/hr transdermal - Tier 1; PA*; QL* *hydrocodone bitartrate er (generic for HYSINGLA ER) - Tier 1; PA*; QL* *hydromorphone hcl er tablet extended release 24 hour 12 mg oral - Tier 1; PA*; QL* *hydromorphone hcl er tablet extended release 24 hour 12 mg oral - Tier 1; PA; QL* *hydromorphone hcl er tablet extended release 24 hour 16 mg oral - Tier 1; PA*; QL* *hydromorphone hcl er tablet extended release 24 hour 16 mg oral - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
	hydromorphone hcl er tablet extended release 24 hour 32 mg oral - Tier 1; PA; QL* *hydromorphone hcl er tablet extended release 24 hour 32 mg oral - Tier 1; PA; QL* *hydromorphone hcl er tablet extended release 24 hour 8 mg oral - Tier 1; PA*; QL* *hydromorphone hcl er tablet extended release 24 hour 8 mg oral - Tier 1; PA; QL* *HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL* *levorphanol tartrate tablet 2 mg oral (generic for XYVONA) - Tier 1; PA; QL* *levorphanol tartrate tablet 2 mg oral (generic for XYVONA) - Tier 1; PA*; QL* *levorphanol tartrate tablet 3 mg oral (generic for XYVONA) - Tier 1; PA*; QL* *levorphanol tartrate tablet 3 mg 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 - Tier 1; PA*; QL* *MS CONTIN (brand for morphine sulfate er) - Tier 2; PA; QL* OXYCONTIN - Tier 2; PA; QL *oxymorphone hcl er - Tier 1; PA*; QL* *TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR (brand for tramadol hcl (er biphasic)) - Tier 2; PA*; QL; AL*

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Preferred Agents	Non-Preferred Agents
	tramadol hcl (er biphasic) oral tablet extended release 24 hour - Tier 1; PA; QL; AL* *xyvona (generic for XYVONA) - Tier 1; PA; QL*
Opioid Analgesics, Short-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL; AL *acetaminophen-codeine oral tablet - Tier 1; QL; AL* *ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL; AL* *butalbital-apap-caff-cod - Tier 1; QL* *butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL; AL* *codeine sulfate - Tier 1; QL; AL* *endocet oral tablet 2.5-325 mg (generic for ENDOCET) - Tier 1; QL* *hydrocodone-acetaminophen oral solution 10-300 mg/15ml - Tier 1; PA; QL* *hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml - Tier 1; QL* *hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg - Tier 1; QL* *hydrocodone-ibuprofen - Tier 1; QL* *hydromorphone hcl oral tablet (generic for DILAUDID) - Tier 1; QL* *hydromorphone hcl rectal - Tier 1; QL*	*apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA*; QL* *butorphanol tartrate nasal - Tier 1; PA*; QL* *DILAUDID ORAL (brand for hydromorphone hcl) - Tier 2; PA; QL* *endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; PA; QL* FENTANYL CITRATE (BULK) - Tier 2; PA *hydromorphone hcl oral liquid (generic for DILAUDID) - Tier 1; PA*; QL* *meperidine hcl oral solution - Tier 1; PA*; QL* *meperidine hcl tablet 50 mg oral - Tier 1; PA*; QL* *meperidine hcl tablet 50 mg oral - Tier 1; PA; QL* MORPHINE SULFATE (BULK) - Tier 2; PA *morphine sulfate (concentrate) solution 100 mg/5ml oral - Tier 1; PA; QL* *morphine sulfate (concentrate) solution 100 mg/5ml oral - Tier 1; PA*; QL* *morphine sulfate solution 10 mg/5ml oral - Tier 1; PA; QL* *morphine sulfate solution 10 mg/5ml oral - Tier 1; PA*; QL* *morphine sulfate solution 20 mg/5ml oral - Tier 1; PA; QL* *morphine sulfate solution 20 mg/5ml oral - Tier 1; PA*; QL*

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Preferred Agents	Non-Preferred Agents
morphine sulfate oral tablet - Tier 1; QL *morphine sulfate rectal - Tier 1; QL* *oxycodone hcl oral solution - Tier 1; QL* *oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL* *OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 10 MG (brand for oxycodone hcl) - Tier 2; QL* *oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL* *tramadol hcl oral tablet 50 mg, 75 mg - Tier 1; QL; AL* *tramadol-acetaminophen - Tier 1; QL; AL*	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 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - Tier 2; PA; QL* *OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML (brand for oxycodone-acetaminophen) - 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 (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* TRAMADOL HCL ORAL SOLUTION - Tier 2; PA; QL; AL *tramadol hcl oral tablet 25 mg - Tier 1; PA; QL; AL* *tramadol hcl tablet 100 mg oral - Tier 1; PA*; QL; AL* *tramadol hcl tablet 100 mg oral - Tier 1; PA; QL; AL* *TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
BRIXADI - Tier 2; QL BRIXADI (WEEKLY) - Tier 2; QL *buprenorphine hcl sublingual - Tier 1; QL* *buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL* *naltrexone hcl oral - Tier 1; QL* SUBLOCADE - Tier 2; SP; QL *SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL*	*buprenorphine hcl-naloxone hcl sublingual film (generic for SUBOXONE) - Tier 1; PA; QL* ZUBSOLV - Tier 2; PA; QL
Opioid Reversal Agents - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
KLOXXADO - Tier 2; QL *naloxone hcl (generic for NARCAN) - Tier 1; QL* *naloxone hcl injection solution - Tier 1; QL* *naloxone hcl injection solution cartridge - Tier 1; QL* *naloxone hcl injection solution prefilled syringe 2 mg/2ml - Tier 1; QL* *naloxone hcl nasal (generic for NARCAN) - Tier 1; QL* OPVEE - Tier 2; QL *prebiotic fiber (generic for NARCAN) - Tier 1; QL* REXTOVY - Tier 2; QL ZURNAI - Tier 2; QL	*naloxone hcl injection solution prefilled syringe 0.4 mg/ml - Tier 1; PA; QL* *NARCAN (brand for ft naloxone hcl) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Otic Agents - Drugs for the Ear	
Otic Agents - Drugs to Treat Ear Conditions	
acetic acid otic - Tier 1 *ciprofloxacin-dexamethasone - Tier 1; QL* *ciprofloxacin-hydrocortisone (generic for CIPRO HC) - Tier 1; QL* *CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2; QL* *CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2; QL* *DERMOTIC (brand for fluocinolone acetonide) - Tier 2; QL* *ear drops otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *fluocinolone acetonide otic (generic for DERMOTIC) - Tier 1; QL* *hydrocortisone-acetic acid - Tier 1; QL* *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 solution 0.2 % otic (generic for CETRAXAL) - Tier 1; PA; QL* *ciprofloxacin hcl solution 0.2 % otic (generic for CETRAXAL) - Tier 1; PA*; QL* *CIPROFLOXACIN-FLUOCINOLONE PF (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA*; QL* CORTISPORIN-TC - Tier 2; PA*; QL *OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL*
Otic Agents - Drugs to Treat Ear Conditions	
ofloxacin otic - Tier 1; QL	

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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 (generic for MESTINON) - Tier 1; QL*	*MESTINON (brand for pyridostigmine bromide) - Tier 2; 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; QL *lice killing external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL* *lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL* *lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL* *lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL* *lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; QL* *permethrin external - Tier 1; QL* *spinosad (generic for NATROBA) - Tier 1; QL*	*complete lice kit (generic for CVS LICE SOLUTION 3-STEP) - Tier 1; PA* CROTAN - Tier 2; PA*; QL *lice solution 3-step (generic for CVS LICE SOLUTION 3-STEP) - Tier 1; PA* *malathion (generic for OVIDE) - Tier 1; PA*; QL* *NATROBA (brand for spinosad) - Tier 2; PA; QL* *OVIDE (brand for malathion) - Tier 2; PA; QL* PRURADIK - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Phosphate Binders - Phosphate-Removing Agents	
Electrolytes/Minerals/Metals/Vitamins	
calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL *calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL* *lanthanum carbonate (generic for FOSRENOL) - Tier 1; QL* *sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; QL* *sevelamer hcl - Tier 1; QL*	*AURYXIA (brand for ferric citrate) - Tier 2; PA; QL* *FERRIC CITRATE (brand for ferric citrate) - Tier 2; PA; QL* *FOSRENOL (brand for lanthanum carbonate) - Tier 2; PA; QL* *RENVELA (brand for sevelamer carbonate) - Tier 2; PA; QL* *sevelamer carbonate oral packet (generic for RENVELA) - Tier 1; PA; QL* VELPHORO - Tier 2; PA; QL
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
roflumilast (generic for DALIRESP) - Tier 1; PA; QL THEO-24 - Tier 2; QL *theophylline er - Tier 1; QL* *theophylline oral solution - Tier 1; QL*	*DALIRESP (brand for roflumilast) - Tier 2; PA; QL* *elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; PA; QL* *theophylline oral elixir (generic for ELIXOPHYLLIN) - Tier 1; PA; QL*
Platelet Modifying Agents - Platelet Modifying Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
aspirin-dipyridamole er - Tier 1; QL *cilostazol - Tier 1; QL* *clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL* *dipyridamole oral - Tier 1; QL* *prasugrel hcl (generic for EFFIENT) - Tier 1; QL* *ticagrelor (generic for BRILINTA) - Tier 1; QL*	*BRILINTA (brand for ticagrelor) - Tier 2; PA; QL* *EFFIENT (brand for prasugrel hcl) - Tier 2; PA; QL* *PLAVIX (brand for clopidogrel bisulfate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
ELLA - Tier 2; QL	
Progestins	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
	OPILL - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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* DEPO-SUBQ PROVERA 104 - Tier 2; QL *econtra one-step (generic for AFTERA) - Tier 1; QL* *emzahh (generic for CAMILA) - Tier 1; QL* *ENDOMETRIN (brand for progesterone) - Tier 2; PA* *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* KYLEENA - Tier 2; QL *levonorgestrel (generic for AFTERA) - Tier 1; QL* LILETTA (52 MG) - Tier 2; QL *lyleq (generic for CAMILA) - Tier 1; QL*	CRINONE - Tier 2; PA; QL *DEPO-PROVERA (brand for medroxyprogesterone acetate) - Tier 2; PA; QL* *PROMETRIUM (brand for progesterone) - Tier 2; PA; QL* *PROVERA (brand for medroxyprogesterone acetate) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
lyza (generic for CAMILA) - Tier 1; QL *medroxyprogesterone acetate (generic for DEPO-PROVERA) - Tier 1; QL* *megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml - Tier 1; QL* *megestrol acetate oral tablet 20 mg - Tier 1* *megestrol acetate oral tablet 40 mg - Tier 1; QL* *meleya (generic for CAMILA) - Tier 1; QL* MIRENA (52 MG) - Tier 2; 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* NEXPLANON - Tier 2; 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* *orquidea (generic for CAMILA) - Tier 1; QL* *PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL* *progesterone intramuscular - Tier 1; QL* *progesterone oral (generic for PROMETRIUM) - Tier 1; QL* *progesterone vaginal (generic for ENDOMETRIN) - Tier 1; PA* *sharobel (generic for CAMILA) - Tier 1; QL* *shewise (generic for AFTERA) - Tier 1; QL* SKYLA - Tier 2; QL SLYND - Tier 2; QL *take action (generic for AFTERA) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
Protectants - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
misoprostol oral (generic for CYTOTEC) - Tier 1; QL *sucralfate oral (generic for CARAFATE) - Tier 1; QL*	*CARAFATE (brand for sucralfate) - Tier 2; PA; QL* *CYTOTEC (brand for misoprostol) - Tier 2; PA; QL*
Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
esomeprazole magnesium capsule delayed release 20 mg oral (rx) (generic for NEXIUM) - Tier 1; QL *esomeprazole magnesium capsule delayed release 20 mg oral (rx) (generic for NEXIUM) - Tier 1; ST; QL* *omeprazole oral capsule delayed release 20 mg, 40 mg - Tier 1; QL* *omeprazole oral tablet delayed release 20 mg - Tier 1; QL* *pantoprazole sodium oral (generic for PROTONIX) - Tier 1; QL*	*acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; PA; QL* *acid reducer oral tablet delayed release 20 mg (generic for PRILOSEC OTC) - Tier 1; PA* *ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL* *DEXILANT (brand for dexlansoprazole) - Tier 2; PA; QL* *dexlansoprazole capsule delayed release 30 mg oral (generic for DEXILANT) - Tier 1; PA*; QL* *dexlansoprazole capsule delayed release 30 mg oral (generic for DEXILANT) - Tier 1; PA; QL* *dexlansoprazole capsule delayed release 60 mg oral (generic for DEXILANT) - Tier 1; PA*; QL* *dexlansoprazole capsule delayed release 60 mg oral (generic for DEXILANT) - Tier 1; PA; QL* *esomeprazole magnesium capsule delayed release 20 mg oral (rx) (generic for NEXIUM) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
	esomeprazole magnesium oral capsule delayed release 40 mg (generic for NEXIUM) - Tier 1; PA; QL *esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; PA; QL; AL* KONVOMEP - Tier 2; PA; QL *lansoprazole capsule delayed release 15 mg oral (otc) (generic for PREVACID 24HR) - Tier 1; PA; QL* *lansoprazole capsule delayed release 15 mg oral (rx) (generic for PREVACID 24HR) - Tier 1; PA*; QL* *lansoprazole capsule delayed release 30 mg oral (generic for PREVACID) - Tier 1; PA; QL* *lansoprazole capsule delayed release 30 mg oral (generic for PREVACID) - Tier 1; PA*; QL* *lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; PA; QL* *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL*

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Preferred Agents	Non-Preferred Agents
	lansoprazole tablet delayed release dispersible 15 mg oral (rx) (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL* *lansoprazole tablet delayed release dispersible 15 mg oral (rx) (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL* *lansoprazole tablet delayed release dispersible 30 mg oral (generic for PREVACID SOLUTAB) - Tier 1; PA*; QL; AL* *lansoprazole tablet delayed release dispersible 30 mg oral (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL* *NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for esomeprazole magnesium) - Tier 2; PA; QL* *NEXIUM ORAL PACKET (brand for esomeprazole magnesium) - Tier 2; PA; QL; AL* *omep/sod bicarb (generic for ZEGERID OTC) - Tier 1; PA; QL* *omeprazole capsule delayed release 10 mg oral - Tier 1; PA; QL* *omeprazole capsule delayed release 10 mg oral - Tier 1; PA*; QL* *omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; PA*

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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* *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; AL* PRILOSEC - Tier 2; PA; QL *PRILOSEC OTC (brand for acid reducer) - Tier 2; PA* *PROTONIX ORAL (brand for pantoprazole sodium) - Tier 2; PA; QL* *rabeprazole sodium tablet delayed release 20 mg oral (generic for ACIPHEX) - Tier 1; PA*; QL* *rabeprazole sodium tablet delayed release 20 mg oral (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; AL

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Preferred Agents	Non-Preferred Agents
Pulmonary Antihypertensives - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
ADEMPAS - Tier 2; PA; SP; QL	*ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL*
ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL	*alyq (generic for ALYQ) - Tier 1; PA; SP; QL*
bosentan oral tablet (generic for TRACLEER) - Tier 1; PA; SP; QL	*LETAIRIS (brand for ambrisentan) - Tier 2; PA; SP; QL*
bosentan oral tablet soluble (generic for TRACLEER) - Tier 1; PA; SP; QL; AL	OPSUMIT - Tier 2; PA*; SP; QL
sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; PA; SP; QL	ORENITRAM - Tier 2; PA; SP; QL
tadalafil (pah) oral tablet 20 mg (generic for ALYQ) - Tier 1; PA; SP; QL	ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL
tadalafil (pah) oral tablet 20 mg (generic for ALYQ) - Tier 1; PA; SP; QL	ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL
TYVASO - Tier 2; PA; SP; QL	ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL
TYVASO DPI INSTITUTIONAL KIT - Tier 2; PA; SP; QL	*REVATIO ORAL (brand for sildenafil citrate) - Tier 2; PA; SP; QL*
TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL	*sildenafil citrate oral suspension reconstituted - Tier 1; PA; SP; QL*
TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL	TADLIQ - Tier 2; PA; SP; QL
TYVASO REFILL KIT - Tier 2; PA; SP; QL	*TRACLEER 62.5 MG, 125 MG (brand for bosentan) - Tier 2; PA; SP; QL*
TYVASO STARTER KIT - Tier 2; PA; SP; QL	*TRACLEER 32 MG (brand for bosentan) - Tier 2; PA; SP; QL; AL*
	YUTREPIA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
UPTRAVI - Tier 2; PA; SP; QL UPTRAVI TITRATION - Tier 2; PA; SP; QL	
Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
OFEV - Tier 2; PA; SP; QL *pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL*	*ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL*
Quinolones - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL *ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL* *levofloxacin oral tablet - Tier 1; QL* *moxifloxacin hcl oral - Tier 1*	BAXDELA ORAL - Tier 2; PA; QL *CIPRO ORAL TABLET (brand for ciprofloxacin hcl) - Tier 2; PA; QL* *levofloxacin solution 25 mg/ml oral - Tier 1; PA; QL* *levofloxacin solution 25 mg/ml oral - Tier 1; PA*; QL* *ofloxacin oral - Tier 1; PA*; QL*

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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 cough relief (generic for DELSYM) - Tier 1; QL *acetylcysteine inhalation - Tier 1; QL* *altarussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *altarussin dm - Tier 1; QL; AL* *ANORO ELLIPTA (brand for umeclidinium-vilanterol) - Tier 2; PA; QL* *breyna (generic for BREYNA) - Tier 1; QL* *BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL* *budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; QL* *chest congestion relief dm oral syrup - Tier 1; QL; AL* *chest congestion relief oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *chest congestion relief oral tablet (generic for XPECT) - Tier 1; QL* COMBIVENT RESPIMAT - Tier 2; QL *cough dm childrens (generic for DELSYM) - Tier 1; QL* *cough dm er (generic for DELSYM) - Tier 1; QL*	*ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL* *ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL* AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION - Tier 2; PA*; QL AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION - Tier 2; PA; QL *APRODINE (brand for cold & allergy d max strength) - Tier 2; PA* BEVESPI AEROSPHERE - Tier 2; PA*; QL *BREO ELLIPTA (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* BREZTRI AEROSPHERE - Tier 2; PA*; QL CINQAIR - Tier 2; PA; SP; QL; AL CLARINEX-D 12 HOUR - Tier 2; PA*; QL *cold & allergy - Tier 1; PA* *cold & allergy d max strength (generic for APRODINE) - Tier 1; PA* DUAKLIR PRESSAIR - Tier 2; PA; QL *FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA*; QL*

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Preferred Agents	Non-Preferred Agents
cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL *DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL* *DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL* *dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL* *dextromethorphan-guaifenesin oral syrup - Tier 1; QL; AL* DULERA - Tier 2; QL FASENRA PEN - Tier 2; PA; SP; QL FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML - Tier 2; PA; QL FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML - Tier 2; PA; SP; QL; AL *fluticasone-salmeterol aerosol powder breath activated 100-50 mcg/act inhalation (generic for WIXELA INHUB) - Tier 1; QL* *fluticasone-salmeterol aerosol powder breath activated 500-50 mcg/act inhalation (generic for WIXELA INHUB) - Tier 1; QL*	FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; PA; QL HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % - Tier 2; PA; QL LIDOCAINE HCL-OXYMETAZOLINE - Tier 2; PA RYNEX PE - Tier 2; PA *rynex pse - Tier 1; PA* TEZSPIRE - Tier 2; PA; SP; QL TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION - Tier 2; PA*; QL TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT INHALATION - Tier 2; PA; QL TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT - Tier 2; PA*; QL *wixela inhub (generic for WIXELA INHUB) - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; QL *fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL* *fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL* *geri-tussin dm oral syrup - Tier 1; QL; AL* *geri-tussin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* GLASSIA INTRAVENOUS SOLUTION 4 GM/200ML, 5 GM/250ML - Tier 2; PA; QL GRASTEK - Tier 2; PA; QL *guaifed (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
guaifenesin oral liquid (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL *guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1; QL* *guaifenesin-dm oral syrup - Tier 1; QL; AL* *HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2; QL* *ipratropium-albuterol - Tier 1; QL* *MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL; AL* *medifin 400 (generic for XPECT) - Tier 1; QL* *medifin mucus relief child (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL; AL* *MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL* *MUCOLYTE (brand for altarussin) - Tier 2; QL; AL*	

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Preferred Agents	Non-Preferred Agents
mucus & chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL *mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL* *mucus er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *mucus extended release oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief 12hr max str (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1; QL* *mucus relief childrens oral liquid 100 mg/5ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *mucus relief er (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief er max st (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
mucus relief oral tablet (generic for XPECT) - Tier 1; QL *mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL* *nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2; QL* ODACTRA - Tier 2; PA; QL ORALAIR - Tier 2; PA; QL; AL ORALAIR ADULT STARTER PACK - Tier 2; PA; QL; AL *pharbinex (generic for XPECT) - Tier 1; QL* *pirfenidone oral capsule - Tier 1; PA; SP; QL* *pirfenidone oral tablet 534 mg - Tier 1; PA; SP; QL*	

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Preferred Agents	Non-Preferred Agents
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL *PULMOSAL (brand for sodium chloride) - Tier 2; QL* RAGWITEK - Tier 2; PA; QL *refenesen 400 (generic for XPECT) - Tier 1; QL* *ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL* *ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL* *sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL* *sodium chloride inhalation (generic for HYPERSAL) - Tier 1; QL* STIOLTO RESPIMAT - Tier 2; QL *SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL* *sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL* *sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL* *SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; QL* *tab tussin (generic for XPECT) - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
tussin (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL *tussin adult chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin adult oral liquid 200 mg/10ml (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin dm oral syrup - Tier 1; QL; AL* *tussin mucus & chest congest (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congest sf (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congestion (generic for BUCKLEYS CHEST CONGESTION) - Tier 1; QL; AL* *UMECLIDINIUM-VILANTEROL (brand for umeclidinium-vilanterol) - Tier 2; PA; QL* XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL *XPECT (brand for chest congestion relief) - Tier 2; QL* ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG - Tier 2; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
altamist spray (generic for AYR) - Tier 1; QL *AYR (brand for altamist spray) - Tier 2; QL* *BABY AYR SALINE (brand for altamist spray) - Tier 2; QL* *deep sea nasal spray (generic for AYR) - Tier 1; QL* *nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; QL* *NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2; QL* *nasal moisturizing spray (generic for AYR) - Tier 1; QL* *nasal spray saline (generic for AYR) - Tier 1; QL* *non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; QL* *OCEAN FOR KIDS (brand for altamist spray) - Tier 2; QL* *saline mist spray (generic for AYR) - Tier 1; QL* *saline nasal spray (generic for AYR) - Tier 1; QL* *sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1; QL* *TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2; QL*	*cold relief oral tablet 12.5-500 mg (generic for PERCOGESIC EXTRA STRENGTH) - Tier 1; PA* *severe allergy (generic for PERCOGESIC EXTRA STRENGTH) - Tier 1; PA* THERAFLU SEVERE COLD DAYTIME - Tier 2; PA
Retinoids - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
bexarotene (generic for TARGRETIN) - Tier 1; PA; SP; QL *tretinoin oral - Tier 1; PA; SP; QL*	*TARGRETIN (brand for bexarotene) - Tier 2; PA; SP; QL*

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Preferred Agents	Non-Preferred Agents
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
raloxifene hcl (generic for EVISTA) - Tier 1; QL	*EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL* OSPHENA - Tier 2; PA; QL; GE
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
naratriptan hcl - Tier 1; QL *rizatriptan benzoate (generic for MAXALT) - Tier 1; QL* *sumatriptan nasal - Tier 1; QL* *sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL* *sumatriptan succinate subcutaneous solution - Tier 1; QL* *zolmitriptan oral tablet (generic for ZOMIG) - Tier 1; QL*	*almotriptan malate - Tier 1; PA*; QL* *eletriptan hydrobromide oral tablet 20 mg (generic for RELPAX) - Tier 1; PA*; QL* *eletriptan hydrobromide tablet 40 mg oral (generic for RELPAX) - Tier 1; PA*; QL* *eletriptan hydrobromide tablet 40 mg oral (generic for RELPAX) - Tier 1; PA; QL* *FROVA ORAL TABLET 2.5 MG (brand for frovatriptan succinate) - Tier 2; 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* *RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	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 solution 5 mg nasal (generic for ZOMIG) - Tier 1; PA*; QL* *zolmitriptan solution 5 mg nasal (generic for ZOMIG) - Tier 1; PA; QL* *zolmitriptan tablet dispersible 2.5 mg oral - Tier 1; PA; QL* *zolmitriptan tablet dispersible 2.5 mg oral - Tier 1; PA*; QL* *zolmitriptan tablet dispersible 5 mg oral - Tier 1; PA; QL* *zolmitriptan tablet dispersible 5 mg oral - 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*

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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 *cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL* *metaxalone oral tablet 400 mg, 800 mg - Tier 1; QL* *methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL* *tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*	*AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA* *carisoprodol oral (generic for SOMA) - Tier 1; PA; QL* *chlorzoxazone tablet 250 mg oral - Tier 1; PA*; QL* *chlorzoxazone tablet 250 mg oral - Tier 1; PA; QL* *chlorzoxazone tablet 375 mg oral - Tier 1; PA** *chlorzoxazone tablet 375 mg oral - Tier 1; PA* *chlorzoxazone tablet 500 mg oral - Tier 1; PA*; QL* *chlorzoxazone tablet 500 mg oral - Tier 1; PA; QL* *chlorzoxazone tablet 750 mg oral - Tier 1; PA** *chlorzoxazone tablet 750 mg oral - Tier 1; PA* *cyclobenzaprine hcl er (generic for AMRIX) - Tier 1; PA* *cyclobenzaprine hcl oral tablet 7.5 mg (generic for FEXMID) - Tier 1; PA; QL* *DANTRIUM ORAL (brand for dantrolene sodium) - Tier 2; PA; QL* *dantrolene sodium oral (generic for DANTRIUM) - Tier 1; PA*; QL* ENOVARX-CYCLOBENZAPRINE HCL - Tier 2; PA *FEXMID (brand for cyclobenzaprine hcl) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	methocarbamol oral tablet 1000 mg (generic for TANLOR) - Tier 1; PA *NORGESIC (brand for orphenadrine-aspirin-caffeine) - Tier 2; PA; QL* *NORGESIC FORTE (brand for norgesic forte) - Tier 2; PA; QL* *orphenadrine citrate er tablet extended release 12 hour 100 mg oral - Tier 1; PA*; QL* *orphenadrine citrate er tablet extended release 12 hour 100 mg oral - 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* *TANLOR (brand for methocarbamol) - Tier 2; PA* *tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg - Tier 1; PA; QL* *ZANAFLEX ORAL TABLET (brand for tizanidine hcl) - Tier 2; PA; QL*
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
baclofen oral suspension (generic for FLEQSUVY) - Tier 1; PA; QL *baclofen oral tablet 5 mg - Tier 1; QL*	*baclofen oral solution (generic for OZOBAX DS) - Tier 1; PA* *baclofen oral tablet 15 mg - Tier 1; PA; QL* *FLEQSUVY (brand for baclofen) - Tier 2; PA; QL* *OZOBAX DS (brand for baclofen) - Tier 2; PA*

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Preferred Agents	Non-Preferred Agents
Sleep Disorders, Other - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
armodafinil (generic for NUVIGIL) - Tier 1; PA; QL; AL *modafinil oral (generic for PROVIGIL) - Tier 1; PA; QL; AL* *ramelteon (generic for ROZEREM) - Tier 1; PA; QL; AL*	BELSOMRA - Tier 2; PA; QL; AL DAYVIGO - Tier 2; PA; QL *doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL; AL* *HETLIOZ (brand for tasimelteon) - Tier 2; PA; SP; QL; AL* HETLIOZ LQ - Tier 2; PA; SP; QL *NUVIGIL (brand for armodafinil) - Tier 2; PA; QL; AL* *PROVIGIL (brand for modafinil) - Tier 2; PA; QL; AL* QUVIVIQ - Tier 2; PA; QL *ROZEREM (brand for ramelteon) - Tier 2; PA; QL; AL* *SILENOR (brand for doxepin hcl) - Tier 2; PA; QL; AL* *sodium oxybate solution 500 mg/ml oral (generic for XYREM) - Tier 1; PA; SP; QL* *SODIUM OXYBATE SOLUTION 500 MG/ML ORAL (brand for sodium oxybate) - Tier 2; PA; SP; QL* SUNOSI - Tier 2; PA; QL *tasimelteon capsule 20 mg oral (generic for HETLIOZ) - Tier 1; PA*; SP; QL; AL* *tasimelteon capsule 20 mg oral (generic for HETLIOZ) - Tier 1; PA; SP; QL; AL* WAKIX - Tier 2; PA; 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	
bupropion hcl er (smoking det) - Tier 1; QL *habitrol (generic for HABITROL) - Tier 1; QL* *NICODERM CQ (brand for cvs nicotine) - Tier 2; QL* *NICORETTE (brand for cvs nicotine) - Tier 2; QL* *NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL* *NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL* *nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine mini (generic for KLS QUIT2) - Tier 1; QL* *nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL*	*CHANTIX (brand for varenicline tartrate) - Tier 2; PA; QL* *CHANTIX CONTINUING MONTH PAK (brand for varenicline tartrate) - Tier 2; PA; QL* *CHANTIX STARTING MONTH PAK (brand for varenicline tartrate (starter)) - Tier 2; PA; QL* *nicotine transdermal kit 21-14-7 mg/24hr - Tier 1; PA; QL* NICOTROL NS - Tier 2; PA; QL

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

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Preferred Agents	Non-Preferred Agents
Sodium Channel Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
carbamazepine er (generic for CARBATROL) - Tier 1; QL *carbamazepine oral suspension 100 mg/5ml (generic for TEGRETOL) - Tier 1; QL* *carbamazepine oral tablet (generic for TEGRETOL) - Tier 1; QL* *carbamazepine oral tablet chewable - Tier 1; QL* *CARBATROL (brand for carbamazepine er) - Tier 2; QL* DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL *fosphenytoin sodium injection solution 500 mg pe/10ml (generic for CEREBYX) - Tier 1; PA; QL* *lacosamide oral (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* *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* *TEGRETOL (brand for carbamazepine) - Tier 2; QL* *TEGRETOL-XR (brand for carbamazepine er) - Tier 2; QL* *TRILEPTAL ORAL SUSPENSION (brand for oxcarbazepine) - Tier 2; QL; AL*	*APTIOM (brand for eslicarbazepine acetate) - Tier 2; PA; QL* *BANZEL (brand for rufinamide) - Tier 2; PA; QL* *CEREBYX INJECTION SOLUTION 500 MG PE/10ML (brand for fosphenytoin sodium) - 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; QL* *lacosamide intravenous (generic for VIMPAT) - Tier 1; PA; QL* MOTPOLY XR - Tier 2; PA; QL *oxcarbazepine er (generic for OXTELLAR XR) - Tier 1; PA; QL* *OXTELLAR XR (brand for oxcarbazepine er) - Tier 2; PA; QL* *rufinamide oral suspension 40 mg/ml (generic for BANZEL) - Tier 1; PA; QL* *rufinamide oral tablet (generic for BANZEL) - Tier 1; PA; QL* *TRILEPTAL ORAL TABLET (brand for oxcarbazepine) - Tier 2; PA; QL* *VIMPAT INTRAVENOUS (brand for lacosamide) - Tier 2; PA; QL* *VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL*

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Preferred Agents	Non-Preferred Agents
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	
Antidepressants - Drugs to Treat Depression	
citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL DESVENLAFAXINE ER - Tier 2; QL *desvenlafaxine succinate er (generic for PRISTIQ) - Tier 1; QL* *escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL* FETZIMA - Tier 2; QL FETZIMA TITRATION - Tier 2; QL *fluoxetine hcl oral capsule - Tier 1; QL* *fluoxetine hcl oral solution - Tier 1; QL* *fluvoxamine maleate - Tier 1; QL* LYBALVI - Tier 2; PA; QL; AL *paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL* *PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; QL* *sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL* *trazodone hcl oral - Tier 1; QL* *venlafaxine hcl - Tier 1; QL* *venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL*	*CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL* CITALOPRAM HYDROBROMIDE ORAL CAPSULE - Tier 2; PA; QL *citalopram hydrobromide oral solution 10 mg/5ml - Tier 1; PA; QL* DRIZALMA SPRINKLE - Tier 2; PA; QL *EFFEXOR XR (brand for venlafaxine hcl er) - Tier 2; PA; QL* ESCITALOPRAM OXALATE ORAL CAPSULE - Tier 2; PA; QL *escitalopram oxalate oral solution - Tier 1; PA; QL* *fluoxetine hcl (pmdd) - Tier 1; PA; QL* *fluoxetine hcl oral capsule delayed release - Tier 1; PA; QL* *fluoxetine hcl oral tablet - Tier 1; PA; QL* *fluvoxamine maleate er - Tier 1; PA; QL* *LEXAPRO (brand for escitalopram oxalate) - Tier 2; PA; QL* *nefazodone hcl - Tier 1; PA; QL* *olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg - Tier 1; PA; QL; AL* *paroxetine hcl er (generic for PAXIL CR) - Tier 1; PA; QL* *paroxetine hcl oral suspension - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
venlafaxine hcl er oral tablet extended release 24 hour 225 mg - Tier 1; QL	*paroxetine mesylate - Tier 1; PA; QL* *PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL* *PAXIL CR (brand for paroxetine hcl er) - Tier 2; PA; QL* RALDESY - Tier 2; PA *sertraline hcl oral capsule - Tier 1; PA; QL* *sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; PA; QL* TRINTELLIX - Tier 2; PA; QL *venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg - Tier 1; PA; QL* *VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL* *vilazodone hcl (generic for VIIBRYD) - Tier 1; PA; QL* *ZOLOFT (brand for sertraline hcl) - Tier 2; PA; QL*
Sulfonamides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
sulfadiazine oral - Tier 1; QL *sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL* *sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL* *sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL*	*BACTRIM (brand for sulfamethoxazole-trimethoprim) - Tier 2; PA; QL* *BACTRIM DS (brand for sulfamethoxazole-trimethoprim) - Tier 2; 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*

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Preferred Agents	Non-Preferred Agents
Tetracyclines - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
doxy 100 (generic for DOXY 100) - Tier 1; PA; QL *doxycycline hyclate intravenous (generic for DOXY 100) - Tier 1; PA; QL* *doxycycline hyclate oral capsule - Tier 1; QL* *doxycycline hyclate oral tablet (generic for TARGADOX) - Tier 1; QL* *doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL* *doxycycline monohydrate oral capsule 50 mg - Tier 1; QL* *doxycycline monohydrate oral tablet - Tier 1; QL* *minocycline hcl oral capsule - Tier 1; QL* *TARGADOX (brand for doxycycline hyclate) - Tier 2; QL* *tetracycline hcl oral capsule - Tier 1; QL; AL*	AVIDOXY - Tier 2; PA; QL *demeclocycline hcl tablet 150 mg oral - Tier 1; PA; QL* *demeclocycline hcl tablet 150 mg oral - Tier 1; PA*; QL* *demeclocycline hcl tablet 300 mg oral - Tier 1; PA; QL* *demeclocycline hcl tablet 300 mg oral - Tier 1; PA*; QL* DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL - Tier 2; PA*; QL DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL - Tier 2; PA; QL *doxycycline (generic for ORACEA) - Tier 1; PA; QL* *doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg - Tier 1; PA*; QL* DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG - Tier 2; PA*; QL *doxycycline monohydrate capsule 150 mg oral - Tier 1; PA*; QL* *doxycycline monohydrate capsule 150 mg oral - Tier 1; PA; QL* *doxycycline monohydrate capsule 75 mg oral - Tier 1; PA*; QL*

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Preferred Agents	Non-Preferred Agents
	doxycycline monohydrate capsule 75 mg oral - Tier 1; PA; QL *doxycycline monohydrate suspension reconstituted 25 mg/5ml oral - Tier 1; PA; QL* *doxycycline monohydrate suspension reconstituted 25 mg/5ml oral - Tier 1; PA*; QL* *minocycline hcl er - Tier 1; PA; QL* *minocycline hcl tablet 100 mg oral - Tier 1; PA*; QL* *minocycline hcl tablet 100 mg oral - Tier 1; PA; QL* *minocycline hcl tablet 50 mg oral - Tier 1; PA*; QL* *minocycline hcl tablet 50 mg oral - Tier 1; PA; QL* *minocycline hcl tablet 75 mg oral - Tier 1; PA; QL* *minocycline hcl tablet 75 mg oral - Tier 1; PA*; QL* *MONDOXYNE NL (brand for doxycycline monohydrate) - Tier 2; PA; QL* NUZYRA ORAL - Tier 2; PA*; QL *ORACEA (brand for doxycycline) - Tier 2; PA; QL* TETRACYCLINE HCL ORAL TABLET - Tier 2; PA; QL
Treatment Adjuncts - Supportive Chemotherapy Drugs	
Antineoplastics - Drugs to Treat Cancer	
	mesna oral (generic for MESNEX) - Tier 1; PA; SP; QL *MESNEX ORAL (brand for mesna) - Tier 2; PA; SP; QL*
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*

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Preferred Agents	Non-Preferred Agents
Tricyclics - Antidepressants	
Antidepressants - Drugs to Treat Depression	
amitriptyline hcl oral - Tier 1; QL *amoxapine - Tier 1* *chlordiazepoxide-amitriptyline - Tier 1; QL* *clomipramine hcl oral (generic for ANAFRANIL) - Tier 1* *desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL* *doxepin hcl oral capsule - Tier 1; QL* *doxepin hcl oral concentrate - Tier 1; QL* *imipramine hcl oral - Tier 1; QL* *imipramine pamoate - Tier 1; QL* *nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL* *perphenazine-amitriptyline - Tier 1; QL; AL* *protriptyline hcl - Tier 1; QL* *trimipramine maleate oral - Tier 1; QL*	*ANAFRANIL (brand for clomipramine hcl) - Tier 2; PA* *NORPRAMIN (brand for desipramine hcl) - Tier 2; PA; QL* *PAMELOR (brand for nortriptyline hcl) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Vaccines	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ABRYSVO - Tier 2; QL; AL ACTHIB - Tier 2; QL ADACEL - Tier 2; QL AFLURIA - Tier 2; QL; AL AFLURIA PRESERVATIVE FREE - Tier 2; QL; AL AREXVY - Tier 2; QL; AL BEXSERO - Tier 2; QL BOOSTRIX - Tier 2; QL COMIRNATY - Tier 2; QL; AL COMIRNATY 5-11 YEARS - Tier 2; QL; AL 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; AL	

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Preferred Agents	Non-Preferred Agents
FLULAVAL - Tier 2; QL; AL FLUMIST - Tier 2; QL; AL FLUZONE HIGH-DOSE - Tier 2; QL; AL FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL; AL GARDASIL 9 - Tier 2; QL HAVRIX - Tier 2; QL HEPLISAV-B - Tier 2; AL HIBERIX - Tier 2; QL INFANRIX - Tier 2; QL IPOL - Tier 2; QL IXIARO - Tier 2; AL MENQUADFI - Tier 2; QL MENVEO - Tier 2; QL M-M-R II - Tier 2; QL MNEXSPIKE - Tier 2 PEDIARIX - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
PEDVAX HIB - Tier 2; QL PENBRAYA - Tier 2; AL PENMENVY - Tier 2 PENTACEL - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL; AL PREVNAR 20 - Tier 2; QL; AL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL RECOMBIVAX HB - Tier 2; QL ROTATEQ - Tier 2; QL SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED - Tier 2; QL; AL SPIKEVAX - Tier 2; QL; AL SPIKEVAX 6M-11Y - Tier 2; AL TENIVAC - Tier 2; QL TRUMENBA - Tier 2; QL TWINRIX - Tier 2; QL TYPHIM VI - Tier 2; AL VAQTA - Tier 2; QL VARIVAX - Tier 2; QL VAXCHORA - Tier 2; AL VAXELIS - Tier 2; QL VAXNEUVANCE - Tier 2; QL; AL VIVOTIF - Tier 2; AL YF-VAX - Tier 2; AL	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
hydralazine hcl oral - Tier 1; QL *minoxidil oral - Tier 1; QL*	

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Preferred Agents	Non-Preferred Agents
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL *isosorbide mononitrate - Tier 1; QL* *isosorbide mononitrate er - Tier 1; QL* NITRO-BID - Tier 2; QL NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR - Tier 2; QL *nitroglycerin rectal (generic for RECTIV) - Tier 1; PA; QL* *nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg (generic for NITROSTAT) - Tier 1; QL* *nitroglycerin sublingual tablet sublingual 0.4 mg (generic for NITROSTAT) - Tier 1; QL* *nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL* NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG - Tier 2; QL	*ISORDIL TITRADOSE (brand for isosorbide dinitrate) - Tier 2; PA; QL* *NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (brand for nitroglycerin) - Tier 2; 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*

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Preferred Agents	Non-Preferred Agents
Vitamins	
Electrolytes/Minerals/Metals/Vitamins	
ACTIVITE (brand for activite) - Tier 2; QL *AFLORA (brand for b-plex plus) - Tier 2; QL* *AIRAVITE (brand for folbee) - Tier 2* *ALIVE KIDS PREMIUM (brand for cvs gummy dinos) - Tier 2; QL* *b-1 - Tier 1; QL* *b6 - Tier 1; QL* *BACMIN (brand for b-plex plus) - Tier 2; QL* *BIOCEL (brand for b-plex plus) - Tier 2; QL* *b-plex - Tier 1; QL* *b-plex plus (generic for AFLORA) - Tier 1; QL* *calcidol (generic for CALCIDOL) - Tier 1; QL* *CENTRUM KIDS MULTIGUMMIES (brand for cvs gummy dinos) - Tier 2; QL* *cerovite jr (generic for CEROVITE JR) - Tier 1; QL* *chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL* *childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL*	*b-12 oral tablet 1000 mcg - Tier 1; PA* *b12 sublingual tablet sublingual 2500 mcg - Tier 1; PA* *cod liver oil oral oil - Tier 1; PA* *cyanocobalamin sublingual - Tier 1; PA* ELDERTONIC - Tier 2; PA OBSTETRIX ONE - Tier 2; PA *prenatal fa + dha + choline - Tier 1; PA* TRUE VITAMIN B12 ORAL TABLET 1000 MCG - Tier 2; PA *vitamin b12 oral tablet 100 mcg, 1000 mcg - Tier 1; PA* *vitamin b-12 oral tablet 100 mcg, 1000 mcg - Tier 1; PA* *vitamin b-12 oral tablet extended release 2000 mcg - Tier 1; PA* *vitamin b-12 sublingual tablet sublingual 2500 mcg - Tier 1; PA*

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Preferred Agents	Non-Preferred Agents
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL *childrens multi (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* *classic prenatal - Tier 1; QL* COMPLETE NATAL DHA - Tier 2; QL COMPLETENATE - Tier 2; QL *CO-NATAL FA (brand for prenatabs fa) - Tier 2; QL* *COREVIA (brand for b-plex plus) - Tier 2; QL* *cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL* *DERMACINRX MULTITAM (brand for b-plex plus) - Tier 2; QL* *DERMACINRX RIBOTIN-E (brand for b-plex plus) - Tier 2; QL* *DEXIFOL (brand for folbee plus) - Tier 2; QL* *DIALYVITE (brand for activite) - Tier 2; QL* *DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL* DIALYVITE 800/ZINC - Tier 2; QL DIALYVITE 800-ZINC 15 - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
DIALYVITE SUPREME D (brand for b-plex plus) - Tier 2; QL DIALYVITE/ZINC - Tier 2; QL *EMERGEN-C KIDZ DAILY IMMUNE (brand for cvs gummy dinos) - Tier 2; QL* *EMERGEN-C KIDZ IMMUNE+ (brand for cvs gummy dinos) - Tier 2; QL* ENFAMIL EXPECTA - Tier 2; QL *ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL* *ergocalciferol oral solution 200 mcg/ml (generic for CALCIDOL) - Tier 1; QL* *EVERVITA (brand for b-plex plus) - Tier 2; QL* *fa-8 - Tier 1; QL* *FINAZOL (brand for b-plex plus) - Tier 2; QL* *FLINTSTONES + EXTRA IRON (brand for cvs gummy dinos) - Tier 2; QL* *FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; QL* *FLORRAXYL (brand for b-plex plus) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
FLOTREX (brand for multivitamin w/fluoride) - Tier 2; QL *FOLAPRIME (brand for b-plex plus) - Tier 2; QL* *FOLATEN (brand for b-plex plus) - Tier 2; QL* *folic acid injection solution 5 mg/ml - Tier 1; PA; QL* *folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL* *FOLIFLEX (brand for b-plex plus) - Tier 2; QL* *FOLITIN-Z (brand for b-plex plus) - Tier 2; QL* *full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL* *growing bones & muscles kids (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* *gummy dinos (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* *gummy multivitamin kids (generic for ALIVE KIDS PREMIUM) - Tier 1; QL* HYLAVITE - Tier 2; QL *LYSIPLEX PLUS ORAL TABLET (brand for b-plex plus) - Tier 2; QL* *MATRONEX (brand for prenatal) - Tier 2; QL* *MEDI TAB (brand for b-plex plus) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
MI-VITE RX (brand for activite) - Tier 2; QL *M-NATAL PLUS (brand for prenatal) - Tier 2; QL* *multivitamin w/fluoride (generic for FLOTREX) - Tier 1; QL* *multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL* *multivitamin/fluoride oral suspension (generic for POLY-VI-FLOR) - Tier 1; QL* *multivitamin/fluoride oral tablet chewable 0.25 mg, 1 mg (generic for FLOTREX) - Tier 1; QL* *multi-vitamin/fluoride/iron - Tier 1; QL* *MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 1 MG (brand for multivitamin w/fluoride) - Tier 2; QL* *MYNEPHRON (brand for triphrocaps) - Tier 2; QL* *NEONATAL COMPLETE (brand for prenatal) - Tier 2; QL* *NEONATAL PLUS (brand for prenatal) - Tier 2; QL* *NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; QL* *NEONATAL VITAMIN (brand for cvs prenatal) - Tier 2; QL* *NEO-VITAL RX (brand for neo-vital rx) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
NEPHPLEX RX - Tier 2; QL *nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL* *NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL* *niacin er oral tablet extended release 500 mg (generic for ENDUR-ACIN) - Tier 1; QL* *niacin oral tablet 100 mg - Tier 1; QL* *NIVA-PLUS (brand for prenatal) - Tier 2; QL* *NUFOL (brand for folbee) - Tier 2* *NUTRALYN (brand for b-plex plus) - Tier 2; QL* *NUTRIFAC ZX (brand for b-plex plus) - Tier 2; QL* *ONE VITE WOMENS (brand for cvs prenatal) - Tier 2; QL* *ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL* *ONENATAL RX (brand for neo-vital rx) - Tier 2; QL* *phytonadione oral - Tier 1; QL* *pnv 27-ca/fe/fa - Tier 1; QL* *pnv-dha - Tier 1; QL* *POLY-VI-FLOR (brand for multivitamin w/fluoride) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
PRENATABS RX (brand for thrivite rx) - Tier 2; QL *prenatal 19 - Tier 1; QL* *prenatal multivit plus folate - Tier 1; QL* *prenatal multivitamins - Tier 1; QL* *prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal oral tablet 28-0.8 mg - Tier 1; QL* *prenatal plus (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL* *prenatal tablet 27-0.8 mg oral (otc) (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal vitamins (generic for NEONATAL VITAMIN) - Tier 1; QL* *prenatal/folic acid - Tier 1; QL* *prenatal/iron - Tier 1; QL* *PRENATRYL (brand for prenatal) - Tier 2; QL* *pyridoxine hcl oral - Tier 1; QL* *pyridoxine hcl solution 100 mg/ml injection - Tier 1; QL* PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION - Tier 2; QL *RELEVIA (brand for prenatal) - Tier 2; QL* *RENAL (brand for triphrocaps) - Tier 2; QL* *rena-vite (generic for DIALYVITE 800) - Tier 1; QL* SE-NATAL 19 - Tier 2; QL *thiamine hcl injection - Tier 1; PA; QL* *thiamine hcl oral - Tier 1; QL* *thiamine mononitrate oral - Tier 1; QL* *THRIVITE RX (brand for thrivite rx) - Tier 2; QL* TRINATAL RX 1 - Tier 2; QL TRINATE - Tier 2; QL *triphrocaps (generic for MYNEPHRON) - Tier 1; QL* *TRI-VI-FLOR (brand for multivitamin/fluoride) - Tier 2; QL*	

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Preferred Agents	Non-Preferred Agents
TRI-VITAMIN WITH FLUORIDE (brand for multivitamin/fluoride) - Tier 2; QL *tri-vite pediatric - Tier 1; QL* *TRONVITE (brand for activite) - Tier 2; QL* TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL *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* *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-OB - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
vitamin b1 - Tier 1; QL *vitamin b-1 oral tablet 100 mg, 250 mg - Tier 1; QL* *vitamin b-6 - Tier 1; QL* *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut) (generic for DRISDOL) - Tier 1; QL* *VITAROCA PLUS (brand for b-plex plus) - Tier 2; QL* *VITASURE (brand for activite) - Tier 2; QL* *VITATHELY WITH GINGER (brand for prenatal) - Tier 2; QL* *VITRAMYN (brand for b-plex plus) - Tier 2; QL* *VITRANOL (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* *wescaps (generic for MYNEPHRON) - Tier 1; QL* WESNATAL DHA COMPLETE - Tier 2; QL *WESTAB PLUS (brand for prenatal) - Tier 2; QL*	
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
	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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