



Preferred Drug List (PDL)

Lista de Medicamentos Preferidos (PDL)

Arizona Medicaid

Effective Date/Vigencia: 7/1/2024



United
Healthcare
Community Plan



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

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

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

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

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

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

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

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

Mail:

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

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

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



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

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

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

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

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

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

Internet:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Formas para las quejas se encuentran disponibles en:

<http://www.hhs.gov/ocr/office/file/index.html>

Teléfono:

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

Correo:

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

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

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

Introduction

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

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

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

Notice

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

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

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

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

Preface

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

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

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

Pharmacy and Therapeutics (P&T) Committee

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

Outpatient prescription drug benefit-covered medications

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

Product selection criteria

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

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

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

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

PDL product descriptions

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

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

carvedilol Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release Cardizem SR

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

Neomycin/polymyxin B/Hydrocortisone Cortisporin

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

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

citalopram 40mg tabs Celexa tabs

Drug tiers

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

Tier name	Drug tier
Tier 1	Generic
Tier 2	Brand

Generic substitution

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

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

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

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

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

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

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

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

Drug Efficacy Study Implementation (DESI) drugs

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

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

Plan exclusions

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

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

Days supply dispensing limitations

UnitedHealthcare Community Plan members may receive up to a one month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when ninety percent (90%) of the medication has been utilized for a controlled substance and eighty-five percent (85%) of the medication has been utilized for a non-controlled substance. If a claim is submitted before 90% of the medication has been used for a controlled substance or submitted before 85% of the medication has been used for a non-controlled substance, based on the original day supply submitted on the claim, the claim will reject with a “refill too soon” message. Please call the UnitedHealthcare Community Plan Pharmacy Department at **800-310-6826** with questions or for help with dosage change authorization.

Mandatory generic substitution

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

Prior Authorization of non-PDL medications

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

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

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

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

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

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

Non-PDL drugs five-day temporary supply overrides

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

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

Quantity Limitations (QL)

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

Quantity Limits based on Efficient Medication Dosing

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

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

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

Controlled substances

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

- sedative hypnotic agents
- barbiturates
- select muscle relaxants

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

Specialty Pharmaceutical Management Program

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

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

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

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

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

Step Therapy (ST)

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

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

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

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

PDL suggestions

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

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

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

Editor

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

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

Legend

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

Notice

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

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

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

Introducción

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

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

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

Aviso

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

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

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

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

Prólogo

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

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

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

Comité de Farmacia y Terapéutica (P&T)

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

Beneficio de medicamentos recetados para pacientes ambulatorios - medicamentos cubiertos

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

Criterios de selección de productos

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

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

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

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

Descripciones de los productos incluidos en la PDL

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

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

carvedilol Coreg

Todas las concentraciones de Coreg estarían cubiertas según esta lista.

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

diltiazem de liberación Cardizem SR

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

Neomicina/polimixina B/Hidro cortisona Cortisporin

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

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

los comprimidos de citalopram 40mg Celexa tabs

Niveles de drogas

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

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

Sustitución por genéricos

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

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

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

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

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

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

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

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

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

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

Exclusiones del plan

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

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

Limitaciones en la provisión de suministros de días

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

Sustitución por genéricos obligatoria

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

Autorización previa de medicamentos no incluidos en la PDL

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

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

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

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

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

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

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

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

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

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

Limitaciones de Cantidad (QL)

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

Límites de cantidad basados en la dosificación de medicamentos eficaces

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

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

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

Sustancias controladas

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

- agentes sedantes hipnóticos
- barbitúricos
- algunos relajantes musculares

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

Programa de administración de productos farmacéuticos especiales

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

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

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

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

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

Terapia Escalonada (Step Therapy, ST)

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

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

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

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

Sugerencias sobre la PDL

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

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

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

Editor

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

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

Leyenda

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

Aviso

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

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

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



Arizona Medicaid

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Preferred Agents

Non-Preferred Agents

Analgesics

Nonsteroidal Anti-inflammatory Drugs

ADVIL (brand for cvs ibuprofen) - Tier 2; QL
ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL
ADVIL LIQUI-GELS MINIS (brand for cvs ibuprofen) - Tier 2; QL
ADVIL MIGRAINE (brand for cvs ibuprofen) - Tier 2; QL
ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL
all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
all day relief (generic for MEDIPROXEN) - Tier 1; QL
celecoxib oral (generic for CELEBREX) - Tier 1; QL
diclofenac potassium oral tablet 50 mg - Tier 1; QL
diclofenac sodium er - Tier 1; QL
diclofenac sodium external gel 1 % (generic for ALEVE ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL
diclofenac sodium external solution 1.5 % - Tier 1; PA; QL
diclofenac sodium oral - Tier 1; QL
diflunisal oral - Tier 1; QL
ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL
etodolac (generic for LODINE) - Tier 1; QL
fenoprofen calcium oral capsule 400 mg (generic for NALFON) - Tier 1; QL
fenoprofen calcium oral tablet (generic for NALFON) - Tier 1; QL
FLANAX (brand for all day pain relief) - Tier 2; QL
flurbiprofen oral tablet 100 mg - Tier 1; QL
ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL
ft ibuprofen (generic for ADVIL) - Tier 1; QL
ft ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ft ibuprofen minis (generic for ADVIL) - Tier 1; QL

DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL
FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL
LICART - Tier 2; PA; QL
NAPRELAN (brand for naproxen sodium er) - Tier 2; PA; QL
NAPROSYN (brand for naproxen) - Tier 2; PA; QL

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

Preferred Agents**Non-Preferred Agents**

ft pain relief oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL

ibuprofen (generic for IBU) - Tier 1; QL

ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL

ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL

ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

ibuprofen oral capsule 200 mg (generic for ADVIL) - Tier 1; QL

ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL

ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL

ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL

indomethacin er - Tier 1; QL

indomethacin oral (generic for INDOCIN) - Tier 1; QL

indomethacin rectal suppository 50 mg (generic for INDOCIN) - Tier 1; QL

INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL

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

Preferred Agents

infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL
ketoprofen er - Tier 1; QL
ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
ketorolac tromethamine solution 30 mg/ml injection - Tier 1; QL
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; QL
medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
mediproxen (generic for MEDIPROXEN) - Tier 1; QL
meloxicam oral tablet - Tier 1; QL
mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1; QL
MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL
MOTRIN IB (brand for cvs ibuprofen) - Tier 2; QL
MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL
nabumetone oral - Tier 1; QL
naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL
naproxen oral (generic for EC-NAPROSYN) - Tier 1; QL
naproxen sodium er (generic for NAPRELAN) - Tier 1; QL
naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL
naproxen sodium oral tablet 275 mg - Tier 1; QL
naproxen sodium oral tablet 550 mg (generic for ANAPROX DS) - Tier 1; QL
oxaprozin oral tablet (generic for DAYPRO) - Tier 1; QL
piroxicam oral - Tier 1; QL
PROPRINAL (brand for cvs ibuprofen) - Tier 2; QL
sulindac oral - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents

Non-Preferred Agents

Opioid Analgesics, Long-acting

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 (generic for MS CONTIN) - Tier 1; PA; QL
tramadol hcl er - Tier 1; PA; QL
XTAMPZA ER - Tier 2; PA; QL

BELBUCA - Tier 2; PA; QL
BUTRANS (brand for buprenorphine) - Tier 2; PA; QL
HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL
morphine sulfate er beads - Tier 1; PA; QL
NUCYNTA ER - Tier 2; PA; QL
OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA; QL

Opioid Analgesics, Short-acting

acetaminophen-codeine - Tier 1; QL
ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL
bac (generic for BAC) - Tier 1; QL
butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL
butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL
butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL
butalbital-aspirin-caffeine - Tier 1; QL
butorphanol tartrate nasal - Tier 1; QL
codeine sulfate - Tier 1; QL
endocet (generic for ENDOCET) - Tier 1; QL
fentanyl citrate (pf) - Tier 1; QL

apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL
NUCYNTA - Tier 2; PA; QL
SEGLENTIS - Tier 2; PA; QL
TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
<p><i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL</i></p> <p><i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL</i></p> <p><i>hydrocodone-ibuprofen - Tier 1; QL</i></p> <p><i>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL</i></p> <p><i>hydromorphone hcl rectal - Tier 1; QL</i></p> <p><i>meperidine hcl oral tablet - Tier 1; QL</i></p> <p><i>morphine sulfate (concentrate) - Tier 1; QL</i></p> <p><i>morphine sulfate oral - Tier 1; QL</i></p> <p><i>morphine sulfate rectal - Tier 1; QL</i></p> <p><i>oxycodone hcl oral capsule - Tier 1; QL</i></p> <p><i>oxycodone hcl oral concentrate - Tier 1; QL</i></p> <p><i>oxycodone hcl oral solution - Tier 1; QL</i></p> <p><i>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL</i></p> <p><i>OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (brand for oxycodone-acetaminophen) - Tier 2; QL</i></p> <p><i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i></p> <p><i>pentazocine-naloxone hcl - Tier 1; QL</i></p> <p><i>PROLATE ORAL TABLET (brand for oxycodone-acetaminophen) - Tier 2; QL</i></p> <p><i>TENCON (brand for butalbital-acetaminophen) - Tier 2; QL</i></p> <p><i>tramadol hcl oral tablet 100 mg, 50 mg - Tier 1; QL</i></p>	
<p>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants</p>	
<p><i>buprenorphine hcl sublingual - Tier 1; DX2RX; QL</i></p>	

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Preferred Agents**Non-Preferred Agents****Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions****Analgesics - Miscellaneous Analgesics**

8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen childrens (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
acetaminophen extra strength (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 LITTLE REMEDIES FOR FEVER) - Tier 1; QL

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

Preferred Agents

acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml - Tier 1; QL

acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL

acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL

acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - Tier 1; QL

apra (generic for MAX RELIEF JUNIOR) - Tier 1; QL

arthritis pain oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL

arthritis pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL

arthritis pain reliever oral (generic for TYLENOL 8 HOUR) - Tier 1; QL

betatemp childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

childrens acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL

childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL

childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL

CURANOL - Tier 2; QL

Non-Preferred Agents

Preferred Agents

ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2
fever reducer/pain reliever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL
FEVERALL INFANTS - Tier 2; QL
FEVERALL JUNIOR STRENGTH - Tier 2; QL
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL
ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
ft pain & fever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents**Non-Preferred Agents**

headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

headache relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

infants pain/fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL

liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1

mapap 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 apra) - Tier 2; QL

migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

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Preferred Agents

mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL

mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL

m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL

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 LITTLE REMEDIES FOR FEVER) - Tier 1; QL

pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - 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

Non-Preferred Agents

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

Preferred Agents

pain relief extra strength oral capsule 500 mg - Tier 1; QL
pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL
pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL
pain relief regular strength (generic for PHARBETOL) - Tier 1; QL
pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
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pain reliever oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL
pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1
PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL
PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL
PHARBETOL (brand for acetaminophen) - Tier 2; QL
PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL
rapid melts junior oral tablet dispersible 160 mg - Tier 1
sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL
TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL
TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL
TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL
TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL
TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL

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

aspirin tri-buffered (generic for BUFFERIN) - Tier 1
BUFFERIN (brand for sm aspirin tri-buffered) - Tier 2
salsalate oral - Tier 1; QL
tri-buffered aspirin (generic for BUFFERIN) - Tier 1

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Preferred Agents

Non-Preferred Agents

Opioid Analgesics, Short-acting

oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL

Anesthetics

Local Anesthetics

AGONEAZE (brand for lidocaine-prilocaine) - Tier 2; QL
ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL
ANODYNE LPT (brand for lidocaine-prilocaine) - Tier 2; QL
ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL
LIDO BDK (brand for lidocaine-prilocaine) - Tier 2; QL
lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL
lidocaine external ointment 5 % - Tier 1; PA; QL
lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL
lidocaine hcl external cream 3 % - Tier 1; QL
lidocaine viscous hcl - Tier 1; QL
lidocaine-prilocaine (generic for LIDO BDK) - Tier 1; QL
lidopin external cream 3 % - Tier 1; QL
LIVIXIL PAK (brand for lidocaine-prilocaine) - Tier 2; QL
LMX 4 (brand for lidocaine) - Tier 2; QL
premium lidocaine - Tier 1; PA; QL
PRILOVIX (brand for lidocaine-prilocaine) - Tier 2; QL
PRILOVIX LITE (brand for lidocaine-prilocaine) - Tier 2; QL
PRILOVIX LITE PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
PRILOVIX PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
PRILOVIX ULTRALITE (brand for lidocaine-prilocaine) - Tier 2; QL
PRILOVIX ULTRALITE PLUS (brand for lidocaine-prilocaine) - Tier 2; QL
PROXIVOL (brand for burn gel) - Tier 2; QL
RELADOR PAK (brand for lidocaine-prilocaine) - Tier 2; QL
RELADOR PAK PLUS (brand for lidocaine-prilocaine) - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1</i> <i>naltrexone hcl oral - Tier 1</i> VIVITROL - Tier 2; QL	
Opioid Dependence	
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL</i> SUBLOCADE - Tier 2; PA; QL <i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL</i>	ZUBSOLV - Tier 2; PA; QL
Opioid Reversal Agents	
KLOXXADO - Tier 2; QL <i>naloxone hcl injection solution - Tier 1; QL</i> <i>naloxone hcl injection solution cartridge - Tier 1; QL</i> <i>naloxone hcl injection solution prefilled syringe 2 mg/2ml - Tier 1; QL</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i> <i>NARCAN (brand for naloxone hcl) - Tier 2; QL</i> REXTOVY - Tier 2; QL	ZIMHI - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Smoking Cessation Agents

bupropion hcl er (smoking det) - Tier 1; QL; AL
habitrol (generic for HABITROL) - Tier 1; QL; AL
NICODERM CQ (brand for cvs nicotine) - Tier 2; QL; AL
nicotine step 1 (generic for HABITROL) - Tier 1; QL; AL
nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL; AL
nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL; AL
nicotine transdermal kit 21-14-7 mg/24hr - Tier 1; QL; AL
nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL; AL
nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL; AL
nicotine transdermal system (generic for HABITROL) - Tier 1; QL; AL
NICOTROL - Tier 2; QL; AL
NICOTROL NS - Tier 2; QL; AL
varenicline tartrate (generic for CHANTIX) - Tier 1; QL; AL
varenicline tartrate (starter) - Tier 1; QL; AL
varenicline tartrate(continue) (generic for CHANTIX) - Tier 1; QL; AL

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

Preferred Agents**Non-Preferred Agents**

Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence

Smoking Cessation Agents - Deterrents

ft nicotine (generic for KLS QUIT2) - Tier 1; QL; AL
ft nicotine mini (generic for KLS QUIT2) - Tier 1; QL; AL
mini nicotine (generic for KLS QUIT2) - Tier 1; QL; AL
NICORETTE (brand for cvs nicotine) - Tier 2; QL; AL
NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL; AL
NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL; AL
nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL
nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL
nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL
nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL
nicotine mini (generic for KLS QUIT2) - Tier 1; QL; AL
nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL
nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL
nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL; AL
nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL; AL
nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL; AL
nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; QL; AL
quit2 (generic for KLS QUIT2) - Tier 1; QL; AL
quit4 (generic for KLS QUIT4) - Tier 1; QL; AL
THRIVE (brand for cvs nicotine) - Tier 2; QL; AL

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Preferred Agents	Non-Preferred Agents
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
<i>neomycin sulfate oral - Tier 1; QL</i>	
Antibacterials, Other	
<p>CLEOCIN VAGINAL SUPPOSITORY - Tier 2; QL <i>clindamycin hcl oral (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1</i> <i>metronidazole oral tablet - Tier 1; QL</i> <i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i></p>	<p>CLINDESSE - Tier 2; PA; QL METROGEL (brand for metronidazole) - Tier 2; PA NORITATE - Tier 2; PA NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL VANCOCIN (brand for vancomycin hcl) - Tier 2; PA; ST; QL XACIATO - Tier 2; PA; QL</p>

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Preferred Agents**Non-Preferred Agents**

nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL
 nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL
 tinidazole oral tablet 250 mg - Tier 1
 tinidazole oral tablet 500 mg - Tier 1; QL
 trimethoprim oral - Tier 1; QL
 vancomycin hcl oral capsule (generic for VANCOCIN) - Tier 1; ST; QL
 vancomycin hcl oral solution reconstituted (generic for FIRVANQ) - Tier 1; PA; QL
 VANDAZOLE (brand for metronidazole) - Tier 2; QL
 XIFAXAN ORAL TABLET 200 MG - Tier 2
 XIFAXAN ORAL TABLET 550 MG - Tier 2; QL

Beta-lactam, Cephalosporins

cefaclor oral capsule - Tier 1; QL
 cefadroxil - Tier 1; QL
 ceftazolin sodium injection solution reconstituted 1 gm - Tier 1; QL
 cefdinir - Tier 1; QL
 cefixime - Tier 1; QL
 cefpodoxime proxetil - Tier 1; QL
 cefprozil - Tier 1; QL
 ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg - Tier 1; QL
 cefuroxime axetil - Tier 1; QL
 cephalixin oral capsule 250 mg, 500 mg - Tier 1; QL
 cephalixin oral capsule 750 mg - Tier 1
 cephalixin oral suspension reconstituted - Tier 1; QL
 cephalixin oral tablet 250 mg - Tier 1
 cephalixin oral tablet 500 mg - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
Beta-lactam, Penicillins	
<p><i>amoxicillin - Tier 1; QL</i> <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i> <i>ampicillin - Tier 1; QL</i> AUGMENTIN ORAL SUSPENSION RECONSTITUTED - Tier 2; QL BICILLIN L-A - Tier 2; QL <i>dicloxacillin sodium - Tier 1; QL</i> <i>penicillin v potassium - Tier 1; QL</i> <i>piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm - Tier 1; QL</i></p>	
Macrolides	
<p><i>azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL</i> <i>azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1; QL</i> <i>clarithromycin oral - Tier 1; QL</i> DIFICID - Tier 2; PA; QL <i>E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL</i> <i>ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL</i> <i>erythromycin base oral (generic for ERY-TAB) - Tier 1; QL</i> <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin oral (generic for ERY-TAB) - Tier 1; QL</i></p>	
Quinolones	
<p>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i> <i>levofloxacin oral - Tier 1; QL</i> <i>moxifloxacin hcl oral - Tier 1; QL</i> <i>ofloxacin oral - Tier 1; QL</i></p>	

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Preferred Agents

Non-Preferred Agents

Sulfonamides

sulfadiazine oral - Tier 1; QL
sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL
sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL

Tetracyclines

demeclocycline hcl - Tier 1; PA; QL
doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL
doxycycline hyclate oral tablet 100 mg - Tier 1; QL
doxycycline hyclate oral tablet 20 mg - Tier 1
doxycycline hyclate oral tablet delayed release 200 mg - Tier 1; QL
doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL
doxycycline monohydrate oral capsule 50 mg - Tier 1; QL
minocycline hcl er oral tablet extended release 24 hour 105 mg, 55 mg, 65 mg, 80 mg (generic for SOLODYN) - Tier 1
minocycline hcl er oral tablet extended release 24 hour 115 mg - Tier 1
minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL
minocycline hcl oral capsule 75 mg - Tier 1
mondoxylene nl (generic for MONDOXYNE NL) - Tier 1; QL
NUZYRA ORAL - Tier 2; PA; QL

ORACEA (brand for doxycycline) - Tier 2; PA
SOLODYN (brand for minocycline hcl er) - Tier 2; PA

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Preferred Agents**Non-Preferred Agents****Antibacterials - Drugs to Treat Bacterial Infections****Antibacterials, Other - Antibiotics**

antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
 antiseptic (generic for BETADINE) - Tier 1
 BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2
 first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
 first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1
 ft triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
 medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
 NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL
 povidone iodine (generic for BETADINE) - Tier 1
 povidone-iodine external solution (generic for BETADINE) - Tier 1
 SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2
 triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL
 triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; QL

SUTAB - Tier 2; PA

Preferred Agents	Non-Preferred Agents
Anticonvulsants	
Anticonvulsants, Other	
<p>EPIDIOLEX - Tier 2; PA; SP; QL <i>felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL</i> <i>felbamate oral tablet (generic for FELBATOL) - Tier 1; QL</i> FYCOMPA - Tier 2; PA; QL <i>lamotrigine er (generic for LAMICTAL XR) - Tier 1; QL</i> <i>lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL</i> <i>lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA; QL</i> <i>lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; QL</i> <i>levetiracetam er oral tablet extended release 24 hour 500 mg (generic for KEPPRA XR) - Tier 1; QL</i> <i>levetiracetam er oral tablet extended release 24 hour 750 mg (generic for KEPPRA XR) - Tier 1</i> <i>levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL</i> <i>levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL</i> QUDEXY XR (brand for topiramate er) - Tier 2; PA <i>roweepra (generic for ROWEEPRA) - Tier 1; QL</i> <i>subvenite (generic for SUBVENITE) - Tier 1; QL</i> <i>topiramate er oral capsule er 24 hour sprinkle (generic for QUDEXY XR) - Tier 1; PA</i> <i>topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL</i> <i>topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL</i> TROKENDI XR (brand for topiramate er) - Tier 2; QL</p>	<p>BRIVIACT ORAL - Tier 2; PA; QL FINTEPLA - Tier 2; PA; QL TOPAMAX (brand for topiramate) - Tier 2; PA; QL TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p><i>valproic acid oral - Tier 1; QL</i> XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA; QL</p>	
Calcium Channel Modifying Agents	
<p><i>CELONTIN (brand for methsuximide) - Tier 2; QL</i> <i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i></p>	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<p><i>clobazam (generic for ONFI) - Tier 1; DX2RX; QL</i> <i>diazepam rectal - Tier 1; QL</i> <i>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</i> <i>gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; QL</i> <i>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</i> NAYZILAM - Tier 2; QL <i>phenobarbital oral - Tier 1; QL</i> <i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i> <i>tiagabine hcl - Tier 1; PA; QL; AL</i> 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</p>	<p><i>NEURONTIN (brand for gabapentin) - Tier 2; PA; QL</i> SYMPAZAN - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Sodium Channel Agents	
<p><i>BANZEL (brand for rufinamide) - Tier 2; DX2RX; QL</i> <i>carbamazepine er (generic for CARBATROL) - Tier 1; QL</i> <i>carbamazepine oral (generic for EPITOL) - Tier 1; QL</i> <i>CARBATROL (brand for carbamazepine er) - Tier 2; QL</i> <i>DILANTIN ORAL CAPSULE 30 MG - Tier 2</i> <i>epitol (generic for EPITOL) - Tier 1; QL</i> <i>lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL</i> <i>oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; QL</i> <i>oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL</i> <i>phenytek oral capsule 200 mg (generic for PHENYTEK) - Tier 1; QL</i> <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i> <i>phenytoin oral (generic for DILANTIN) - Tier 1; QL</i> <i>phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL</i> <i>rufinamide oral tablet (generic for BANZEL) - Tier 1; DX2RX; QL</i> <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i></p>	<p><i>APTIOM - Tier 2; PA; QL</i> <i>lacosamide oral solution 10 mg/ml (generic for VIMPAT) - Tier 1; PA; QL; AL</i> <i>OXTELLAR XR - Tier 2; PA; QL</i> <i>VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL</i> <i>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</i></p>
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other	
	<p><i>DIACOMIT - Tier 2; PA; SP; QL</i></p>
Antidementia Agents	
Antidementia Agents, Other	
	<p><i>NAMZARIC - Tier 2; PA; QL; AL</i></p>

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Preferred Agents	Non-Preferred Agents
Cholinesterase Inhibitors	
<p><i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL; AL</i></p> <p><i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; QL</i></p> <p><i>galantamine hydrobromide er - Tier 1; PA</i></p> <p><i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL</i></p> <p><i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; QL</i></p> <p><i>rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL</i></p> <p><i>rivastigmine tartrate - Tier 1; QL</i></p>	<p><i>EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA; QL</i></p>
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
<p><i>memantine hcl oral solution - Tier 1; QL</i></p> <p><i>memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members <18 years of age will require PA; QL; AL</i></p>	
Antidepressants	
Antidepressants, Other	
<p><i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL; AL</i></p> <p><i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL; AL</i></p> <p><i>bupropion hcl oral - Tier 1; QL; AL</i></p> <p><i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL; AL</i></p> <p><i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL; AL</i></p> <p><i>mirtazapine oral tablet dispersible (generic for REMERON SOLTAB) - Tier 1; QL; AL</i></p> <p><i>perphenazine-amitriptyline - Tier 1; QL; AL</i></p> <p><i>SPRAVATO (56 MG DOSE) - Tier 2; PA; QL</i></p> <p><i>SPRAVATO (84 MG DOSE) - Tier 2; PA; QL</i></p>	<p><i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL; AL</i></p> <p><i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL; AL</i></p>

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Preferred Agents	Non-Preferred Agents
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SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)

citalopram hydrobromide oral solution - Tier 1; QL; AL
citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL; AL
escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL; AL
fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL; AL
fluoxetine hcl oral solution - Tier 1; QL; AL
fluvoxamine maleate - Tier 1; QL; AL
paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL; AL
sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL; AL
sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL; AL
trazodone hcl oral - Tier 1; QL; AL
venlafaxine hcl - Tier 1; QL; AL
venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL; AL

FETZIMA - Tier 2; PA; QL
PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL; AL
TRINTELLIX - Tier 2; PA; QL
VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL

Tricyclics

amitriptyline hcl oral - Tier 1; QL; AL
amoxapine - Tier 1; QL; AL
clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL; AL
desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL; AL
doxepin hcl oral capsule - Tier 1; QL; AL
doxepin hcl oral concentrate - Tier 1; QL; AL
imipramine hcl oral - Tier 1; QL; AL
imipramine pamoate - Tier 1; QL; AL
nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL; AL
protriptyline hcl - Tier 1; QL; AL
trimipramine maleate oral - Tier 1; QL; AL

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Preferred Agents

Non-Preferred Agents

Antiemetics

Antiemetics, Other

ANTIVERT ORAL TABLET CHEWABLE (brand for cvs motion sickness relief) - Tier 2
BONINE (brand for cvs motion sickness relief) - Tier 2
compro (generic for COMPRO) - Tier 1; QL
driminate (generic for DRIMINATE) - Tier 1
ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1
meclizine hcl oral tablet 12.5 mg - Tier 1; QL
meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL
meclizine hcl oral tablet chewable (generic for ANTIVERT) - Tier 1
metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL
metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL
motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1
motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1
motion sickness relief oral tablet chewable 25 mg (generic for ANTIVERT) - Tier 1
motion-time (generic for ANTIVERT) - Tier 1
*perphenazine oral - Tier 1; *; QL; AL*
prochlorperazine (generic for COMPRO) - Tier 1; QL
prochlorperazine maleate oral - Tier 1; DX2RX; QL
promethazine hcl injection solution 25 mg/ml (generic for PHENERGAN) - Tier 1; QL
promethazine hcl oral - Tier 1; QL
promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL
promethegan (generic for PROMETHEGAN) - Tier 1; QL
travel ease (generic for ANTIVERT) - Tier 1
trimethobenzamide hcl oral - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts	
ANZEMET - Tier 2; PA; QL <i>aprepitant (generic for EMEND) - Tier 1; QL</i> <i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i> <i>granisetron hcl oral - Tier 1; QL</i> <i>ondansetron hcl oral solution - Tier 1; QL</i> <i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i> <i>ondansetron odt - Tier 1; QL</i>	AKYNZEO ORAL - Tier 2; PA; QL <i>EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL</i> SANCUSO - Tier 2; PA; QL
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<i>anti-nausea (generic for EMETROL) - Tier 1</i> <i>anti-nausea relief (generic for EMETROL) - Tier 1</i> <i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i> <i>nausea control (generic for EMETROL) - Tier 1</i> <i>nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i>	
Antifungals	
<i>3 day (generic for MONISTAT 3) - Tier 1</i> <i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i> <i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i> <i>ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>griseofulvin microsize oral - Tier 1; QL</i> <i>miconazole 1 (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL</i> <i>miconazole 1 combo pack (generic for MONISTAT 1 COMBO PACK) - Tier 1; QL</i> <i>miconazole 3 - Tier 1; QL</i> <i>miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i>	CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL GYNAZOLE-1 - Tier 2; PA; QL NOXAFIL ORAL PACKET - Tier 2; PA; QL; AL <i>NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA; QL</i> <i>NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL</i> <i>VFEND ORAL TABLET (brand for voriconazole) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
<p><i>miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i></p> <p><i>miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>miconazole 7 vaginal suppository 100 mg - Tier 1</i></p> <p><i>miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i></p> <p><i>nystatin mouth/throat - Tier 1; QL</i></p> <p><i>nystatin oral - Tier 1; QL</i></p> <p><i>terbinafine hcl oral - Tier 1; QL</i></p> <p><i>terconazole vaginal cream - Tier 1; QL</i></p> <p><i>VFEND ORAL SUSPENSION RECONSTITUTED (brand for voriconazole) - Tier 2; QL</i></p>	

Antifungals - Drugs to Treat Fungal Infections

Antifungals - Fungal Infection Drugs	
<p><i>3 day vaginal - Tier 1</i></p> <p><i>3-day vaginal vaginal cream 2 % - Tier 1</i></p> <p><i>antifungal external cream (generic for MICATIN) - Tier 1</i></p> <p><i>antifungal external powder (generic for DESENEX) - Tier 1; QL</i></p> <p><i>antifungal foot care (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>antifungal miconazole (generic for MICATIN) - Tier 1</i></p> <p><i>athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i></p> <p><i>athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL</i></p> <p><i>athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1</i></p> <p><i>baza antifungal (generic for MICATIN) - Tier 1</i></p> <p><i>clotrimazole 3 vaginal cream 2 % - Tier 1</i></p> <p><i>clotrimazole 7 - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
<p> <i>clotrimazole vaginal</i> - Tier 1; QL <i>clotrimazole vaginal cream 1 %</i> - Tier 1; QL CRITIC-AID CLEAR AF - Tier 2 <i>DESENEX EXTERNAL POWDER (brand for antifungal)</i> - Tier 2; QL <i>foot care (terbinafine) (generic for LAMISIL AT)</i> - Tier 1; QL <i>ft antifungal external cream 2 % (generic for MICATIN)</i> - Tier 1 <i>ft athletes foot (terbinafine) (generic for LAMISIL AT)</i> - Tier 1; QL <i>jock itch external cream 1 % (generic for LAMISIL AT)</i> - Tier 1; QL <i>LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine))</i> - Tier 2; QL <i>LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine))</i> - Tier 2; QL <i>micaderm (generic for MICATIN)</i> - Tier 1 <i>MICATIN (brand for antifungal)</i> - Tier 2 <i>miconazole antifungal (generic for MICATIN)</i> - Tier 1 <i>miconazole nitrate external cream (generic for MICATIN)</i> - Tier 1 <i>miconazorb af (generic for DESENEX)</i> - Tier 1; QL <i>MICRO GUARD (brand for antifungal)</i> - Tier 2; QL <i>terbinafine hcl external (generic for LAMISIL AT)</i> - Tier 1; QL <i>terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT)</i> - Tier 1; QL <i>ZEASORB-AF (brand for antifungal)</i> - Tier 2; QL </p>	
Antigout Agents	
<p> <i>allopurinol oral tablet 100 mg, 300 mg</i> - Tier 1; QL <i>colchicine oral tablet</i> - Tier 1; QL <i>febuxostat (generic for ULORIC)</i> - Tier 1; ST; QL <i>MITIGARE (brand for colchicine)</i> - Tier 2; QL <i>probenecid</i> - Tier 1; QL </p>	<p> <i>colchicine oral capsule (generic for MITIGARE)</i> - Tier 1; PA </p>
Antimigraine Agents	
Ergot Alkaloids	
	<p> <i>MIGRANAL (brand for dihydroergotamine mesylate)</i> - Tier 2; PA <i>QULIPTA</i> - Tier 2; PA; QL </p>

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Preferred Agents	Non-Preferred Agents
Prophylactic	
AJOVY - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL	AIMOVIG - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
UBRELVY - Tier 2; PA; QL	NURTEC - Tier 2; PA; QL
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<i>naratriptan hcl - Tier 1; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i> <i>zolmitriptan (generic for ZOMIG) - Tier 1; QL</i>	<i>FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL</i> <i>IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL</i> <i>MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL</i> <i>RELPAK (brand for eletriptan hydrobromide) - Tier 2; PA; QL</i> <i>REYVOW - Tier 2; PA; QL</i> <i>TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL</i> <i>ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL</i>
Antimyasthenic Agents	
Parasympathomimetics	
<i>pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i>	
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin (generic for MYCOBUTIN) - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
Antituberculars	
<i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg (generic for MYAMBUTOL) - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 MATULANE - Tier 2; SP <i>temozolomide oral capsule 100 mg - Tier 1; PA; SP</i> <i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL</i>	
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i>	POMALYST - Tier 2; PA; SP; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i>

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Preferred Agents	Non-Preferred Agents
Antiestrogens/Modifiers	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
Antimetabolites	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral - Tier 1; QL</i>	TABLOID - Tier 2; PA; SP
Antineoplastics, Other	
LONSURF - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	IDHIFA - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	
Enzyme Inhibitors	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP	

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Preferred Agents	Non-Preferred Agents
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Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL
 COTELLIC - Tier 2; PA; SP; QL
 ERIVEDGE - Tier 2; PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP; QL
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL
 IBRANCE - Tier 2; PA; SP; QL
 JAKAFI - Tier 2; PA; SP; QL
 LYNPARZA - Tier 2; PA; SP; QL
 MEKINIST - Tier 2; PA; SP; QL
 ODOMZO - Tier 2; PA; SP; QL
 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL
 PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL
 PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL
 ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL
 ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL
 RUBRACA - Tier 2; PA; SP; QL
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL
 STIVARGA - Tier 2; PA; SP; QL
sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL
 TAFINLAR - Tier 2; PA; SP; QL
torpenz (generic for TORPENZ) - Tier 1; PA; SP; QL
 VERZENIO - Tier 2; PA; SP; QL
 VITRAKVI - Tier 2; PA; SP; QL
 ZEJULA - Tier 2; PA; SP; QL; AL
 ZELBORAF - Tier 2; PA; SP; QL

AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL
 BRAFTOVI - Tier 2; PA; SP; QL
 COPIKTRA - Tier 2; PA; SP; QL
 EXKIVITY ORAL CAPSULE 40 MG - Tier 2; PA; SP; QL
 KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; QL
 KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; SP; QL
 KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; QL
 KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL - Tier 2; PA; SP; QL
 KISQALI FEMARA (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; QL
 KOSELUGO - Tier 2; PA; SP; QL
 MEKTOVI - Tier 2; PA; SP; QL
NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL
 RYDAPT - Tier 2; PA; SP; QL
SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL
 TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG - Tier 2; PA; SP; QL
 TEPMETKO - Tier 2; PA; SP; QL
 ZYDELIG - Tier 2; PA; SP; QL

Retinoids

bexarotene (generic for TARGRETIN) - Tier 1; PA; SP
tretinoin oral - Tier 1; SP; AL

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Preferred Agents	Non-Preferred Agents
Treatment Adjuncts	
<i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL</i> MESNEX ORAL - Tier 2; SP	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
<i>capecitabine (generic for XELODA) - Tier 1; SP</i>	
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
Antiparasitics	
Anthelmintics	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>ivermectin oral (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; QL</i>	EMVERM - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Antiprotozoals

atovaquone (generic for MEPRON) - Tier 1; PA; QL
atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL
 BENZNIDAZOLE - Tier 2; DX2RX; QL
chloroquine phosphate oral - Tier 1; QL
 COARTEM - Tier 2
hydroxychloroquine sulfate oral tablet 100 mg - Tier 1; QL
hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1
 KRINTAFEL - Tier 2; QL
mefloquine hcl - Tier 1; QL
nitazoxanide oral (generic for ALINIA) - Tier 1; DX2RX; QL
pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1
primaquine phosphate - Tier 1
pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL
quinine sulfate (generic for QUALAQUIN) - Tier 1
 SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2

Antiparasitics - Drugs to Treat Parasitic Infections

Pediculicides/Scabicides - Scabies and Lice Drugs

ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1
lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1

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Preferred Agents	Non-Preferred Agents
<i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>	
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - Tier 1; QL</i>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i>	GOCOVRI - Tier 2; PA; QL NOURIANZ - Tier 2; PA; QL ONGENTYS - Tier 2; PA; QL OSMOLEX ER - Tier 2; PA; QL
Dopamine Agonists	
<i>bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; QL</i> <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 4.5 mg (generic for MIRAPEX ER) - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i> <i>ropinirole hcl - Tier 1; QL</i>	<i>APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL</i> <i>NEUPRO - Tier 2; PA; QL</i>
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	DUOPA - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
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Antipsychotics	
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1st Generation/Typical	
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<p><i>chlorpromazine hcl oral tablet - Tier 1; *; QL; AL</i> <i>fluphenazine decanoate injection - Tier 1; PA; *; QL; AL</i> <i>fluphenazine hcl injection - Tier 1; AL</i> <i>fluphenazine hcl oral - Tier 1; *; QL; AL</i> <i>haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; PA; *; QL; AL</i> <i>haloperidol lactate oral concentrate 2 mg/ml - Tier 1; *; QL; AL</i> <i>haloperidol oral - Tier 1; *; QL; AL</i> <i>loxapine succinate - Tier 1; *; QL; AL</i> <i>pimozide - Tier 1; QL; AL</i> <i>thioridazine hcl oral - Tier 1; *; QL; AL</i> <i>thiothixene - Tier 1; *; QL; AL</i> <i>trifluoperazine hcl - Tier 1; *; QL; AL</i></p>	
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2nd Generation/Atypical	
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<p><i>ABILIFY MAINTENA - Tier 2; ST; *; QL; AL</i> <i>aripiprazole oral tablet (generic for ABILIFY) - Tier 1; *; QL; AL</i> <i>ARISTADA - Tier 2; ST; *; QL; AL</i> <i>ARISTADA INITIO - Tier 2; PA; *; QL; AL</i> <i>INVEGA HAFYERA - Tier 2; PA; *; QL; AL</i> <i>INVEGA SUSTENNA - Tier 2; DX2RX; ST; *; QL; AL</i> <i>INVEGA TRINZA - Tier 2; PA; *; QL; AL</i> <i>lurasidone hcl (generic for LATUDA) - Tier 1; *; QL; AL</i> <i>olanzapine oral (generic for ZYPREXA) - Tier 1; *; QL; AL</i> <i>PERSERIS - Tier 2; ST; *; QL; AL</i> <i>quetiapine fumarate oral tablet 150 mg - Tier 1; PA; QL; AL</i> <i>quetiapine fumarate tablet 100 mg oral (generic for SEROQUEL) - Tier 1; *; QL; AL</i></p>	<p><i>ABILIFY (brand for aripiprazole) - Tier 2; PA; *; QL; AL</i> <i>aripiprazole oral solution - Tier 1; DX2RX; QL; AL</i> <i>aripiprazole oral tablet dispersible - Tier 1; DX2RX; QL; AL</i> <i>CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG - Tier 2; DX2RX; QL; AL</i> <i>CAPLYTA ORAL CAPSULE 42 MG - Tier 2; DX2RX; QL</i> <i>FANAPT - Tier 2; DX2RX; QL; AL</i> <i>FANAPT TITRATION PACK - Tier 2; DX2RX; QL</i> <i>GEODON ORAL (brand for ziprasidone hcl) - Tier 2; DX2RX; *; QL; AL</i> <i>INVEGA (brand for paliperidone er) - Tier 2; DX2RX; QL; AL</i> <i>LATUDA (brand for lurasidone hcl) - Tier 2; PA; *; QL; AL</i> <i>LYBALVI - Tier 2; PA; QL; AL</i> <i>paliperidone er (generic for INVEGA) - Tier 1; DX2RX; QL; AL</i> <i>quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; DX2RX; QL; AL</i></p>
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Preferred Agents	Non-Preferred Agents
<p>quetiapine fumarate tablet 200 mg oral (generic for SEROQUEL) - Tier 1; *, QL; AL</p> <p>quetiapine fumarate tablet 25 mg oral (generic for SEROQUEL) - Tier 1; *, QL; AL</p> <p>quetiapine fumarate tablet 300 mg oral (generic for SEROQUEL) - Tier 1; *, QL; AL</p> <p>quetiapine fumarate tablet 400 mg oral (generic for SEROQUEL) - Tier 1; *, QL; AL</p> <p>quetiapine fumarate tablet 50 mg oral (generic for SEROQUEL) - Tier 1; *, QL; AL</p> <p>risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; *, QL; AL</p> <p>risperidone oral solution (generic for RISPERDAL) - Tier 1; Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician, or other behavioral health provider Members >= 8 years of age will require PA; *, QL; AL</p> <p>risperidone oral tablet 0.25 mg - Tier 1; PA; *, QL; AL</p> <p>risperidone oral tablet 0.5 mg, 1 mg, 2 mg, 3 mg (generic for RISPERDAL) - Tier 1; PA; *, QL; AL</p> <p>risperidone oral tablet 4 mg (generic for RISPERDAL) - Tier 1; DX2RX; *, QL; AL</p> <p>risperidone oral tablet dispersible - Tier 1; *, QL; AL</p> <p>ziprasidone hcl (generic for GEODON) - Tier 1; DX2RX; *, QL; AL</p>	<p>REXULTI - Tier 2; DX2RX; QL; AL</p> <p>RISPERDAL CONSTA (brand for risperidone microspheres er) - Tier 2; DX2RX; ST; *, QL; AL</p> <p>RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Prior Authorization is not required for ages 6 and greater when prescribed by a psychiatric clinician, a behavioral health pediatrician, or other behavioral health provider Members >= 8 years of age will require PA; *, QL; AL</p> <p>RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG (brand for risperidone) - Tier 2; PA; *, QL; AL</p> <p>RISPERDAL ORAL TABLET 4 MG (brand for risperidone) - Tier 2; DX2RX; *, QL; AL</p> <p>SAPHRIS (brand for asenapine maleate) - Tier 2; DX2RX; QL; AL</p> <p>SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; *, QL; AL</p> <p>SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; DX2RX; QL; AL</p> <p>VRAYLAR - Tier 2; DX2RX; QL</p> <p>ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; *, QL; AL</p> <p>ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; *, QL; AL</p>
Treatment-Resistant	
<p>clozapine (generic for CLOZARIL) - Tier 1; PA; *, QL; AL</p>	<p>CLOZARIL (brand for clozapine) - Tier 2; PA; *, QL; AL</p> <p>VERSACLOZ - Tier 2; DX2RX; QL; AL</p>
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	<p>GEMTESA - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Antispasticity Agents	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i>	XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT - Tier 2; PA ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA; QL
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>valganciclovir hcl oral solution reconstituted (generic for VALCYTE) - Tier 1; PA; QL</i> <i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	
Anti-hepatitis B (HBV) Agents	
<i>adefovir dipivoxil - Tier 1; PA; QL</i> BARACLUDE ORAL SOLUTION - Tier 2; PA; QL	<i>entecavir oral tablet 0.5 mg (generic for BARACLUDE) - Tier 1; PA; QL</i>
Anti-hepatitis C (HCV) Agents	
MAVYRET ORAL PACKET - Tier 2; SP; QL MAVYRET ORAL TABLET - Tier 2; Preferred for Genotypes 1, 2, 3, 4, 5, & 6; SP; QL <i>ribavirin oral - Tier 1; PA; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; SP; QL</i>	<i>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <i>HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> SOVALDI - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL
Antiherpetic Agents	
<i>acyclovir oral - Tier 1; QL</i> <i>famciclovir oral - Tier 1; PA; QL</i> SITAVIG - Tier 2 <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i> <i>ZOVIRAX (brand for acyclovir) - Tier 2; QL</i>	

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

Preferred Agents	Non-Preferred Agents
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Anti-HIV Agents, Integrase Inhibitors (INSTI)

BIKTARVY - Tier 2; QL
 DOVATO - Tier 2; QL
 GENVOYA - Tier 2; QL
 ISENTRESS HD - Tier 2; QL
 ISENTRESS ORAL PACKET - Tier 2; Members >= 2 years of age will require PA; QL
 ISENTRESS ORAL TABLET - Tier 2; QL
 ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL
 JULUCA - Tier 2; QL
 STRIBILD - Tier 2; QL
 TIVICAY - Tier 2; QL
 TIVICAY PD - Tier 2; QL

Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)

COMPLERA - Tier 2; QL
 DELSTRIGO - Tier 2; QL
 EDURANT - Tier 2; QL
efavirenz (generic for SUSTIVA) - Tier 1; QL
efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; QL
efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL
etravirine (generic for INTELENCE) - Tier 1
nevirapine - Tier 1; QL
nevirapine er - Tier 1; QL
 PIFELTRO - Tier 2; QL

SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL
SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)

abacavir sulfate (generic for ZIAGEN) - Tier 1; QL
abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; QL
 DESCOVY - Tier 2; QL
emtricitabine (generic for EMTRIVA) - Tier 1; QL
emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; Diagnosis to drug match not required; QL
 EMTRIVA ORAL SOLUTION - Tier 2; QL
lamivudine oral solution (generic for EPIVIR) - Tier 1; QL
lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL
lamivudine-zidovudine - Tier 1; QL
 ODEFSEY - Tier 2; QL
tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL
 TRIUMEQ - Tier 2; QL
 TRIUMEQ PD - Tier 2; QL
 VIREAD ORAL POWDER - Tier 2; QL
zidovudine (generic for RETROVIR) - Tier 1; QL

CIMDUO - Tier 2; PA; QL
TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; Diagnosis to drug match not required; QL

Anti-HIV Agents, Other

FUZEON - Tier 2; QL
maraviroc (generic for SELZENTRY) - Tier 1; QL
 TYBOST - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Protease Inhibitors (PI)	
<i>atazanavir sulfate (generic for REYATAZ) - Tier 1; QL</i> EVOTAZ - Tier 2; QL <i>fosamprenavir calcium (generic for LEXIVA) - Tier 1; QL</i> <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL</i> NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; Members >= 8 years of age will require PA; QL <i>ritonavir (generic for NORVIR) - Tier 1; QL</i> SYMTUZA - Tier 2; QL	<i>KALETRA (brand for lopinavir-ritonavir) - Tier 2; PA; QL</i> <i>REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; PA; QL</i>
Anti-influenza Agents	
<i>oseltamivir phosphate oral (generic for TAMIFLU) - Tier 1; QL</i> RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl - Tier 1; QL</i>	<i>TAMIFLU (brand for oseltamivir phosphate) - Tier 2; PA; QL</i> XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral - Tier 1; QL; AL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
Benzodiazepines	
<p><i>alprazolam er (generic for XANAX XR) - Tier 1; QL; AL</i> <i>alprazolam intensol - Tier 1; QL; AL</i> <i>alprazolam oral (generic for XANAX) - Tier 1; QL; AL</i> <i>alprazolam xr (generic for XANAX XR) - Tier 1; QL; AL</i> <i>chlordiazepoxide hcl - Tier 1; QL; AL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL; AL</i> <i>clonazepam oral tablet dispersible - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL; AL</i> <i>diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>lorazepam injection solution 2 mg/ml (generic for ATIVAN) - Tier 1; QL</i> <i>lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL; AL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL; AL</i> <i>oxazepam - Tier 1; QL; AL</i></p>	<p>LOREEV XR - Tier 2; PA; QL</p>
Anxiolytics - Drugs to Treat Anxiety	
Benzodiazepines - Anxiety Drugs	
	<p><i>DORAL (brand for quazepam) - Tier 2; PA; QL</i> <i>quazepam (generic for DORAL) - Tier 1; PA; QL</i></p>
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	<p>QELBREE - Tier 2; PA; QL; AL</p>

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Preferred Agents	Non-Preferred Agents
Bipolar Agents	
Mood Stabilizers	
<div data-bbox="86 253 1024 586"> <p><i>divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA; QL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; *; QL; AL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; *; QL; AL</i> <i>lithium carbonate oral - Tier 1; *; QL; AL</i></p> </div>	
Blood Glucose Regulators	
Antidiabetic Agents	
<div data-bbox="86 699 1024 1196"> <p><i>acarbose oral - Tier 1; QL</i> ALOGLIPTIN BENZOATE - Tier 2; PA; QL ALOGLIPTIN-METFORMIN HCL - Tier 2; PA; QL ALOGLIPTIN-PIOGLITAZONE - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL DAPAGLIFLOZIN PRO-METFORMIN ER (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; PA; QL FARXIGA (brand for dapagliflozin propanediol) - Tier 2; PA; QL glimepiride - Tier 1; QL glipizide er (generic for GLUCOTROL XL) - Tier 1; QL glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</p> </div>	<div data-bbox="1024 699 2013 1196"> <p>BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL GLYXAMBI - Tier 2; PA; QL INVOKAMET XR - Tier 2; PA; QL OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL QTERN - Tier 2; PA; QL RYBELSUS - Tier 2; PA; QL SEGLUROMET - Tier 2; PA; QL SOLIQUA - Tier 2; PA; QL STEGLATRO - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL</p> </div>

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Preferred Agents

glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL
glyburide micronized - Tier 1; QL
glyburide oral - Tier 1; QL
glyburide-metformin - Tier 1; QL
INVOKAMET - Tier 2; PA; QL
INVOKANA - Tier 2; PA; QL
JANUMET - Tier 2; PA; QL
JANUMET XR - Tier 2; PA; QL
JANUVIA - Tier 2; PA; QL
JARDIANCE - Tier 2; PA; QL
JENTADUETO - Tier 2; PA; QL
JENTADUETO XR - Tier 2; PA; QL
metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL
metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL
nateglinide - Tier 1; QL
ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL
pioglitazone hcl (generic for ACTOS) - Tier 1; QL
pioglitazone hcl-metformin hcl (generic for ACTOPLUS MET) - Tier 1; QL
repaglinide - Tier 1; QL
saxagliptin-metformin er - Tier 1; PA; QL
SYMLINPEN 120 - Tier 2; PA; QL
SYMLINPEN 60 - Tier 2; PA; QL
SYNJARDY - Tier 2; PA; QL
TRADJENTA - Tier 2; PA; QL
TRIJARDY XR - Tier 2; PA; QL

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
<p>TRULICITY - Tier 2; PA; QL VICTOZA (brand for liraglutide) - Tier 2; PA; QL XIGDUO XR (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL</p>	
Glycemic Agents	
<p>GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL PROGLYCEM (brand for diazoxide) - Tier 2</p>	<p>BAQSIMI ONE PACK - Tier 2; PA; QL BAQSIMI TWO PACK - Tier 2; PA; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; PA; QL</p>
Insulins	
<p>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; QL HUMALOG MIX 50/50 KWIKPEN - Tier 2; QL HUMALOG MIX 75/25 - Tier 2; QL HUMALOG SUBCUTANEOUS - Tier 2; QL HUMULIN 70/30 KWIKPEN - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N KWIKPEN - Tier 2; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL INSULIN ASP PROT & ASP FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; QL INSULIN ASPART (brand for insulin aspart) - Tier 2; QL</p>	<p>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL BASAGLAR KWIKPEN (brand for insulin glargine solostar) - 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 HUMALOG INJECTION (brand for insulin lispro) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<i>INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL</i>	<i>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL</i>
<i>INSULIN ASPART PENFILL (brand for insulin aspart penfill) - Tier 2; QL</i>	<i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL</i>
<i>INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL</i>	<i>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL</i>
<i>INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL</i>	<i>HUMALOG TEMPO PEN - Tier 2; PA; QL</i>
<i>INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; QL</i>	<i>HUMULIN N VIAL - Tier 2; PA; QL</i>
<i>INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL</i>	<i>HUMULIN R VIAL - Tier 2; PA; QL</i>
<i>INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; QL</i>	<i>INSULIN DEGLUDEC (brand for insulin degludec) - Tier 2; PA; QL</i>
<i>LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL</i>	<i>INSULIN DEGLUDEC FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL</i>
<i>LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL</i>	<i>INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL</i>
<i>LEVEMIR FLEXPEN - Tier 2; QL</i>	<i>LYUMJEV - Tier 2; PA; QL</i>
<i>LEVEMIR U-100 VIAL - Tier 2; QL</i>	<i>LYUMJEV KWIKPEN - Tier 2; PA; QL</i>
<i>NOVOLIN 70/30 RELION - Tier 2; QL</i>	<i>LYUMJEV TEMPO PEN - Tier 2; PA; QL</i>
<i>NOVOLIN 70/30 VIAL - Tier 2; QL</i>	<i>NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL</i>
<i>NOVOLIN N VIAL - Tier 2; QL</i>	<i>NOVOLIN N FLEXPEN - Tier 2; PA; QL</i>
<i>NOVOLIN R VIAL - Tier 2; QL</i>	<i>NOVOLIN R FLEXPEN - Tier 2; PA; QL</i>
<i>NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; QL</i>	<i>NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL</i>
<i>NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL</i>	<i>NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL</i>
	<i>NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL</i>
	<i>SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL</i>
	<i>TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
	<p><i>TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL</i> <i>TRESIBA (brand for insulin degludec) - Tier 2; PA; QL</i> <i>TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL</i></p>
<p>Blood Glucose Regulators - Drugs to Regulate Blood Sugar</p>	
<p>Glycemic Agents - Diabetic Drugs</p>	
<p><i>GLUCO TO GO (brand for cvs glucose) - Tier 2; QL</i> <i>glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL</i> <i>soft glucose (generic for GLUCO TO GO) - Tier 1; QL</i> <i>TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; QL</i> <i>TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL</i></p>	
<p>Insulins - Diabetic Drugs</p>	
<p><i>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i> <i>MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i> <i>NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL</i></p>	<p><i>REZVOGLAR KWIKPEN - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
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Blood Products and Modifiers	
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Anticoagulants

<p>CEPROTIN - Tier 2; PA <i>dabigatran etexilate mesylate (generic for PRADAXA)</i> - Tier 1; QL ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL <i>enoxaparin sodium (generic for LOVENOX)</i> - Tier 1; QL <i>heparin sodium (porcine)</i> - Tier 1 <i>heparin sodium (porcine) pf</i> - Tier 1 <i>jantoven (generic for JANTOVEN)</i> - Tier 1; QL PRADAXA ORAL CAPSULE (brand for <i>dabigatran etexilate mesylate</i>) - Tier 2; QL <i>warfarin sodium oral (generic for JANTOVEN)</i> - Tier 1; QL XARELTO ORAL TABLET - Tier 2; QL XARELTO STARTER PACK - Tier 2; QL</p>	<p>PRADAXA ORAL PACKET - Tier 2; PA; QL; AL SAVAYSA - Tier 2; PA; QL XARELTO ORAL SUSPENSION RECONSTITUTED - Tier 2; PA; QL</p>
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Blood Products and Modifiers, Other	
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<p><i>anagrelide hcl (generic for AGRYLIN)</i> - Tier 1; QL DROXIA - Tier 2; QL EPOGEN - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP NPLATE - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP <i>plerixafor (generic for MOZOBIL)</i> - Tier 1; PA; SP; QL PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP</p>	<p>ARANESP (ALBUMIN FREE) - Tier 2; PA; SP FULPHILA - Tier 2; PA; SP GRANIX - Tier 2; PA; SP LEUKINE - Tier 2; PA; SP MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; SP; QL OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL PROCROT - Tier 2; PA; SP RELEUKO - Tier 2; PA; SP SIKLOS - Tier 2; PA; QL UDENYCA - Tier 2; PA; SP</p>
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Preferred Agents	Non-Preferred Agents
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	ZARXIO - Tier 2; PA; SP
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Hemostasis Agents	
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<i>aminocaproic acid oral - Tier 1; QL</i> <i>tranexamic acid oral - Tier 1; DX2RX; QL</i>	
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Platelet Modifying Agents	
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BRILINTA ORAL TABLET 60 MG - Tier 2; QL BRILINTA ORAL TABLET 90 MG - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL</i> <i>dipyridamole oral - Tier 1; QL</i>	DOPTELET - Tier 2; PA; SP; QL <i>EFFIENT (brand for prasugrel hcl) - Tier 2; PA; QL</i> TAVALISSE - Tier 2; PA; SP; QL
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Blood Products and Modifiers - Drugs to Treat Blood Disorders	
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Hemostasis Agents - Drugs to Stop Bleeding	
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ADVATE - Tier 2; PA; SP KOVALTRY - Tier 2; PA; SP NOVOEIGHT - Tier 2; PA; SP NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT - Tier 2; PA; SP NUWIQ INTRAVENOUS KIT 1500 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT - Tier 2; PA	
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Preferred Agents

Non-Preferred Agents

Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders

Hemostasis Agents - Drugs to Stop Bleeding

ADYNOVATE - Tier 2; PA; SP
 AFSTYLA - Tier 2; PA; SP
 ALPHANATE - Tier 2; PA; SP
 ALPHANINE SD - Tier 2; PA; SP
 ALPROLIX - Tier 2; PA; SP
 BENEFIX - Tier 2; PA; SP
 COAGADEX - Tier 2; PA
 CORIFACT - Tier 2; PA; SP
 ELOCTATE - Tier 2; PA; SP
 ESPEROCT - Tier 2; PA
 FEIBA - Tier 2; PA; SP
 FIBRYGA - Tier 2; PA; SP
 HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML - Tier 2; PA; SP
 HEMLIBRA SUBCUTANEOUS SOLUTION 12 MG/0.4ML - Tier 2; SP; QL
 HEMLIBRA SUBCUTANEOUS SOLUTION 60 MG/0.4ML - Tier 2; PA; SP; QL
 HEMOFIL M - Tier 2; PA; SP
 HUMATE-P - Tier 2; PA; SP
 IDELVION - Tier 2; PA; SP
 IXINITY (brand for rixubis) - Tier 2; PA; SP
 KOATE - Tier 2; PA; SP
 KOATE-DVI - Tier 2; PA; SP
 KOGENATE FS - Tier 2; PA; SP
 NOVOSEVEN RT - Tier 2; PA; SP
 OBIZUR - Tier 2; PA; SP
 PROFILNINE - Tier 2; PA; SP

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Preferred Agents	Non-Preferred Agents
REBINYN - Tier 2; PA RECOMBINATE - Tier 2; PA; SP RIASTAP - Tier 2; PA; SP <i>RIXUBIS (brand for rixubis) - Tier 2; PA; SP</i> TRETEN - Tier 2; PA; SP VONVENDI - Tier 2; PA; SP WILATE - Tier 2; PA; SP XYNTHA - Tier 2; PA; SP XYNTHA SOLOFUSE - Tier 2; PA; SP	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<i>clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL</i> <i>clonidine hcl oral - Tier 1; QL; AL</i> <i>guanfacine hcl - Tier 1; QL; AL</i> METHYLDOPA - Tier 2; QL <i>midodrine hcl - Tier 1; QL</i>	
Alpha-adrenergic Blocking Agents	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral - Tier 1; QL</i>	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Angiotensin-converting Enzyme (ACE) Inhibitors

benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL
captopril oral - Tier 1; QL
enalapril maleate oral solution (generic for EPANED) - Tier 1; Members >= 8 years of age will require PA; QL; AL
enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL
fosinopril sodium - Tier 1; QL
lisinopril oral (generic for ZESTRIL) - Tier 1; QL
moexipril hcl - Tier 1; QL
perindopril erbumine - Tier 1; QL
quinapril hcl (generic for ACCUPRIL) - Tier 1; QL
ramipril (generic for ALTACE) - Tier 1; QL
trandolapril - Tier 1; QL

Antiarrhythmics

amiodarone hcl oral (generic for PACERONE) - Tier 1; QL
disopyramide phosphate (generic for NORPACE) - Tier 1; QL
dofetilide (generic for TIKOSYN) - Tier 1; QL
flecainide acetate - Tier 1; QL
mexiletine hcl oral - Tier 1; QL
 MULTAQ - Tier 2; PA; QL
 NORPACE CR - Tier 2
propafenone hcl - Tier 1; QL
quinidine gluconate er - Tier 1; QL
quinidine sulfate - Tier 1; QL
sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL
sotalol hcl oral (generic for BETAPACE) - Tier 1; QL

BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL
BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL
PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL
TIKOSYN (brand for dofetilide) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Beta-adrenergic Blocking Agents	
<p><i>atenolol oral (generic for TENORMIN) - Tier 1; QL</i> <i>bisoprolol fumarate oral - Tier 1; QL</i> <i>carvedilol (generic for COREG) - Tier 1; QL</i> <i>labetalol hcl oral - Tier 1; QL</i> <i>metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL</i> <i>metoprolol tartrate oral (generic for LOPRESSOR) - Tier 1; QL</i> <i>nadolol oral (generic for CORGARD) - Tier 1; QL; AL</i> <i>propranolol hcl er (generic for INDERAL LA) - Tier 1</i> <i>propranolol hcl oral solution 20 mg/5ml - Tier 1; QL</i> <i>propranolol hcl oral solution 40 mg/5ml - Tier 1</i> <i>propranolol hcl oral tablet - Tier 1; QL</i></p>	<p>HEMANGEOL - Tier 2; PA</p>
Calcium Channel Blocking Agents, Dihydropyridines	
<p><i>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL</i> <i>felodipine er - Tier 1; QL</i> KATERZIA - Tier 2; QL <i>nifedipine er - Tier 1; QL</i> <i>nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL</i> <i>nifedipine oral - Tier 1; QL</i></p>	<p>NORLIQVA - Tier 2; PA; QL</p>
Calcium Channel Blocking Agents, Nondihydropyridines	
<p><i>cartia xt (generic for CARTIA XT) - Tier 1; QL</i> <i>diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL</i> <i>diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL</i> <i>diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL</i> <i>diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL</i> <i>diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL</i> <i>dilt-xr - Tier 1; QL</i> <i>tiadytl er (generic for TIADYLT ER) - Tier 1; QL</i> <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg (generic for VERELAN) - Tier 1; QL</i> <i>verapamil hcl er oral tablet extended release - Tier 1; QL</i> <i>verapamil hcl oral - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Cardiovascular Agents, Other	
<p>acetazolamide er - Tier 1; QL acetazolamide oral - Tier 1; QL amiloride-hydrochlorothiazide - Tier 1; QL atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL bisoprolol-hydrochlorothiazide - Tier 1; QL captopril-hydrochlorothiazide - Tier 1; QL digoxin oral solution - Tier 1 digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL ENTRESTO - Tier 2; PA; QL fosinopril sodium-hctz - Tier 1; QL lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL metoprolol-hydrochlorothiazide - Tier 1; QL pentoxifylline er - Tier 1; QL quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL ranolazine er - Tier 1; ST; QL spironolactone-hctz - Tier 1; QL triamterene-hctz - Tier 1; QL valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL</p>	<p>CORLANOR - Tier 2; PA; QL EDARBYCLOR - Tier 2; PA; QL KERENDIA - Tier 2; PA; QL TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL</p>
Diuretics, Loop	
<p>bumetanide oral (generic for BUMEX) - Tier 1; QL furosemide oral solution 10 mg/ml - Tier 1; QL furosemide oral tablet (generic for LASIX) - Tier 1; QL SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL torsemide (generic for SOAANZ) - Tier 1; QL</p>	<p>FUROSCIX - Tier 2; PA; QL</p>
Diuretics, Potassium-sparing	
<p>amiloride hcl oral - Tier 1; QL eplerenone (generic for INSPRA) - Tier 1; PA; QL spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</p>	

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Preferred Agents	Non-Preferred Agents
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Diuretics, Thiazide

chlorthalidone - Tier 1; QL
 DIURIL - Tier 2; QL
hydrochlorothiazide oral capsule - Tier 1; QL
hydrochlorothiazide oral tablet 12.5 mg - Tier 1
hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL
indapamide - Tier 1; QL
metolazone - Tier 1; QL

Dyslipidemics, Fibrin Acid Derivatives

fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL
fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL
fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL
fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL
gemfibrozil oral (generic for LOPID) - Tier 1; QL

FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL
 LIPOFEN (brand for fenofibrate) - Tier 2; PA
 TRICOR (brand for fenofibrate) - Tier 2; PA; QL
 TRILIPIX (brand for fenofibrin acid) - Tier 2; PA; QL

Dyslipidemics, HMG CoA Reductase Inhibitors

atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL
lovastatin oral - Tier 1; QL
pravastatin sodium - Tier 1; QL
rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL
simvastatin oral (generic for ZOCOR) - Tier 1; QL

ALTOPREV - Tier 2; PA; QL
 ATORVALIQ - Tier 2; PA; QL
 CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL
 LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA
 LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL
 LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL
 ZOCOR (brand for simvastatin) - Tier 2; PA; QL
 ZYPITAMAG - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Dyslipidemics, Other

cholestyramine light oral packet (generic for PREVALITE) - Tier 1; QL
cholestyramine light oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered
cholestyramine oral packet (generic for QUESTRAN) - Tier 1; QL
cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL
colestipol hcl oral tablet (generic for COLESTID) - Tier 1; QL
ezetimibe (generic for ZETIA) - Tier 1; QL
prevalite oral packet (generic for PREVALITE) - Tier 1; QL
prevalite oral powder (generic for PREVALITE) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered

LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL
NEXLETOL - Tier 2; PA; QL
NEXLIZET - Tier 2; PA; QL
PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL
REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL
VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL
VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL

Vasodilators, Direct-acting Arterial

hydralazine hcl oral - Tier 1; QL
minoxidil oral - Tier 1; QL

Vasodilators, Direct-acting Arterial/Venous

isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL
isosorbide mononitrate - Tier 1; QL
isosorbide mononitrate er - Tier 1; QL
NITRO-BID - Tier 2; QL
NITRO-DUR (brand for nitroglycerin) - Tier 2; QL
nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL
nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL
nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL
nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
<i>fenofibric acid oral tablet 35 mg (generic for FIBRICOR) - Tier 1; QL</i> <i>FIBRICOR ORAL TABLET 35 MG (brand for fenofibric acid) - Tier 2; QL</i>	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<i>atomoxetine hcl (generic for STRATTERA) - Tier 1; QL; AL</i> <i>clonidine hcl er oral tablet extended release 12 hour - Tier 1; QL; AL</i> <i>CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL</i> <i>CONCERTA ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; Mallinckrodt and Kremers Urban labelers; QL; AL</i> <i>dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL</i> <i>FOCALIN XR (brand for dexmethylphenidate hcl er) - Tier 2; QL; AL</i> <i>guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; AL</i> <i>METHYLIN (brand for methylphenidate hcl) - Tier 2; QL; AL</i> <i>methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; QL; AL</i> <i>methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; AL</i>	JORNAY PM - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p>RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL</p> <p>RELEXXII ORAL TABLET EXTENDED RELEASE 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; Mallinckrodt and Kremers Urban labelers; QL; AL</p> <p>RITALIN LA (brand for methylphenidate hcl er (la)) - Tier 2; QL; AL</p>	
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
<p>ADDERALL (brand for amphetamine-dextroamphetamine) - Tier 2; QL; AL</p> <p>ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; QL; AL</p> <p>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL</p> <p>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg (generic for ZENZEDI) - Tier 1; QL; AL</p> <p>VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL</p>	<p>AZSTARYS - Tier 2; PA; QL; AL</p> <p>VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; QL; AL</p> <p>VYVANSE ORAL TABLET CHEWABLE 60 MG (brand for lisdexamfetamine dimesylate) - Tier 2; PA; *; QL; AL</p>
Central Nervous System, Other	
<p>AUSTEDO - Tier 2; PA; SP; QL</p> <p>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG - Tier 2; PA; SP; QL</p> <p>AUSTEDO XR PATIENT TITRATION - Tier 2; PA; QL</p> <p>caffeine citrate oral - Tier 1; QL; AL</p> <p>gabapentin (once-daily) (generic for GRALISE) - Tier 1; PA; QL</p> <p>HORIZANT - Tier 2; PA; QL</p> <p>NUDEXTA - Tier 2; QL</p> <p>riluzole - Tier 1; QL</p>	<p>GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL</p> <p>INGREZZA - Tier 2; PA; SP; QL</p> <p>RADICAVA ORS - Tier 2; PA; SP; QL</p> <p>RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL</p> <p>tetrabenazine oral tablet 25 mg (generic for XENAZINE) - Tier 1; PA; SP; QL</p> <p>XENAZINE (brand for tetrabenazine) - Tier 2; PA; SP; QL</p>
Fibromyalgia Agents	
<p>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL; AL</p> <p>pregabalin oral (generic for LYRICA) - Tier 1; QL</p>	<p>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL; AL</p> <p>LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
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Multiple Sclerosis Agents

<p>AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL KESIMPTA - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; DX2RX; SP; QL REBIF - Tier 2; PA; SP REBIF REBIDOSE - Tier 2; SP REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP REBIF TITRATION PACK - Tier 2; SP teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP</p>	<p>AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL EXTAVIA - Tier 2; PA; SP; QL GILENYA (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL glatopa - Tier 1; DX2RX; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR - Tier 2; PA; SP; QL TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL</p>
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Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis

Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

	<p>BRONCHITOL - Tier 2; PA; QL</p>
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Preferred Agents	Non-Preferred Agents
Dental and Oral Agents	
<p><i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>kourzeq (generic for KOURZEQ) - Tier 1; QL</i></p> <p><i>oralone (generic for KOURZEQ) - Tier 1; QL</i></p> <p><i>periogard (generic for PERIOGARD) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i></p> <p><i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i></p> <p><i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i></p>	
Dermatological Agents	
Acne and Rosacea Agents	
<p><i>accutane (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>acitretin - Tier 1; PA; QL</i></p> <p><i>amnesteem (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i></p> <p><i>claravis (generic for ACCUTANE) - Tier 1; PA; QL</i></p> <p><i>clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; QL</i></p> <p><i>isotretinoin oral (generic for ABSORICA) - Tier 1; PA; QL</i></p> <p><i>RETIN-A (brand for tretinoin) - Tier 2; QL; AL</i></p> <p><i>zenatane (generic for ACCUTANE) - Tier 1; PA; QL</i></p>	<p><i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i></p> <p><i>ABSORICA LD - Tier 2; PA; QL</i></p> <p><i>ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p> <p><i>ALTRENO - Tier 2; PA; QL</i></p> <p><i>ARAZLO - Tier 2; PA; QL</i></p> <p><i>ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL</i></p> <p><i>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL</i></p> <p><i>DIFFERIN EXTERNAL GEL (brand for adapalene) - Tier 2; PA; QL</i></p> <p><i>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i></p> <p><i>FINACEA EXTERNAL FOAM - Tier 2; PA; QL</i></p> <p><i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i></p> <p><i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i></p>

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Preferred Agents

Non-Preferred Agents

	<p><i>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL</i></p> <p><i>RHOFADE - Tier 2; PA; QL</i></p> <p><i>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL</i></p> <p><i>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL</i></p> <p><i>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i></p>
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Dermatitis and Pruitus Agents

<p><i>ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>ammonium lactate external (generic for AL12) - Tier 1; QL</i></p> <p><i>anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>betamethasone dipropionate aug external cream - Tier 1; QL</i></p> <p><i>betamethasone dipropionate external cream - Tier 1; QL</i></p> <p><i>betamethasone dipropionate external lotion - Tier 1</i></p> <p><i>betamethasone dipropionate external ointment - Tier 1; QL</i></p>	<p><i>BRYHALI - Tier 2; PA; QL</i></p> <p><i>CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL</i></p> <p><i>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL</i></p> <p><i>doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL</i></p>
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Preferred Agents

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
clobetasol propionate external cream - Tier 1; QL
clobetasol propionate external gel - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external shampoo (generic for CLODAN) - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
clodan (generic for CLODAN) - Tier 1; QL
cortisone maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL
cortisone maximum strength external gel 1 % (generic for CORTIZONE-10) - Tier 1
DERMA-SMOOTHIE/FS BODY (brand for fluocinolone acetonide body) - Tier 2; QL
DERMA-SMOOTHIE/FS SCALP (brand for fluocinolone acetonide scalp) - Tier 2; QL
EUCRISA - Tier 2; ST; QL
fluocinolone acetonide external cream 0.01 % - Tier 1; QL
fluocinolone acetonide external solution - Tier 1; QL
fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external ointment - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

ft itch relief/aloë max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

halobetasol propionate external cream - Tier 1; QL

halobetasol propionate external ointment - Tier 1; QL

hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL

hydrocortisone external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone external lotion 2.5 % - Tier 1; QL

hydrocortisone external ointment 0.5 % - Tier 1

hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL

hydrocortisone external ointment 2.5 % - Tier 1; QL

hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone plus external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone/aloë (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

hydrocortisone/aloë max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL

instacort 5 - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p>LAC-HYDRIN FIVE - Tier 2; QL <i>medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE)</i> - Tier 1; QL <i>mometasone furoate external</i> - Tier 1; QL <i>pimecrolimus (generic for ELIDEL)</i> - Tier 1; ST; Minimum age of 2 years; QL; AL <i>selenium sulfide external lotion</i> - Tier 1; QL <i>tacrolimus external ointment 0.03 %</i> - Tier 1; ST; Minimum age of 2 years; QL; AL <i>tacrolimus external ointment 0.1 %</i> - Tier 1; ST; Minimum age of 16 years; QL; AL <i>triamcinolone acetonide external cream (generic for TRIDERM)</i> - Tier 1; QL <i>triamcinolone acetonide external lotion 0.025 %</i> - Tier 1 <i>triamcinolone acetonide external lotion 0.1 %</i> - Tier 1; QL <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> - Tier 1; QL <i>triamcinolone acetonide external ointment 0.05 %</i> - Tier 1 <i>triamcinolone in absorbase</i> - Tier 1 <i>triderm (generic for TRIDERM)</i> - Tier 1; QL</p>	
Dermatological Agents, Other	
<p><i>calcipotriene external cream</i> - Tier 1; ST; QL <i>calcipotriene external ointment (generic for CALCITRENE)</i> - Tier 1; ST; QL <i>calcipotriene external solution</i> - Tier 1; QL <i>calcitriol external (generic for VECTICAL)</i> - Tier 1; ST; QL <i>clotrimazole-betamethasone external cream</i> - Tier 1; QL <i>fluorouracil external cream 5 % (generic for EFUDEX)</i> - Tier 1; QL <i>fluorouracil external solution</i> - Tier 1 <i>imiquimod external cream 5 %</i> - Tier 1; QL <i>methoxsalen rapid</i> - Tier 1 <i>podofilox external solution</i> - Tier 1; QL PROCTOFOAM HC - Tier 2 <i>silver sulfadiazine external (generic for SSD)</i> - Tier 1; QL <i>ssd (generic for SSD)</i> - Tier 1; QL</p>	<p>CARAC (<i>brand for fluorouracil</i>) - Tier 2; PA; QL DUOBRII - Tier 2; PA; QL EFUDEX (<i>brand for fluorouracil</i>) - Tier 2; PA; QL ENSTILAR - Tier 2; PA; QL SORILUX (<i>brand for calcipotriene</i>) - Tier 2; PA; QL TACLONEX (<i>brand for calcipotriene-betameth diprop</i>) - Tier 2; PA; QL VECTICAL (<i>brand for calcitriol</i>) - Tier 2; PA; ST; QL ZYCLARA (<i>brand for imiquimod</i>) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
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ZYCLARA PUMP EXTERNAL CREAM 3.75 % (brand for imiquimod) - Tier 2; QL

Pediculicides/Scabicides

CROTAN - Tier 2; QL
 lice killing (generic for NIX CREME RINSE) - Tier 1
 lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1
 malathion (generic for OVIDE) - Tier 1; QL
 permethrin external - Tier 1; QL
 spinosad (generic for NATROBA) - Tier 1; PA; QL

SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL

Topical Anti-infectives

ciclodan (generic for CICLODAN) - Tier 1; QL
 ciclopirox external solution (generic for CICLODAN) - Tier 1; QL
 ciclopirox olamine external cream - Tier 1; QL
 clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL
 clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL
 clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL
 clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL
 clindamycin phosphate external solution - Tier 1; QL
 clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL
 clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL
 clotrimazole external solution 1 % - Tier 1; QL

JUBLIA - Tier 2; PA; QL
 XEPI - Tier 2; PA; QL

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Preferred Agents**Non-Preferred Agents**

erythromycin external solution - Tier 1; QL
gentamicin sulfate external - Tier 1; QL
ketoconazole external cream - Tier 1; QL
ketoconazole external shampoo - Tier 1; QL
klayesta (generic for KLAYESTA) - Tier 1; QL
mupirocin calcium - Tier 1; QL
mupirocin external - Tier 1; QL
nyamyc (generic for KLAYESTA) - Tier 1; QL
nystatin external (generic for KLAYESTA) - Tier 1; QL
nystop (generic for KLAYESTA) - Tier 1; QL
tgt clotrimazole external cream 1 % (generic for DESENEK) - Tier 1; QL

Dermatological Agents - Drugs to Treat Skin Conditions

advanced healing external ointment (generic for HYDROLATUM) - Tier 1
astringent (generic for DOMEBORO) - Tier 1
astringent solution (generic for DOMEBORO) - Tier 1
baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
beauty 360 pure glycerin - Tier 1
beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1
boro-packs (generic for DOMEBORO) - Tier 1
boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL

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Preferred Agents

Non-Preferred Agents

diaper rash external ointment (generic for BOUDREAUXXS BUTT PASTE) - Tier 1; QL
DR SMITHS DIAPER - Tier 2; QL
glycerin external liquid , 99.5 % - Tier 1
hydrocortisone acetate external - Tier 1
hydrolatum (generic for HYDROLATUM) - Tier 1
hydrophor (generic for HYDROLATUM) - Tier 1
ointment base (generic for HYDROLATUM) - Tier 1
renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1
zinc oxide external ointment 40 % (generic for BOUDREAUXXS BUTT PASTE) - Tier 1; QL

Dermatological Agents - Skin Agents

ABREVA (brand for docosanol) - Tier 2; QL
calamine external lotion , 8-8 % - Tier 1
calamine-zinc oxide external lotion - Tier 1
docosanol external (generic for ABREVA) - Tier 1; QL
ft docosanol (generic for ABREVA) - Tier 1; QL
gormel - Tier 1; QL
gormel 10 (generic for NUTRAPLUS) - Tier 1; QL
hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1
NUTRAPLUS (brand for gormel 10) - Tier 2; QL
urea 20 intensive hydrating - Tier 1; QL
urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL
urea external cream 20 % - Tier 1; QL
urea external lotion (generic for NUTRAPLUS) - Tier 1; QL
ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL
ureacin-20 - Tier 1; QL
XERAC AC - Tier 2

CIBINQO - Tier 2; PA; SP; QL
OPZELURA - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL</p> <p>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL</p> <p>CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL</p> <p>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL</p> <p>CHEMSTRIP 10 MD - Tier 2</p> <p>CHEMSTRIP 10/SG - Tier 2</p> <p>CHEMSTRIP 2 GP - Tier 2</p> <p>CHEMSTRIP 5 OB - Tier 2</p> <p>CHEMSTRIP 7 - Tier 2</p> <p>CHEMSTRIP 9 - Tier 2</p> <p>CHEMSTRIP K (brand for ketone test) - Tier 2; QL</p> <p>CHEMSTRIP UGK - Tier 2; QL</p> <p>DEXCOM G6 RECEIVER - Tier 2; PA; QL</p> <p>DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>DEXCOM G7 RECEIVER - Tier 2; PA; QL</p> <p>DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p>	<p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</p> <p>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL</p> <p>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p>EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL</p> <p>FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 2 READER - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE READER - Tier 2; PA; QL</p> <p>KETO-DIASTIX - Tier 2; QL</p> <p>KETONE CARE - Tier 2; QL</p> <p>KETONE TEST (brand for ketone test) - Tier 2; QL</p> <p>KETOSTIX (brand for ketone test) - Tier 2; QL</p> <p>LANCETS (brand for cvs lancets original) - Tier 2; QL</p> <p>MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL</p> <p>MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL</p>	<p>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL</p> <p>FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL</p> <p>GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL</p> <p>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL</p> <p>ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL</p> <p>PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL</p> <p>RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p>

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Preferred Agents

ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL
ONETOUCH ULTRA TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL
ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL
ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL
PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
QUINTET CONTROL HIGHINORMAL (brand for element compact control 2) - Tier 2; QL
TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL
TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL
VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP
DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
DENTAGEL (brand for sf) - Tier 2
easygel - Tier 1
fluoridex daily renewal - Tier 1
klor-con (generic for KLOR-CON) - Tier 1; QL
klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL
klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL
klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL
potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride er oral capsule extended release 10 meq - Tier 1; QL
potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL
potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; QL
potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL
potassium chloride oral (generic for KLOR-CON) - Tier 1; QL
potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL
potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1

ENDARI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1
PREVIDENT (brand for sf) - Tier 2
PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2
PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
sf (generic for DENTAGEL) - Tier 1
sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium chloride (pf) - Tier 1; QL
sodium chloride intravenous solution 0.45 %, 0.9 % - Tier 1; QL
sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL
sodium fluoride dental gel (generic for DENTAGEL) - Tier 1
sodium fluoride oral solution - Tier 1; QL
sodium fluoride oral tablet chewable - Tier 1; QL

Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs

BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL
cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL
calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
calcium 500/vitamin d3 - Tier 1
calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL
calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1
calcium 600/vitamin d - Tier 1; QL
calcium 600/vitamin d-3 - Tier 1; QL
calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL
calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL

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Preferred Agents

calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1
calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1
calcium citrate +d3 (generic for CALCITRATE) - Tier 1
calcium citrate oral tablet 950 (200 ca) mg - Tier 1
calcium citrate plus vit d - Tier 1; QL
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL
calcium citrate-vit d - Tier 1; QL
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL
calcium high potency/vitamin d - Tier 1; QL
calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL
calcium plus vitamin d3 - Tier 1; QL
calcium/minerals/vitamin d - Tier 1
calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1
electrolyte solution (generic for ORALYTE) - Tier 1; QL
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL
EZFE 200 - Tier 2
ferate (generic for FERATE) - Tier 1
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL
ferosul (generic for FEROSUL) - Tier 1; QL
ferretts - Tier 1
ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2

FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2

ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1

ferrous gluconate - Tier 1

ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1

ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1

ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL

ferrous sulfate (generic for FEROSUL) - 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

ft magnesium oxide (generic for MAGNESIUM-OXIDE) - Tier 1

hi cal (generic for OYSCO 500+D) - Tier 1; QL

iferex 150 (generic for FERREX 150) - Tier 1

iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL

iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1

iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL

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Preferred Agents

iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL
K-PHOS - Tier 2; QL
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
oralyte (generic for ORALYTE) - Tier 1; QL
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1
oyster shell calcium + d3 - Tier 1
oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vit d3 - Tier 1
oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL
oyster shell calcium-vit d - Tier 1; QL
ped electrolyte freeze pop (generic for ORALYTE) - Tier 1; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>pediatric electrolyte oral solution (generic for ORALYTE) - Tier 1; QL</i> <i>PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL</i> <i>phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i> <i>phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i> PHOSPHO-TRIN K500 - Tier 2; QL <i>poly-iron 150 (generic for FERREX 150) - Tier 1</i> <i>polysaccharide iron complex (generic for FERREX 150) - Tier 1</i> <i>polysaccharide-iron complex (generic for FERREX 150) - Tier 1</i> <i>potassium citrate-citric acid - Tier 1</i> <i>REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1</i> TRUE FERROUS SULFATE - Tier 2; QL <i>TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG (brand for ft magnesium oxide) - Tier 2</i> <i>TRUELYTE (brand for cvs electrolyte solution) - Tier 2; QL</i> <i>ultra calcium + vitamin d3 - Tier 1; QL</i> <i>wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i> <i>zinc gluconate - Tier 1; QL</i> <i>zinc gluconate oral tablet 50 mg - Tier 1; QL</i> <i>zinc oral tablet 50 mg - Tier 1; QL</i></p>	
Electrolyte/Mineral/Metal Modifiers	
<p>CHEMET - Tier 2; QL <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i> <i>deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL</i> <i>deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP</i> <i>deferiprone (generic for FERRIPROX) - Tier 1; PA; SP; QL</i></p>	<p>FERRIPROX TWICE-A-DAY - Tier 2; PA; SP; QL JYNARQUE ORAL TABLET THERAPY PACK 15 MG - Tier 2; PA; SP; QL</p>

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Preferred Agents	Non-Preferred Agents
Phosphate Binders	
<i>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL</i> <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</i> <i>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; QL</i>	AURYXIA - Tier 2; PA; QL VELPHORO - Tier 2; PA; QL
Potassium Binders	
LOKELMA - Tier 2; PA; QL <i>sodium polystyrene sulfonate - Tier 1</i> SPS - Tier 2; QL VELTASSA - Tier 2; PA; QL	
Vitamins	
<i>a-25 - Tier 1; QL</i> <i>ALTRIXA (brand for daily multiple vitamins) - Tier 2</i> <i>AMLADEX (brand for daily multiple vitamins) - Tier 2</i> <i>aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL</i> <i>b complex vitamins - Tier 1</i> <i>b complex-b12 - Tier 1</i> <i>b-complex oral tablet - Tier 1</i> <i>b-complex with b-12 - Tier 1</i> <i>b-complex/b-12 oral - Tier 1</i> <i>BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL</i> <i>classic prenatal - Tier 1; QL</i>	

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Preferred Agents

d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1
d3 max st (generic for IS-D 10,000) - Tier 1
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL
d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 oral capsule 250 mcg (generic for IS-D 10,000) - Tier 1
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3-50 (generic for D3-50) - Tier 1; QL
daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL
DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2
DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL
DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2
D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents

d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
ENFAMIL EXPECTA - Tier 2; QL
essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
FOLCYTEINE (brand for daily multiple vitamins) - Tier 2
ft vitamin d3 oral tablet (generic for THERA-D 2000) - Tier 1; QL
full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL
healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
M-NATAL PLUS (brand for prenatal) - Tier 2; QL
multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2
NEONATAL COMPLETE ORAL TABLET 27-1 MG (brand for prenatal) - Tier 2; QL
NEONATAL PLUS (brand for prenatal) - Tier 2; QL
NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; QL
NEONATAL VITAMIN (brand for cvs prenatal) - Tier 2; QL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL

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Preferred Agents

NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral capsule extended release 500 mg - Tier 1
niacin er oral tablet extended release 1000 mg - Tier 1
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1
NIVA-PLUS (brand for prenatal) - Tier 2; QL
OBSTETRIX DHA - Tier 2; QL
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
ONE VITE WOMENS (brand for cvs prenatal) - Tier 2; QL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
phytonadione injection solution 10 mg/ml - Tier 1; QL
phytonadione oral - Tier 1; QL
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL
prenatal multi+dha - Tier 1; QL
prenatal multivitamins - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL
prenatal oral tablet 28-0.8 mg - Tier 1; QL
prenatal plus (generic for NEONATAL PLUS) - Tier 1; QL
prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; QL
prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL
prenatal/iron - Tier 1; QL
PRENATVITE RX - Tier 2; QL
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
rena-vite (generic for DIALYVITE 800) - Tier 1; QL
SLO-NIACIN (brand for niacin er) - Tier 2
stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
THERA (brand for daily multiple vitamins) - Tier 2
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1
thiamine mononitrate oral - Tier 1; QL
TM-DAILY VITE (brand for daily multiple vitamins) - Tier 2
tri-vite pediatric - Tier 1; QL
TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2
TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2
TRUE VITAMIN A - Tier 2; QL
TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL

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Preferred Agents

TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG - Tier 2
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT) - Tier 2; QL
TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2
TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL
TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for vitamin d3) - Tier 2
TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2
vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut) - Tier 1; QL
vitamin b complex oral capsule - Tier 1
vitamin b complex w/b-12 - Tier 1
vitamin b-1 oral tablet 100 mg - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL
vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1
vitamin d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1
vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL
vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL
vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL
vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1
vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1
vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL
vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1
vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1
vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL
vitamin k1 injection solution 10 mg/ml - Tier 1; QL
vitamin-b complex - Tier 1
VITATHELY WITH GINGER (brand for prenatal) - Tier 2; QL
weekly-d (generic for D3-50) - Tier 1; QL
WESTAB PLUS (brand for prenatal) - Tier 2; QL
womens prenatal+dha - Tier 1; 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	
	MYFEMBREE - Tier 2; PA; QL NEXTSTELLIS - Tier 2; PA; QL
Gastrointestinal Agents	
	VOQUEZNA TRIPLE PAK - Tier 2; PA; QL
Anti-Constipation Agents	
<i>constulose - Tier 1; QL</i> <i>enulose - Tier 1; QL</i> <i>generlac - Tier 1; QL</i> <i>KRISTALOSE (brand for lactulose) - Tier 2; QL</i> <i>lactulose (generic for KRISTALOSE) - Tier 1; QL</i> <i>lactulose encephalopathy oral solution 10 gm/15ml - Tier 1; QL</i> LINZESS - Tier 2; DX2RX; QL <i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; QL</i> <i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL</i> <i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; QL</i> <i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; PA; ST; QL</i> MOVANTIK - Tier 2; DX2RX; QL TRULANCE - Tier 2; QL	<i>AMITIZA ORAL CAPSULE 24 MCG (brand for lubiprostone) - Tier 2; PA; QL</i> MOTTEGRITY - Tier 2; PA; QL RELISTOR - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL
Anti-Constipation AgentsOther	
	IBSRELA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Anti-Diarrheal Agents

<p><i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i> <i>diamode (generic for IMODIUM A-D) - Tier 1</i> <i>diphenoxylate-atropine oral liquid - Tier 1</i> <i>diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1; QL</i> <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i> <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i> <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i> <i>loperamide hcl oral suspension - Tier 1</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i></p>	<p>VIBERZI - Tier 2; PA; QL</p>
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Antispasmodics, Gastrointestinal

<p><i>dicyclomine hcl oral capsule - Tier 1; QL</i> <i>dicyclomine hcl oral tablet - Tier 1; QL</i> <i>glycopyrrolate oral solution (generic for CUVPOSA) - Tier 1; QL</i> <i>glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1</i> <i>glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1</i></p>	
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Gastrointestinal Agents, Other

<p><i>gavilyte-c - Tier 1; QL</i> <i>gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL</i> <i>gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL</i> <i>peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL</i> <i>peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL</i> <i>ursodiol oral capsule 300 mg - Tier 1; QL</i> <i>ursodiol oral tablet (generic for URSO 250) - Tier 1; QL</i></p>	<p>CLENPIQ - Tier 2; PA; QL MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL OCALIVA ORAL TABLET 5 MG - Tier 2; PA; SP; QL PLENVU - Tier 2; PA; QL PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL TALICIA - Tier 2; PA; QL</p>
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Preferred Agents

Non-Preferred Agents

Histamine2 (H2) Receptor Antagonists

acid controller oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL
 eq famotidine (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 MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL
 famotidine orig st (generic for PEPCID AC) - Tier 1; QL
 ft acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL
 heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL
 heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1
 PEPCID AC (brand for acid controller) - Tier 2; QL
 TAGAMET HB 200 (brand for cimetidine) - Tier 2

Protectants

misoprostol oral (generic for CYTOTEC) - Tier 1; QL
 sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL
 sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

Proton Pump Inhibitors

acid reducer oral tablet delayed release 20 mg (generic for PRILOSEC OTC) - Tier 1; QL

esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL

lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL

lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL

lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; Members >= 2 years of age will require PA; QL; AL

omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; QL

omeprazole oral capsule delayed release - Tier 1; QL

pantoprazole sodium oral (generic for PROTONIX) - Tier 1; QL

PRILOSEC OTC (brand for acid reducer) - Tier 2; QL

PROTONIX ORAL PACKET (brand for pantoprazole sodium) - Tier 2; QL

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Preferred Agents**Non-Preferred Agents****Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions****Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs**

*abatine*x (generic for ABATINEX) - Tier 1
acid gone (generic for ACID GONE) - Tier 1
acidophilus lactobacillus oral (generic for ABATINEX) - Tier 1
acidophilus oral capsule , 10 mg (generic for ABATINEX) - Tier 1
acidophilus probiotic oral capsule 10 mg (generic for ABATINEX) - Tier 1
acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1
adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL
adult probiotic (generic for FLORA VANCE) - Tier 1; QL
advanced antacid (generic for MINTOX) - Tier 1; QL
almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL
antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid advanced (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid advanced max st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid anti-gas (generic for MINTOX) - Tier 1; QL

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

Preferred Agents

antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid calcium (generic for CAL-GEST ANTACID) - Tier 1
antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1
antacid extra str (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid fast relief (generic for MINTOX) - Tier 1; QL
antacid i (generic for MINTOX) - Tier 1; QL
antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
antacid liquid (generic for MINTOX) - Tier 1; QL
antacid m (generic for MINTOX) - Tier 1; QL
antacid maximum (generic for TUMS ULTRA 1000) - Tier 1
antacid maximum strength oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1
antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL
antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1

Non-Preferred Agents

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

Preferred Agents

antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1

antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid regular strength (generic for MINTOX) - Tier 1; QL

antacid ultra strength (generic for TUMS ULTRA 1000) - Tier 1

antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1

antacid/antigas (generic for MINTOX) - Tier 1; QL

antacid/anti-gas max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid/anti-gas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml (generic for MINTOX) - Tier 1; QL

antacid/anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid/gas relief max st (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

anti-diarr/ant-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1

anti-diarrheal anti-gas oral tablet 2-125 mg (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1

anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1

anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1

Non-Preferred Agents

Preferred Agents

anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1

biotinex (generic for ABATINEX) - Tier 1

bismuth (generic for SOOTHE) - Tier 1; QL

bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL

BOLSITOL (brand for acidophilus) - Tier 2

calcium antacid (generic for CAL-GEST ANTACID) - Tier 1

calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

calcium carbonate antacid oral suspension - Tier 1; QL

calcium carbonate antacid oral tablet - Tier 1

calcium carbonate antacid oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1

cal-gest antacid (generic for CAL-GEST ANTACID) - Tier 1

chewy not chalky flavor (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1

childrens soothe - Tier 1

comfort gel (generic for MINTOX) - Tier 1; QL

comfort gel antacid anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

dairy aid (generic for LACTAID) - Tier 1

dairy relief fast acting oral tablet 9000 unit (generic for LACTAID FAST ACT) - Tier 1

dairy relief oral tablet 3000 unit (generic for LACTAID) - Tier 1

diarrhea (generic for SOOTHE) - Tier 1

Non-Preferred Agents

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Preferred Agents

diarrhea relief (generic for SOOTHE) - Tier 1
digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
enema (generic for FLEET ENEMA) - Tier 1
enema disposable (generic for FLEET ENEMA) - Tier 1
enema ready-to-use (generic for FLEET ENEMA) - Tier 1
enema rectal enema 16-6 gm/133ml (generic for FLEET ENEMA) - Tier 1
FLEET ENEMA (brand for cvs enema disposable) - Tier 2
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL
floranex tablet oral (generic for FLORANEX) - Tier 1
FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2
foaming antacid oral tablet chewable 80-20 mg - Tier 1
freeze dried acidophilus (generic for ABATINEX) - Tier 1
ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1
ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
ft enema saline (generic for FLEET ENEMA) - Tier 1
ft gas relief - Tier 1

Non-Preferred Agents

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Preferred Agents

ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1

ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

ft gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1

ft milk of magnesia (generic for DULCOLAX) - Tier 1

ft stomach relief oral suspension (generic for SOOTHE) - Tier 1

ft stomach relief oral tablet (generic for KAOPECTATE) - Tier 1

ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL

gas relief extra strength oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

gas relief infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

gas relief infants oral suspension 20 mg/0.3ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1

gas relief oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1

Non-Preferred Agents

Preferred Agents

gas relief oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1
gas relief oral tablet chewable 80 mg - Tier 1
gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1
GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2
GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2
GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
GAVISCON - Tier 2
GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2
GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2
GELUSIL - Tier 2
geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL
geri-mox (generic for MINTOX) - Tier 1; QL
heartburn antacid (generic for ACID GONE) - Tier 1
heartburn antacid ex st (generic for ACID GONE) - Tier 1
heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1

Non-Preferred Agents

Preferred Agents

heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1
heartland gas relief - Tier 1
IMODIUM MULTI-SYMPTOM RELIEF (brand for eq1 anti-diarrheal anti-gas) - Tier 2
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
intestinex (generic for ABATINEX) - Tier 1
LACTAID (brand for cvs dairy relief) - Tier 2
LACTAID FAST ACT ORAL TABLET (brand for cvs dairy relief fast acting) - Tier 2
lactase enzyme (generic for LACTAID) - Tier 1
lactase enzyme ultra str (generic for LACTAID FAST ACT) - Tier 1
lactase fast acting (generic for LACTAID FAST ACT) - Tier 1
lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
lactose fast acting relief oral tablet (generic for LACTAID FAST ACT) - Tier 1
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2
MAALOX MAX ORAL SUSPENSION (brand for antacid & antigas) - Tier 2; QL
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2; QL

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

mag-al plus (generic for MINTOX) - Tier 1; QL
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
milk of magnesia (generic for DULCOLAX) - Tier 1
milk of magnesia oral suspension 1200 mg/15ml (generic for DULCOLAX) - Tier 1
mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL
MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2
NEWFLORA PROBIOTIC (brand for acidophilus) - Tier 2
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2
PHAZYME (brand for cvs gas relief extra strength) - Tier 2
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1

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Preferred Agents

pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
pink-bismuth (generic for SOOTHE) - Tier 1; QL
probiotic acidophilus oral capsule (generic for ABATINEX) - Tier 1
probiotic blend (generic for FLORA VANCE) - Tier 1; QL
probiotic colon care (generic for FLORA VANCE) - Tier 1; QL
probiotic complex (generic for FLORA VANCE) - Tier 1; QL
probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL
probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1
probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL
REVITAFLOR (brand for acidophilus) - Tier 2
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL
saccharomyces boulardii (generic for FLORASTOR) - Tier 1
saline enema (generic for FLEET ENEMA) - Tier 1
senior probiotic (generic for FLORA VANCE) - Tier 1; QL
simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1

Non-Preferred Agents

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Preferred Agents

simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1
smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1
sodium bicarbonate oral tablet - Tier 1
soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
soothe oral suspension (generic for SOOTHE) - Tier 1
soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL
stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL
stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p>stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1</p> <p>surelac (generic for LACTAID) - Tier 1</p> <p>TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2</p> <p>TUMS (brand for antacid) - Tier 2</p> <p>TUMS CHEWY BITES (brand for antacid) - Tier 2</p> <p>TUMS E-X 750 (brand for antacid) - Tier 2</p> <p>TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2</p> <p>TUMS LASTING EFFECTS (brand for antacid) - Tier 2</p> <p>TUMS SMOOTHIES (brand for antacid) - Tier 2</p> <p>TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2</p> <p>ultra dairy digestive (generic for LACTAID FAST ACT) - Tier 1</p> <p>VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL</p> <p>ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL</p>	

Laxatives - Bowel Treatment Drugs

<p>clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</p> <p>daily fiber oral powder 43 % (generic for REGULOID) - Tier 1</p> <p>enema mineral oil (generic for FLEET OIL) - Tier 1</p> <p>EVAC (brand for cvs natural fiber supplement) - Tier 2</p> <p>fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</p> <p>fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</p> <p>fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL</p> <p>fiber oral powder 43 % (generic for REGULOID) - Tier 1</p> <p>fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1</p> <p>fiber powder oral powder 43 % (generic for REGULOID) - Tier 1</p>	
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Preferred Agents

fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
FLEET OIL (brand for cvs mineral oil enema) - Tier 2
ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
ft enema mineral oil (generic for FLEET OIL) - Tier 1
ft fiber oral powder 43 % (generic for REGULOID) - Tier 1
ft mineral oil - Tier 1
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2
METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2
mineral oil enema (generic for FLEET OIL) - Tier 1
mineral oil heavy oral - Tier 1
mineral oil oral oil - Tier 1
mineral oil rectal enema (generic for FLEET OIL) - Tier 1
MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1
natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL
natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1
natural fiber supplement (generic for EVAC) - Tier 1
natural vegetable (generic for HYDROCIL) - Tier 1
natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
reguloid oral powder 43 % (generic for REGULOID) - Tier 1
smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL
sorbitol oral - Tier 1

Preferred Agents

Non-Preferred Agents

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2
citroma (generic for CITROMA) - Tier 1; QL
CITRUCCEL (brand for cvs soluble fiber therapy) - Tier 2
COLACE (brand for cvs stool softener) - Tier 2; QL
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1
docusate mini (generic for DOCUSOL MINI) - Tier 1; QL
docusate sodium oral capsule (generic for COLACE) - Tier 1; QL
docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; QL
docusate sodium oral syrup - Tier 1
DOCUSOL MINI (brand for docusate mini) - Tier 2; QL
docuzen (generic for SENOKOT S) - Tier 1
dss (generic for COLACE) - Tier 1; QL
easy-lax plus (generic for SENOKOT S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL
eq stool softener extra str - Tier 1; QL
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2
fiber laxative + calcium (generic for FIBERCON) - Tier 1
fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1
fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber-caps (generic for FIBERCON) - Tier 1
fiber-lax (generic for FIBERCON) - Tier 1
ft fiber laxative (generic for CITRUCCEL) - Tier 1

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Preferred Agents

ft magnesium citrate (generic for CITROMA) - Tier 1; QL
ft senna laxative (generic for SENOKOT) - Tier 1; QL
ft senna laxatives (generic for SENOKOT) - Tier 1; QL
ft senna-s (generic for SENOKOT S) - Tier 1
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL
ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin (infants & children) rectal suppository 1 gm - Tier 1
glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1
glycerin childrens - Tier 1
glycerin pediatric rectal suppository 1.2 gm - Tier 1
laxacin (generic for SENOKOT S) - Tier 1
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative regular strength (generic for SENNA SMOOTH) - Tier 1
magnesium citrate oral solution (generic for CITROMA) - Tier 1; QL
mm stool softener (generic for COLACE) - Tier 1; QL
mm stool softener laxative (generic for COLACE) - Tier 1; QL
natural senna laxative (generic for SENOKOT) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; QL
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2; QL
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL
ONELAX SENNA (brand for senna) - Tier 2
p col-rite (generic for SENOKOT S) - Tier 1
PEDIA-LAX ORAL LIQUID - Tier 2
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2
sb docusate sodium/senna (generic for SENOKOT S) - Tier 1
senexon-s (generic for SENOKOT S) - Tier 1
senna lax (generic for SENOKOT) - Tier 1; QL
senna laxative (generic for SENOKOT) - Tier 1; QL
senna oral liquid (generic for ONELAX SENNA) - Tier 1
senna oral syrup (generic for ONELAX SENNA) - Tier 1
senna oral tablet (generic for SENOKOT) - Tier 1; QL
senna plus oral tablet (generic for SENOKOT S) - Tier 1
senna s (generic for SENOKOT S) - Tier 1
senna smooth (generic for SENNA SMOOTH) - Tier 1
senna-docusate sodium (generic for SENOKOT S) - Tier 1
senna-lax (generic for SENOKOT) - Tier 1; QL
senna-plus (generic for SENOKOT S) - Tier 1
senna-s (generic for SENOKOT S) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1; QL
senna-time (generic for SENOKOT) - Tier 1; QL
senna-time s (generic for SENOKOT S) - Tier 1

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

Preferred Agents	Non-Preferred Agents
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sennazon (generic for ONELAX SENNA) - Tier 1
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy (generic for CITRUCCEL) - Tier 1
stimulant lax plus (generic for SENOKOT S) - Tier 1
stimulant laxative (generic for SENOKOT S) - Tier 1
stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1
stool softener oral capsule 250 mg - Tier 1; QL
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1
stool softener pls laxative (generic for SENOKOT S) - Tier 1
stool softener plus laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative (generic for SENOKOT S) - Tier 1
stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1
vegetable lax+stool softener (generic for SENOKOT S) - Tier 1
vegetable laxative (generic for SENOKOT) - Tier 1; QL

ZOLGENSMA 10.1-10.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 10.6-11.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.1-11.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.6-12.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.1-12.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.6-13.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 13.1-13.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 2.6-3.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.1-3.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.6-4.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.1-4.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.6-5.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.1-5.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.6-6.0 KG - Tier 2; PA; SP; QL

Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
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ZOLGENSMA 10.1-10.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 10.6-11.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.1-11.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.6-12.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.1-12.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.6-13.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 13.1-13.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 2.6-3.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.1-3.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.6-4.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.1-4.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.6-5.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.1-5.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.6-6.0 KG - Tier 2; PA; SP; QL

ZOLGENSMA 10.1-10.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 10.6-11.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.1-11.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 11.6-12.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.1-12.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 12.6-13.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 13.1-13.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 2.6-3.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.1-3.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 3.6-4.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.1-4.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 4.6-5.0 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.1-5.5 KG - Tier 2; PA; SP; QL
ZOLGENSMA 5.6-6.0 KG - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
	ZOLGENSMA 6.1-6.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 6.6-7.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 7.1-7.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 7.6-8.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 8.1-8.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 8.6-9.0 KG - Tier 2; PA; SP; QL ZOLGENSMA 9.1-9.5 KG - Tier 2; PA; SP; QL ZOLGENSMA 9.6-10.0 KG - Tier 2; PA; SP; QL
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
ALDURAZYME - Tier 2; PA; SP <i>betaine (generic for CYSTADANE) - Tier 1; SP</i> CERDELGA - Tier 2; PA; SP; QL CEREZYME - Tier 2; PA; SP CHOLBAM - Tier 2; PA; SP; QL CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 3000-9500 UNIT - Tier 2; QL CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 24000-76000 UNIT, 36000-114000 UNIT, 6000-19000 UNIT - Tier 2 CYSTAGON - Tier 2; SP; QL ELAPRASE - Tier 2; PA; SP ELELYSO - Tier 2; PA; SP FABRAZYME - Tier 2; PA; SP	<i>BUPHENYL ORAL POWDER (brand for sodium phenylbutyrate) - Tier 2; DX2RX; SP</i> <i>BUPHENYL ORAL TABLET (brand for sodium phenylbutyrate) - Tier 2; PA; SP; QL</i> EVRYSDI - Tier 2; PA; SP; QL <i>ORFADIN ORAL CAPSULE 10 MG (brand for nitisinone) - Tier 2; PA; SP; QL</i> <i>ORFADIN ORAL CAPSULE 2 MG, 20 MG, 5 MG (brand for nitisinone) - Tier 2; PA; SP</i> ORFADIN ORAL SUSPENSION - Tier 2; PA; SP PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 8000-28750 UNIT - Tier 2; PA PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 4000-14375 UNIT - Tier 2; PA; QL

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Preferred Agents

JAVYGTOR ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL
JAVYGTOR ORAL PACKET 500 MG (brand for sapropterin dihydrochloride) - Tier 2; SP; QL
JAVYGTOR ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP
KANUMA - Tier 2; PA
KUVAN ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL
KUVAN ORAL PACKET 500 MG (brand for sapropterin dihydrochloride) - Tier 2; SP; QL
KUVAN ORAL TABLET (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP
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
LUMIZYME - Tier 2; PA; SP
miglustat (generic for ZAVESCA) - Tier 1; PA; SP; QL
NITYR - Tier 2; PA; SP; QL
RAVICTI - Tier 2; PA; SP; QL
REVCOVI - Tier 2; PA
sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP
sodium phenylbutyrate oral tablet (generic for BUPHENYL) - Tier 1; PA; SP; QL
STRENSIQ - Tier 2; PA; SP
TEGSEDI - Tier 2; PA; SP; QL
VPRIV - Tier 2; PA; SP
VYNDAMAX - Tier 2; PA; SP; QL
VYNDAQEL - Tier 2; PA; SP; QL
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT - Tier 2; QL

Non-Preferred Agents

PHEBURANE - Tier 2; PA; SP; QL
SPINRAZA - Tier 2; PA; SP
VIKACE - Tier 2; PA
ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Genitourinary Agents	
Antispasmodics, Urinary	
<p><i>DETROL (brand for tolterodine tartrate) - Tier 2; QL</i> <i>DETROL LA (brand for tolterodine tartrate er) - Tier 2; QL</i> <i>oxybutynin chloride er - Tier 1; QL</i> <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i> <i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; QL</i></p>	<p><i>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL</i> <i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL</i> <i>VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL</i></p>
Benign Prostatic Hypertrophy Agents	
<p><i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>dutasteride oral (generic for AVODART) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i> <i>tamsulosin hcl (generic for FLOMAX) - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i></p>	
Genitourinary Agents, Other	
<p><i>bethanechol chloride oral - Tier 1</i> <i>ELMIRON - Tier 2; DX2RX; QL</i> <i>penicillamine oral capsule (generic for CUPRIMINE) - Tier 1; SP</i> <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP</i> <i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL</i> <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP</i> <i>THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
<p><i>azo (generic for PHENAZO) - Tier 1</i> <i>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i> <i>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</i> <i>phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> <i>URO-PAIN (brand for cvs urinary pain relief) - Tier 2</i></p>	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; QL	ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)

ACTHAR - Tier 2; PA; SP; QL
 CORTROPHIN - Tier 2; PA; SP; QL
 dexamethasone intensol - Tier 1
 dexamethasone oral elixir - Tier 1; QL
 dexamethasone oral solution - Tier 1; QL
 dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1
 dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL
 dexamethasone oral tablet therapy pack (generic for HIDEX 6-DAY) - Tier 1
 fludrocortisone acetate oral - Tier 1; QL
 HIDEX 6-DAY (brand for dexamethasone) - Tier 2
 hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL
 KENALOG-10 - Tier 2
 MEDROL ORAL TABLET 2 MG - Tier 2
 methylprednisolone oral (generic for MEDROL) - Tier 1; QL
 prednisolone oral solution - Tier 1; QL
 prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1
 prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL
 prednisone intensol - Tier 1; QL
 prednisone oral solution - Tier 1; QL
 prednisone oral tablet - Tier 1; QL
 prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL
 prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1
 RAYOS - Tier 2; QL
 SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG - Tier 2
 TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2
 triamcinolone acetonide suspension 40 mg/ml injection (generic for KENALOG-40) - Tier 1
 TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION - Tier 2

EMFLAZA ORAL TABLET 6 MG (brand for deflazacort) - Tier 2; PA; SP

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate injection (generic for DDAVP) - Tier 1; PA</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i> <i>desmopressin acetate pf (generic for DDAVP PF) - Tier 1; PA</i> <i>desmopressin acetate spray - Tier 1; QL</i> GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPPO - Tier 2; PA; SP	HUMATROPE - Tier 2; PA; SP NOVAREL - Tier 2; DX2RX; Diagnosis Required for Hypogonadism or Cryptorchidism; Infertility diagnosis is a Plan Exclusion NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP SAIZEN - Tier 2; PA; SP ZOMACTON - Tier 2; PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
	SKYTROFA - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> <i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<i>mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; Coverage based on benefit; QL</i>	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p>ANDRODERM - Tier 2; PA; QL ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL danazol oral - Tier 1; QL testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL testosterone enanthate intramuscular - Tier 1; QL testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</p>	<p>NATESTO - Tier 2; PA; QL TESTIM (brand for testosterone) - Tier 2; PA; QL VOGELXO (brand for testosterone) - Tier 2; PA; QL XYOSTED - Tier 2; PA; QL</p>
Estrogens	
<p>afirmelle (generic for AFIRMELLE) - Tier 1; QL ALORA (brand for estradiol) - Tier 2; QL altavera (generic for ALTAVERA) - Tier 1; QL alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL amethyst (generic for AMETHYST) - Tier 1; QL apri - Tier 1; QL aranelle - Tier 1; QL aubra eq (generic for AFIRMELLE) - Tier 1; QL aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL aurovela 24 fe - Tier 1; QL aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL</p>	<p>ACTIVEVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL ANGELIQ - Tier 2; PA ANNOVERA - Tier 2; PA; QL BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL CLIMARA (brand for estradiol) - Tier 2; PA; QL CLIMARA PRO - Tier 2; PA COMBIPATCH - Tier 2; PA; QL DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM (brand for estradiol) - Tier 2; PA LO LOESTRIN FE - Tier 2; PA; QL</p>

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Preferred Agents

aviane (generic for AFIRMELLE) - Tier 1; QL
ayuna (generic for ALTAVERA) - Tier 1; QL
azurette (generic for AZURETTE) - Tier 1; QL
balziva (generic for BALZIVA) - Tier 1; QL
blisovi 24 fe - Tier 1; QL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
briellyn (generic for BALZIVA) - Tier 1; QL
camrese - Tier 1; QL
camrese lo - Tier 1; QL
chateal eq (generic for ALTAVERA) - Tier 1; QL
cryselle-28 - Tier 1; QL
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
delyla (generic for AFIRMELLE) - Tier 1; QL
DEPO-ESTRADIOL - Tier 2; QL
*desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)
(generic for AZURETTE) - Tier 1; QL*
dolishale (generic for AMETHYST) - Tier 1; QL
dotti (generic for DOTTI) - Tier 1; QL
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL
DUAVEE - Tier 2; QL
ELESTRIN - Tier 2; QL
elinet - Tier 1; QL
enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL
enskyce - Tier 1; QL
estarylla (generic for ESTARYLLA) - Tier 1; QL
estradiol oral (generic for ESTRACE) - Tier 1; QL

Non-Preferred Agents

MENEST ORAL TABLET 2.5 MG - Tier 2; PA; QL
NATAZIA - Tier 2; PA; QL
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL
ocella (generic for OCELLA) - Tier 1; PA; QL
SAFYRAL (brand for drospirenone-eth estrad-levomefol) - Tier 2; PA; QL
VAGIFEM (brand for estradiol) - Tier 2; PA; QL
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL
YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL
YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL

Preferred Agents

estradiol transdermal gel 0.5 mg/0.5gm, 1 mg/gm (generic for DIVIGEL) - Tier 1
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL
estradiol vaginal (generic for ESTRACE) - Tier 1; QL
ESTRING - Tier 2; QL
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL
EVAMIST - Tier 2
falmina (generic for AFIRMELLE) - Tier 1; QL
FEMRING - Tier 2; PA; QL
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
hailey 24 fe - Tier 1; QL
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
introvale (generic for INTROVALE) - Tier 1; QL
isibloom - Tier 1; QL
jaimiess - Tier 1; QL
jasmiel (generic for JASMIEL) - Tier 1; QL
juleber - Tier 1; QL
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL
kariva (generic for AZURETTE) - Tier 1; QL
kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL
kurvelo (generic for ALTAVERA) - Tier 1; QL
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL

Non-Preferred Agents

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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 (generic for AUROVELA FE 1/20) - Tier 1; QL
lessina (generic for AFIRMELLE) - Tier 1; QL
levonest (generic for ENPRESSE-28) - Tier 1; QL
levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for INTROVALE) - Tier 1; QL
levonorgestrel-ethinyl estrad (generic for AFIRMELLE) - Tier 1; QL
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL
loryna (generic for JASMIEL) - Tier 1; QL
low-ogestrel - Tier 1; QL
lo-zumandimine (generic for JASMIEL) - Tier 1; QL
lutera (generic for AFIRMELLE) - Tier 1; QL
lyllana (generic for DOTTI) - Tier 1; QL
marlissa (generic for ALTAVERA) - Tier 1; QL
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG - Tier 2; QL
MENOSTAR - Tier 2; QL
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL
microgestin 24 fe - Tier 1; QL
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL
milli (generic for ESTARYLLA) - Tier 1; QL
necon 0.5/35 (28) - Tier 1; QL
nikki (generic for JASMIEL) - Tier 1; QL
norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL

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

Preferred Agents**Non-Preferred Agents**

norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; QL
norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; QL
norgestimate-eth estradiol (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) - Tier 1; QL
nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL
philith (generic for BALZIVA) - Tier 1; QL
pimtrea (generic for AZURETTE) - Tier 1; QL
portia-28 (generic for ALTAVERA) - Tier 1; QL
PREMARIN ORAL - Tier 2; QL
PREMARIN VAGINAL - Tier 2; QL
PREMPHASE - Tier 2; QL
PREMPRO - Tier 2; QL
reclipsen - Tier 1; QL
setlakin (generic for INTROVALE) - Tier 1; QL
simliya (generic for AZURETTE) - Tier 1; QL
simpesse - Tier 1; QL
sprintec 28 (generic for ESTARYLLA) - Tier 1; QL

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Preferred Agents

sronyx (generic for AFIRMELLE) - Tier 1; QL
syeda (generic for OCELLA) - Tier 1; QL
tarina 24 fe - Tier 1; QL
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-legest fe - 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
trivora (28) (generic for ENPRESSE-28) - Tier 1; QL
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1; QL
turqoz - Tier 1; QL
TYBLUME - Tier 2; QL
velivet - Tier 1; QL
vestura (generic for JASMIEL) - Tier 1; QL
vienva (generic for AFIRMELLE) - Tier 1; QL
viorele (generic for AZURETTE) - Tier 1; QL
volnea (generic for AZURETTE) - Tier 1; QL
vyfemla (generic for BALZIVA) - Tier 1; QL
vylibra (generic for ESTARYLLA) - Tier 1; QL
wera - Tier 1; QL
xulane (generic for XULANE) - Tier 1; QL
yuvafem (generic for YUVAFEM) - Tier 1; QL
zafemy (generic for XULANE) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL
zumandimine (generic for OCELLA) - Tier 1; QL

Progestins

camila (generic for CAMILA) - Tier 1; QL
deblitane (generic for CAMILA) - Tier 1; QL
 ELLA - Tier 2; QL
errin (generic for CAMILA) - Tier 1; QL
heather (generic for CAMILA) - Tier 1; QL
medroxyprogesterone acetate (generic for DEPO-PROVERA) - Tier 1; QL
megestrol acetate oral suspension 40 mg/ml - Tier 1; QL
megestrol acetate oral tablet 20 mg - Tier 1
megestrol acetate oral tablet 40 mg - Tier 1; QL
norethindrone acetate oral - Tier 1; QL
norethindrone oral (generic for CAMILA) - Tier 1; QL
progesterone oral (generic for PROMETRIUM) - Tier 1; QL
sharobel (generic for CAMILA) - Tier 1; QL

DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL

Selective Estrogen Receptor Modifying Agents

raloxifene hcl (generic for EVISTA) - Tier 1; QL

EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL
 OSPHENA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
<i>aftera (generic for AFTERA) - Tier 1; QL</i> <i>curae (generic for AFTERA) - Tier 1; QL</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL</i> <i>her style (generic for AFTERA) - Tier 1; QL</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL</i> <i>my choice (generic for AFTERA) - Tier 1; QL</i> <i>my way (generic for AFTERA) - Tier 1; QL</i> <i>new day (generic for AFTERA) - Tier 1; QL</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL</i> <i>option 2 (generic for AFTERA) - Tier 1; QL</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL</i> <i>react (generic for AFTERA) - Tier 1; QL</i> <i>take action (generic for AFTERA) - Tier 1; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	ERMEZA - 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 TIROSINT-SOL - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
<p><i>ADTHYZA ORAL TABLET 120 MG, 15 MG (brand for thyroid) - Tier 2; QL</i></p> <p><i>ADTHYZA ORAL TABLET 30 MG, 60 MG, 90 MG (brand for niva thyroid) - Tier 2; QL</i></p> <p><i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; QL</i></p> <p><i>NIVA THYROID (brand for niva thyroid) - Tier 2; QL</i></p> <p><i>np thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL</i></p> <p><i>thyroid oral tablet 120 mg, 15 mg (generic for NP THYROID) - Tier 1; QL</i></p>	
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
<p><i>cabergoline - Tier 1; QL</i></p> <p><i>leuprolide acetate injection - Tier 1; PA; SP</i></p> <p><i>LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP</i></p> <p><i>LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP</i></p> <p><i>octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL</i></p>	<p><i>FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL</i></p> <p><i>ORIAHNN - Tier 2; PA; QL</i></p> <p><i>SYNAREL - Tier 2; PA</i></p> <p><i>TRIPTODUR - Tier 2; PA; SP; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p><i>octreotide acetate injection solution 200 mcg/ml - Tier 1; SP</i> <i>octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL</i> ORLISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL</p>	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<p><i>methimazole oral - Tier 1; QL</i> <i>propylthiouracil oral - Tier 1; QL</i></p>	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
<p>BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP <i>icatibant acetate (generic for SAJAZIR) - Tier 1; PA; SP; QL</i> KALBITOR - Tier 2; PA <i>sajazir (generic for SAJAZIR) - Tier 1; PA; SP; QL</i></p>	<p>HAEGARDA - Tier 2; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL</p>

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Preferred Agents

Non-Preferred Agents

Immunoglobulins

BIVIGAM - Tier 2; PA; SP
 FLEBOGAMMA DIF - Tier 2; PA; SP
 GAMMAGARD - Tier 2; PA; SP
 GAMMAGARD S/D LESS IGA - Tier 2; PA; SP
 GAMMAKED - Tier 2; PA; SP
 GAMUNEX-C - Tier 2; PA; SP
 HIZENTRA - Tier 2; PA; SP
 OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 2 GM/20ML, 30 GM/300ML - Tier 2; PA; SP
 OCTAGAM SOLUTION 10 GM/100ML INTRAVENOUS - Tier 2; PA; SP
 OCTAGAM SOLUTION 10 GM/200ML INTRAVENOUS - Tier 2; PA; SP
 OCTAGAM SOLUTION 20 GM/200ML INTRAVENOUS - Tier 2; PA; SP
 OCTAGAM SOLUTION 5 GM/100ML INTRAVENOUS - Tier 2; PA; SP
 OCTAGAM SOLUTION 5 GM/50ML INTRAVENOUS - Tier 2; PA; SP
 PRIVIGEN - Tier 2; PA; SP
 XEMBIFY - Tier 2; PA

CUVITRU - Tier 2; PA; SP
 HYQVIA - Tier 2; PA; SP

Preferred Agents	Non-Preferred Agents
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Immunological Agents, Other

<p>ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; SP; QL</p> <p>COSENTYX UNOREADY - Tier 2; PA; QL</p> <p>DUPIXENT - Tier 2; PA; SP; QL</p> <p>OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP</p> <p>ORENCIA CLICKJECT - Tier 2; PA; SP; QL</p> <p>ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL</p> <p>OTEZLA - Tier 2; PA; SP; QL</p> <p>SYNAGIS - Tier 2; SP; AL</p> <p>XELJANZ - Tier 2; PA; SP; QL</p> <p>XOLAIR - Tier 2; PA; SP; QL</p>	<p>ACTEMRA ACTPEN - Tier 2; PA; SP; QL</p> <p>ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL</p> <p>BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p> <p>COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL</p> <p>COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL</p> <p>ILUMYA - Tier 2; PA; SP; QL</p> <p>KEVZARA - Tier 2; PA; SP; QL</p> <p>KINERET - Tier 2; PA; SP; QL</p> <p>OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL</p> <p>RINVOQ - Tier 2; PA; SP; QL</p> <p>SILIQ - Tier 2; PA; SP; QL</p> <p>SKYRIZI PEN - Tier 2; PA; SP; QL</p> <p>SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL</p> <p>STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL</p> <p>TALTZ - Tier 2; PA; SP; QL</p> <p>TREMFYA - Tier 2; PA; SP; QL</p> <p>XELJANZ XR - Tier 2; PA; SP; QL</p>
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Immunostimulants

<p>ACTIMMUNE - Tier 2; PA; SP</p> <p>PEGASYS SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL</p>	
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Preferred Agents

Non-Preferred Agents

Immunosuppressants

azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL
cyclosporine modified oral capsule 100 mg, 25 mg (generic for GENGRAF) - Tier 1; QL
cyclosporine modified oral capsule 50 mg - Tier 1
cyclosporine modified oral solution (generic for GENGRAF) - Tier 1; QL
cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL
 ENBREL - Tier 2; PA; SP; QL
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1; QL
gengraf (generic for GENGRAF) - Tier 1; QL
 HUMIRA (2 PEN) - Tier 2; PA; SP; QL
 HUMIRA (2 SYRINGE) - Tier 2; PA; SP; QL
 HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL
 HUMIRA-PED<40KG CROHNS STARTER - Tier 2; PA; SP; QL
 HUMIRA-PED>=40KG CROHNS START - Tier 2; PA; SP; QL
 HUMIRA-PED>=40KG UC STARTER - Tier 2; PA; SP; QL
 HUMIRA-PSORIASIS/UEVIT STARTER - Tier 2; PA; SP; QL
leflunomide oral (generic for ARAVA) - Tier 1; QL
methotrexate sodium - Tier 1
methotrexate sodium (pf) - Tier 1
mycophenolate mofetil oral capsule (generic for CELLCEPT) - Tier 1; QL
mycophenolate mofetil oral suspension reconstituted (generic for CELLCEPT) - Tier 1; QL
mycophenolate mofetil oral tablet (generic for CELLCEPT) - Tier 1

AVSOLA - Tier 2; PA
 CIMZIA (2 SYRINGE) - Tier 2; PA; SP; QL
 CIMZIA VIAL KIT - Tier 2; PA; SP; QL
 CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML - Tier 2; PA; SP; QL
 ENSPRYNG - Tier 2; PA; SP; QL
 INFLECTRA - Tier 2; PA
 OTREXUP - Tier 2; PA; QL
 RASUVO - Tier 2; PA; QL
 SIMPONI - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
<p> <i>mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL</i> <i>mycophenolic acid (generic for MYFORTIC) - Tier 1; QL</i> SANDIMMUNE ORAL SOLUTION - Tier 2; QL <i>sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL</i> <i>sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL</i> <i>sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1</i> <i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</i> <i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</i> TREXALL - Tier 2 </p>	

Vaccines

<p> ACTHIB - Tier 2 ADACEL - Tier 2; QL; AL BEXSERO - Tier 2; QL; AL BOOSTRIX INTRAMUSCULAR SUSPENSION - Tier 2; QL; AL DAPTACEL - Tier 2; QL; AL ENGERIX-B - Tier 2; QL; AL GARDASIL 9 - Tier 2; QL; AL HAVRIX - Tier 2; QL; AL HIBERIX - Tier 2 INFANRIX - Tier 2; QL; AL IPOL - Tier 2 MENVEO INTRAMUSCULAR SOLUTION - Tier 2; QL MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED - Tier 2; QL; AL </p>	
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Preferred Agents**Non-Preferred Agents**

M-M-R II - Tier 2; QL; AL
PEDIARIX - Tier 2; QL; AL
PEDVAX HIB - Tier 2
PENTACEL - Tier 2; QL; AL
PREHEVBRIO - Tier 2; QL
PRIORIX - Tier 2; QL
PROQUAD - Tier 2; QL; AL
QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL; AL
RECOMBIVAX HB - Tier 2; QL; AL
ROTARIX - Tier 2; AL
ROTATEQ - Tier 2
TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL; AL
TENIVAC - Tier 2; QL; AL
TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL; AL
TRUMENBA - Tier 2; QL; AL
TWINRIX - Tier 2; QL; AL
VAQTA - Tier 2; QL; AL
VARIVAX - Tier 2; QL; AL
VAXNEUVANCE - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
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Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
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Vaccines	
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<p>AFLURIA QUADRIVALENT - Tier 2; QL; AL DENGVAXIA - Tier 2; QL FLUAD QUADRIVALENT - Tier 2; QL; AL FLUARIX QUADRIVALENT - Tier 2; QL; AL FLUBLOK QUADRIVALENT - Tier 2; QL; AL FLUCELVAX QUADRIVALENT - Tier 2; QL; AL FLULAVAL QUADRIVALENT - Tier 2; QL; AL FLUMIST QUADRIVALENT - Tier 2; QL; AL FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL; AL FLUZONE QUADRIVALENT - Tier 2; QL; AL HEPLISAV-B - Tier 2; QL; AL NOVAVAX COVID-19 VACCINE - Tier 2; QL; AL PNEUMOVAX 23 - Tier 2; QL; AL PREVNAR 20 - Tier 2; QL</p>	
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Inflammatory Bowel Disease Agents	
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Aminosalicylates	
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<p><i>APRISO (brand for mesalamine er) - Tier 2; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; QL</i> <i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL</i> <i>PENTASA (brand for mesalamine er) - Tier 2; QL</i> SFROWASA - Tier 2; QL <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i></p>	<p><i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL <i>LIALDA (brand for mesalamine) - Tier 2; PA; QL</i></p>
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Preferred Agents	Non-Preferred Agents
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Glucocorticoids

<p><i>ANUSOL-HC EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>budesonide oral - Tier 1; QL</i> <i>CORTIFOAM - Tier 2; QL</i> <i>hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i> <i>PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>PROCTOCORT EXTERNAL (brand for hydrocortisone (perianal)) - Tier 2; QL</i> <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL</i></p>	<p><i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i></p>
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Metabolic Bone Disease Agents

<p><i>alendronate sodium oral solution - Tier 1; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; AL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i> <i>FORTEO (brand for teriparatide) - Tier 2; PA; SP; QL</i> <i>ibandronate sodium oral - Tier 1</i> <i>PROLIA - Tier 2; PA</i></p>	<p><i>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA</i> <i>ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL</i> <i>ATELVIA (brand for risedronate sodium) - Tier 2; PA</i> <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i> <i>FOSAMAX PLUS D - Tier 2; PA; QL</i> <i>RAYALDEE - Tier 2; PA; QL</i> <i>TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</i> <i>TYMLOS - Tier 2; PA; SP; QL</i></p>
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Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p>ABRYSVO - Tier 2; For ages 59 years and under, PA required and no PA for ages 60 years and over; QL <i>acne control cleanser (generic for CLEARSKIN) - Tier 1</i> <i>acne medication 10 external lotion - Tier 1</i> <i>acne medication 5 external lotion - Tier 1</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i> ADALIMUMAB-ADB (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL ADALIMUMAB-ADB (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL ADALIMUMAB-ADB (CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL ADALIMUMAB-ADB (PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL <i>adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1</i> <i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1</i> ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL <i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL</i> <i>antifungal (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</i> <i>antifungal tolinaftate (generic for TINACTIN) - Tier 1; QL</i> AREXVY - Tier 2; QL <i>arginine oral packet - Tier 1</i> <i>arthritis pain relieving - Tier 1; QL</i></p>	<p>ALTUVIIIIO - Tier 2; PA AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML - Tier 2; PA; SP; QL AUVELITY - Tier 2; PA; QL <i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE 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</i> <i>BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i> <i>BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i> CALQUENCE - Tier 2; PA; SP; QL EMPAVELI - Tier 2; PA; SP; QL GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL HYFTOR - Tier 2; PA; QL HYMOVIS - Tier 2; PA <i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<i>aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i>	<i>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM ,</i>
<i>aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL</i>	<i>31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i>
<i>aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i>	<i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for</i>
<i>aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i>	<i>global inject ease insulin syr) - Tier 2; PA; QL</i>
<i>aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i>	<i>INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16"</i>
<i>aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL</i>	<i>0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL</i>
<i>aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL</i>	<i>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq</i>
<i>aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL</i>	<i>insulin syringe) - Tier 2; PA; QL</i>
<i>aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i>	<i>INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X</i>
<i>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for aspirin) - Tier 2; QL</i>	<i>5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite</i>
<i>aspirin rectal suppository 300 mg - Tier 1</i>	<i>insulin syringe) - Tier 2; PA; QL</i>
<i>aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL</i>	<i>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin</i>
<i>athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</i>	<i>syringe) - Tier 2; PA; QL</i>
<i>athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL</i>	<i>JIVI - Tier 2; PA; SP</i>
<i>athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1</i>	<i>KRAZATI - Tier 2; PA; SP; QL</i>
<i>athletes foot relief (generic for TINACTIN) - Tier 1</i>	<i>LITFULO - Tier 2; PA; QL</i>
	<i>MOUNJARO - Tier 2; PA; QL</i>
	<i>OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL</i>
	<i>OMNIPOD 5 G6 PODS (GEN 5) - Tier 2; PA; QL</i>
	<i>ORLADEYO - Tier 2; PA; SP; QL</i>
	<i>PREZISTA ORAL TABLET 600 MG, 800 MG (brand for darunavir) - Tier 2; PA; QL</i>
	<i>QUVIVIQ - Tier 2; PA; QL</i>
	<i>RELYVRIO - Tier 2; PA; SP; QL</i>
	<i>REZDIFFRA ORAL TABLET 80 MG - Tier 2; PA; SP</i>
	<i>RYALTRIS - Tier 2; PA; QL; AL</i>
	<i>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL</i>

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Preferred Agents	Non-Preferred Agents
<p>AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL</p> <p>AXONA (brand for pro-critic) - Tier 2</p> <p>bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL</p> <p>bacitracin zinc external - Tier 1; QL</p> <p>bacitracin zinc first aid - Tier 1; QL</p> <p>bacitracin zinc-aloe - Tier 1; QL</p> <p>BAYER ASPIRIN (brand for aspirin) - Tier 2; QL</p> <p>BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL</p> <p>BCAD 1 (brand for pku trio) - Tier 2; QL</p> <p>BCAD 2 (brand for pku trio) - Tier 2; QL</p> <p>BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</p> <p>BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL</p> <p>BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL</p> <p>benzoyl peroxide external gel 2.5 % - Tier 1</p> <p>benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL</p> <p>benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL</p> <p>BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL</p> <p>bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL</p>	<p>SOLIRIS - Tier 2; PA; SP; QL</p> <p>SOTYKTU - Tier 2; PA; SP; QL</p> <p>STIMUFEND - Tier 2; PA; SP</p> <p>VIVJOA - Tier 2; PA; QL</p> <p>VOQUEZNA DUAL PAK - Tier 2; PA; QL</p> <p>VTAMA - Tier 2; PA; QL</p> <p>VYJUVEK - Tier 2; PA</p> <p>WINLEVI - Tier 2; PA; QL</p> <p>XPHOZAH ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL</p> <p>YONSA - Tier 2; PA; SP; QL</p> <p>ZORYVE EXTERNAL CREAM - Tier 2; PA; QL; AL</p>

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Preferred Agents

bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1
BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL
calamine external lotion - Tier 1
capsaicin external cream (generic for DERMACINRX PENETRAL) - Tier 1; QL
capsaicin hp (generic for ZOSTRIX HP) - Tier 1; QL
capsaicin pain relief (generic for ZOSTRIX HP) - Tier 1; QL
capzix (generic for ZOSTRIX HP) - Tier 1; QL
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL
CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL
CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL
c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL
CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

clearskin (generic for CLEARSKIN) - Tier 1
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
COMIRNATY - Tier 2; QL; AL
CONDOMS - Tier 2; QL
COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL
corn & callus remover (generic for COMPOUND W) - Tier 1
corn and callus remover (generic for COMPOUND W) - Tier 1
COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2
COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL
cystine - Tier 1
daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1
darunavir (generic for PREZISTA) - Tier 1; QL
DERMELEVE ADVANCED FORMULA - Tier 2
DEXCOM G6 TRANSMITTER - Tier 2; PA; QL
DIALYVITE OMEGA-3 CONCENTRATE (brand for omega-3 microgel) - Tier 2

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Preferred Agents**Non-Preferred Agents**

DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1
DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL
DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL
DUREX TROPICAL (brand for true cover) - Tier 2; QL
EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL
EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL
ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL
FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2
FC2 FEMALE CONDOM - Tier 2; QL
fish oil concentrate oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1
fish oil half-the-size (generic for OVEGA-3) - Tier 1
fish oil high potency (generic for SEA-OMEGA) - Tier 1
fish oil oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1

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Preferred Agents

fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1
fish oil oral capsule 300 mg (generic for FISH OIL PEARLS) - Tier 1
fish oil oral capsule 500 mg (generic for OVEGA-3) - Tier 1
fish oil oral capsule delayed release 1000 mg (generic for OMEGAPURE 600 EC) - Tier 1
fish oil oral capsule delayed release 1200 mg - Tier 1
FLEET BISACODYL - Tier 2; QL
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2; QL
FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL
folic acid oral tablet 400 mcg - Tier 1
foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
ft antibiotic - Tier 1; QL
ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
ft aspirin oral tablet (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
ft double antibiotic (generic for POLYSPORIN) - Tier 1
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL
ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL
ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL
fungi-guard (generic for TINACTIN) - Tier 1; QL
FYLNETRA - Tier 2; PA; SP
gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL
genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
glycine urologic - Tier 1
gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
HCU COOLER (brand for balanced nutritional drink) - Tier 2
HCU GEL (brand for nutricia preop) - Tier 2
HCY 1 (brand for pku trio) - Tier 2; QL
HCY 2 (brand for pku trio) - Tier 2; QL
h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL
hydromet (generic for HYCODAN) - Tier 1; QL; AL
hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL
hyosyne - Tier 1; QL
IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL
INSPIREASE RESERVOIR BAGS - Tier 2; QL

Non-Preferred Agents

Preferred Agents

INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL
jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
KERALYT EXTERNAL GEL 6 % (brand for salicylic acid) - Tier 2; QL
laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL
leucine oral - Tier 1
LEVBIID (brand for hyoscyamine sulfate er) - Tier 2; QL
LEVSIN (brand for hyoscyamine sulfate) - Tier 2; QL
LEVSIN/SL (brand for hyoscyamine sulfate) - Tier 2; QL
LIPISTART (brand for pku trio) - Tier 2; QL
liquid corn & callus rem (generic for COMPOUND W) - Tier 1
liquid wart remover (generic for COMPOUND W) - Tier 1
liquid wart remover max st (generic for COMPOUND W) - Tier 1
LIVITA CHILDREN (brand for mvw hi-d drops w/extra vit d) - Tier 2; QL
magnesium oxide oral tablet 400 mg - Tier 1
magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1
MAOX (brand for magnesium oxide) - Tier 2
MASK VORTEX/CHILD/FROG - Tier 2; QL
MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL
MCT PRO-CAL (brand for nutricia preop) - Tier 2
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1

Non-Preferred Agents

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Preferred Agents

medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL
MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL
MMA/PA GEL (brand for nutricia preop) - Tier 2
MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL; AL
MSUD COOLER (brand for balanced nutritional drink) - Tier 2
MSUD GEL (brand for nutricia preop) - Tier 2
natural fish oil (generic for SEA-OMEGA) - Tier 1
NEODOT THERMOMETER - Tier 2; QL
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2
NULEV (brand for hyoscyamine sulfate) - Tier 2; QL
OA 1 (brand for pku trio) - Tier 2; QL
OA 2 (brand for pku trio) - Tier 2; QL
odorless coated fish oil (generic for OMEGAPURE 600 EC) - Tier 1
omega-3 fish oil (generic for THERAGRAN-M FISH OIL CONC) - Tier 1
omega-3 fish oil oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1
omega-3 fish oil oral capsule 1200 mg (generic for THERAGRAN-M FISH OIL CONC) - Tier 1
omega-3 fish oil oral capsule 300 mg (generic for FISH OIL PEARLS) - Tier 1
omega-3 microgel (generic for DIALYVITE OMEGA-3 CONCENTRATE) - Tier 1
omega-3 oral capsule 1000 mg (generic for SEA-OMEGA) - Tier 1

Non-Preferred Agents

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Preferred Agents

omega-3 oral capsule 1400 mg - Tier 1
OMNIFLEX DIAPHRAGM - Tier 2; QL
ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL
ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL
ONELAX (brand for bisacodyl) - Tier 2; QL
OPILL - Tier 2; QL
OSCIMIN (brand for hyoscyamine sulfate) - Tier 2; QL
PANOXYL (brand for bp wash) - Tier 2
PENBRAYA - Tier 2; QL
PFD 2 (brand for pku trio) - Tier 2; QL
PFD TODDLER (brand for pku trio) - Tier 2; QL
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL; AL
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL; AL
PHENYL-FREE 2 (brand for pku trio) - Tier 2; QL
PHENYL-FREE 2HP (brand for pku trio) - Tier 2; QL
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2
PKU COOLER 10 (brand for balanced nutritional drink) - Tier 2
PKU COOLER 15 (brand for balanced nutritional drink) - Tier 2
PKU COOLER 20 (brand for balanced nutritional drink) - Tier 2
pku trio (generic for BCAD 1) - Tier 1; QL
poly bacitracin (generic for POLYSPORIN) - Tier 1
POLYSPORIN (brand for cvs poly bacitracin) - Tier 2
PREZISTA ORAL SUSPENSION - Tier 2; QL
PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL
PRO-CRITIC (brand for pro-critic) - Tier 2

Non-Preferred Agents

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Preferred Agents**Non-Preferred Agents**

QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL

salicylic acid external foam (generic for SALVAX) - Tier 1

salicylic acid external gel (generic for KERALYT) - Tier 1; QL

salicylic acid wart remover (generic for VIRASAL) - Tier 1; QL

SALVAX (brand for salicylic acid) - Tier 2

SALYNTRA (brand for salicylic acid) - Tier 2; QL

sam-e.p.a. (generic for OVEGA-3) - Tier 1

scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1

sea-omega (generic for SEA-OMEGA) - Tier 1

SEVENFACT - Tier 2; PA

SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2

SPIKEVAX - Tier 2; QL; AL

ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL

STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL

sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL

TECARTUS - Tier 2; PA

the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL

TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL

tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL

tolnaftate external cream (generic for TINACTIN) - Tier 1; QL

tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1

TRUE COVER (brand for true cover) - Tier 2; QL

Preferred Agents

TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL
TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2
TYR COOLER (brand for balanced nutritional drink) - Tier 2
TYR GEL (brand for nutricia preop) - Tier 2
TYROS 1 (brand for pku trio) - Tier 2; QL
TYROS 2 (brand for pku trio) - Tier 2; QL
ULTOMIRIS - Tier 2; PA
VAPORIZER WARM STEAM - Tier 2; QL
VAXELIS - Tier 2; QL; AL
VIRASAL (brand for salicylic acid wart remover) - Tier 2; QL
vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1
wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1
WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL
WND 1 (brand for pku trio) - Tier 2; QL
WND 2 (brand for pku trio) - Tier 2; QL
womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL
womens laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL
ZOSTRIX HP (brand for capsaicin) - Tier 2; QL

Non-Preferred Agents

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

Preferred Agents	Non-Preferred Agents
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Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

ALECENSA - Tier 2; PA; SP; QL
 ALUNBRIG - Tier 2; PA; SP; QL
 CABOMETYX - Tier 2; PA; SP; QL
 CAPRELSA - Tier 2; PA; SP; QL
 COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL
 COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL
 COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL
erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL
gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL
 GILOTRIF - Tier 2; PA; SP; QL
imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL
 IMBRUVICA - Tier 2; PA; SP; QL
 INLYTA - Tier 2; PA; SP; QL
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL

 LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL
 LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL
 SPRYCEL - Tier 2; PA; SP; QL
 TASIGNA - Tier 2; PA; SP; QL
 TURALIO - Tier 2; PA; SP; QL; AL
 XALKORI - Tier 2; PA; SP; QL

BOSULIF - Tier 2; PA; SP; QL
 BRUKINSA - Tier 2; PA; SP; QL
 GAVRETO - Tier 2; PA; SP; QL
GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL
 ICLUSIG - Tier 2; PA; SP; QL
IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL
 LORBRENA - Tier 2; PA; SP; QL
 RETEVMO - Tier 2; PA; SP; QL
 TABRECTA - Tier 2; PA; SP; QL
 TAGRISSO - Tier 2; PA; SP; QL
TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL
 VIZIMPRO - Tier 2; PA; SP; QL
VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL
 XOSPATA - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Monoclonal Antibodies - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
	TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA; SP; QL PONVORY STARTER PACK - Tier 2; PA; SP; QL
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanoid Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i> <i>tafluprost (pf) (generic for ZIOPTAN) - Tier 1; PA; QL</i> <i>travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA; QL</i>	LUMIGAN - Tier 2; PA; QL TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL XALATAN (brand for latanoprost) - Tier 2; PA; QL XELPROS - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL

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Preferred Agents

Non-Preferred Agents

Ophthalmic Agents, Other

altafrin (generic for ALTAFRIN) - Tier 1
atropine sulfate ophthalmic ointment - Tier 1
atropine sulfate ophthalmic solution 1 % - Tier 1; QL
bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL
 CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % - Tier 2; QL
cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL
 CYSTARAN - Tier 2; DX2RX; SP; QL
dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL
dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1
neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL
neomycin-polymyxin-hc ophthalmic - Tier 1; QL
neo-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL
phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1
RESTASIS (brand for cyclosporine) - Tier 2; PA; QL
sulfacetamide-prednisolone - Tier 1
 TOBRADEX - Tier 2; QL
 TOBRADEX ST - Tier 2; QL
tobramycin-dexamethasone - Tier 1; QL
 XIIDRA - Tier 2; PA; QL

CEQUA - Tier 2; PA; QL
COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL
COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL
COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA
RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL
 ROCKLATAN - Tier 2; PA; QL
 TYRVAYA - Tier 2; PA; QL
 VERKAZIA - Tier 2; PA; QL
 ZYLET - Tier 2; PA; QL

Ophthalmic Anti-allergy Agents

azelastine hcl ophthalmic - Tier 1; ST
cromolyn sodium ophthalmic - Tier 1; QL
olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL
PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL

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Preferred Agents	Non-Preferred Agents
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Ophthalmic Anti-Infectives

bacitracin ophthalmic - Tier 1; QL
bacitracin-polymyxin b (generic for POLYCIN) - Tier 1; QL
ciprofloxacin hcl ophthalmic - Tier 1; QL
erythromycin ophthalmic - Tier 1; QL
gentamicin sulfate ophthalmic - Tier 1; QL
moxifloxacin hcl (2x day) - Tier 1; QL
moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL
 NATACYN - Tier 2
neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1; QL
neomycin-polymyxin-gramicidin - Tier 1; QL
neo-polycin (generic for NEO-POLYCIN) - Tier 1; QL
ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL
polycin (generic for POLYCIN) - Tier 1; QL
polymyxin b-trimethoprim - Tier 1; QL
sulfacetamide sodium ophthalmic - Tier 1; QL
tobramycin ophthalmic - Tier 1; QL
trifluridine - Tier 1; QL

AZASITE - Tier 2; PA; QL
 BESIVANCE - Tier 2; PA; QL
 VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL

Ophthalmic Anti-inflammatories

ACUVAIL - Tier 2; QL
dexamethasone sodium phosphate ophthalmic - Tier 1
diclofenac sodium ophthalmic - Tier 1; QL
fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL
flurbiprofen sodium - Tier 1; QL
ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1
ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL
 MAXIDEX - Tier 2; QL
prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL
 PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL

ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA
 BROMSITE (brand for bromfenac sodium) - Tier 2; PA; QL
 EYSUVIS - Tier 2; PA; QL
 FLAREX - Tier 2; PA; QL
 FML FORTE - Tier 2; PA; QL
 ILEVRO - Tier 2; PA; QL
 INVELTYS - Tier 2; PA; QL
 LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL
 LOTEMAX SM - Tier 2; PA; QL
 NEVANAC - Tier 2; PA; QL
 PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL
 PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p><i>prednisolone sodium phosphate ophthalmic - Tier 1</i></p>	
<p>Ophthalmic Beta-Adrenergic Blocking Agents</p>	
<p><i>betaxolol hcl ophthalmic - Tier 1; QL</i> BETOPTIC-S - Tier 2; QL <i>carteolol hcl - Tier 1</i> <i>levobunolol hcl - Tier 1; QL</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i></p>	<p>BETIMOL - Tier 2; PA; QL <i>ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL</i> <i>TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL</i></p>
<p>Ophthalmic Intraocular Pressure Lowering Agents, Other</p>	
<p><i>apraclonidine hcl - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i> <i>brinzolamide (generic for AZOPT) - Tier 1; PA</i> DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> PHOSPHOLINE IODIDE - Tier 2; QL <i>pilocarpine hcl ophthalmic - Tier 1</i></p>	<p><i>ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL</i> <i>AZOPT (brand for brinzolamide) - Tier 2; PA</i> RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL</p>

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Preferred Agents**Non-Preferred Agents****Ophthalmic Agents - Drugs to Treat Eye Conditions****Ophthalmic Agents, Other - Miscellaneous Eye Drugs**

altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1
altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
altalube (generic for ALTALUBE) - Tier 1; QL
artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1
astringent eye drops (generic for VISINE-AC) - Tier 1; QL
BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2
BION TEARS PF (brand for cvs natural tears pf) - Tier 2
carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL
dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL
eye drops adv relief - Tier 1; QL
eye drops advanced relief - Tier 1; QL
eye drops long lasting (generic for SYSTANE) - Tier 1; QL
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL
eye irritation relief drops (generic for VISINE-AC) - Tier 1; QL
eye lubricant (generic for ALTALUBE) - Tier 1; QL
eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL
EYES ALIVE (brand for cvs lubricant eye drops (pf)) - Tier 2
for sty relief (generic for ALTALUBE) - Tier 1; QL
ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1
ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL

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Preferred Agents

ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
GENTEAL SEVERE - Tier 2; QL
GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2
GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2
GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2
GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; QL
HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; QL
lubricant drops fast act (generic for SYSTANE) - Tier 1; QL
lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL
lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL
lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL
lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL
lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1
lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubricant eye pm (generic for ALTALUBE) - Tier 1; QL
lubricant pm (generic for ALTALUBE) - Tier 1; QL
lubricating eye drop (generic for BIOLLE TEARS) - Tier 1
lubricating eye drops (generic for SYSTANE) - Tier 1; QL
lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL
lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1
lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1
lubricating plus pf (generic for BIOLLE TEARS) - Tier 1
lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL
lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL
MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2
MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL
natural tears pf (generic for BION TEARS PF) - Tier 1
nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL
nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL
polyvinyl alcohol ophthalmic - Tier 1
pure & gentle lubricant - Tier 1
REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL
REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL

Non-Preferred Agents

Preferred Agents

relief eye drops (generic for VISINE-AC) - Tier 1; QL
restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1
restore pm (generic for ALTALUBE) - Tier 1; QL
SENTIA (brand for cvs lubricant drops) - Tier 2; QL
sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1
sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL
sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1
sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL
SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL
SYSTANE CONTACTS (brand for artificial tears) - Tier 2
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL
SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL
SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL
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

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
<i>eye allergy relief (generic for OPCON-A) - Tier 1</i> <i>NAPHCON-A (brand for allergy eye) - Tier 2</i> <i>VISINE (brand for allergy eye) - Tier 2</i>	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
<i>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</i> <i>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</i> <i>allergy eye drops (generic for ALAWAY) - Tier 1; QL</i> <i>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL</i> <i>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL</i> <i>ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</i>	
Otic Agents	
<i>acetic acid otic - Tier 1; QL</i> <i>CIPRO HC - Tier 2; PA; QL</i> <i>ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; QL</i> <i>ciprofloxacin-dexamethasone - Tier 1; QL</i> <i>hydrocortisone-acetic acid - Tier 1; QL</i> <i>neomycin-polymyxin-hc otic - Tier 1; QL</i> <i>ofloxacin otic - Tier 1; QL</i>	

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Preferred Agents**Non-Preferred Agents****Otic Agents - Drugs to Treat Ear Conditions****Otic Agents - Drugs for the Ear**

CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2

CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2

ear drops otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

earwax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1

Preferred Agents

Non-Preferred Agents

Respiratory Tract/Pulmonary Agents

Antihistamines

all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
all day allergy relief (generic for ZYRTEC ALLERGY) - Tier 1; QL
allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL
allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy medication (generic for BANOPHEN) - Tier 1; QL
allergy medicine (generic for BANOPHEN) - Tier 1; QL
allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief (cetirizine) oral capsule 10 mg (generic for ZYRTEC ALLERGY) - Tier 1; QL
allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL

DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL

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Preferred Agents

allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL
allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL
azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL
banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL
banophen oral tablet (generic for BANOPHEN) - Tier 1; QL
BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL
BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL
BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL
cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL
cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL
cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL
cetirizine hcl oral tablet chewable (generic for WAL-ZYR CHILDRENS) - Tier 1; Members >= 8 years of age will require PA; QL

Non-Preferred Agents

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

Preferred Agents

childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
clemastine fumarate oral - Tier 1; QL
complete allergy (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine (generic for BANOPHEN) - Tier 1; QL
complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL
complete allergy relief (generic for BANOPHEN) - Tier 1; QL
CURELIEF (brand for allergy childrens) - Tier 2; QL
cyproheptadine hcl oral - Tier 1; QL
DAYHIST ALLERGY 12 HOUR RELIEF - Tier 2; QL
diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
diphenhydramine hcl injection - Tier 1; QL
diphenhydramine hcl oral (generic for BANOPHEN) - Tier 1; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL
ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL
ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL
ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL
geri-dryl (generic for BANOPHEN) - Tier 1; QL
h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
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indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL
levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL
liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL
m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
MM ALLER-BEN (brand for allergy relief) - Tier 2; QL
NARAMIN (brand for allergy childrens) - Tier 2; QL
pharbedryl (generic for BANOPHEN) - Tier 1; QL
RYCLORA - Tier 2; QL
siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
total allergy (generic for BANOPHEN) - Tier 1; QL
total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL
ZYRTEC (brand for cetirizine hcl) - Tier 2; Members >= 8 years of age will require PA; QL
ZYRTEC ALLERGY (brand for all day allergy) - Tier 2; QL
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (brand for cetirizine hcl) - Tier 2; Members >= 8 years of age will require PA; QL

Anti-inflammatories, Inhaled Corticosteroids

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
flunisolide nasal - Tier 1; QL
 FLUTICASONE PROPIONATE DISKUS - Tier 2; QL
 FLUTICASONE PROPIONATE HFA - Tier 2; QL
fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL
 PULMICORT FLEXHALER - Tier 2; QL

ALVESCO - Tier 2; PA
 ARNUITY ELLIPTA - Tier 2; PA; QL
 ASMANEX HFA - Tier 2; PA; Members >= 8 years of age will require PA; QL
 OMNARIS - Tier 2; PA; QL
PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; QL
 QNASL - Tier 2; PA; QL
 QNASL CHILDRENS - Tier 2; PA; QL
 QVAR REDHALER - Tier 2; PA; QL
 XHANCE - Tier 2; PA; QL
 ZETONNA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antileukotrienes	
<p>montelukast sodium oral packet (generic for SINGULAIR) - Tier 1; QL; AL</p> <p>montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1; QL</p> <p>montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1; QL</p>	<p>ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL</p> <p>SINGULAIR ORAL PACKET (brand for montelukast sodium) - Tier 2; PA; QL; AL</p> <p>SINGULAIR ORAL TABLET (brand for montelukast sodium) - Tier 2; PA; QL</p> <p>SINGULAIR ORAL TABLET CHEWABLE (brand for montelukast sodium) - Tier 2; PA; QL</p> <p>zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL</p> <p>ZYFLO - Tier 2; PA</p>
Bronchodilators, Anticholinergic	
<p>ATROVENT HFA - Tier 2; QL</p> <p>ipratropium bromide inhalation - Tier 1; QL</p> <p>ipratropium bromide nasal - Tier 1; QL</p> <p>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; HANDIHALER only; QL</p> <p>SPIRIVA RESPIMAT - Tier 2; QL</p> <p>TUDORZA PRESSAIR - Tier 2; QL</p>	<p>INCRUSE ELLIPTA - Tier 2; PA; QL</p> <p>YUPELRI - Tier 2; PA; QL</p>
Bronchodilators, Sympathomimetic	
<p>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA) - Tier 1; QL</p> <p>ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL</p> <p>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</p> <p>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL</p> <p>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL</p> <p>ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL</p> <p>albuterol sulfate oral syrup - Tier 1; QL</p>	<p>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</p> <p>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL</p> <p>EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL</p> <p>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</p> <p>PROAIR RESPICLICK - Tier 2; PA; QL</p> <p>PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</p> <p>STRIVERDI RESPIMAT - Tier 2; PA; QL</p> <p>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</p> <p>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p><i>epinephrine solution auto-injector 0.15 mg/0.3ml injection (generic for EPIPEN JR 2-PAK) - Tier 1; QL</i> <i>epinephrine solution auto-injector 0.3 mg/0.3ml injection (generic for AUVI-Q) - Tier 1; QL</i> SEREVENT DISKUS - Tier 2; PA; QL</p>	
Cystic Fibrosis Agents	
<p><i>BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL</i> KALYDECO - Tier 2; PA; SP; QL <i>KITABIS PAK (brand for tobramycin) - Tier 2; PA; SP; QL</i> ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; DX2RX; SP; QL SYMDEKO - Tier 2; PA; SP; QL TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG - Tier 2; PA; SP; QL TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</p>	<p>CAYSTON - Tier 2; PA; SP; QL TOBI PODHALER - Tier 2; PA; SP; QL <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; PA; SP; QL</i></p>
Mast Cell Stabilizers	
<p><i>cromolyn sodium inhalation - Tier 1; QL</i></p>	
Phosphodiesterase Inhibitors, Airways Disease	
<p><i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i> THEO-24 - Tier 2 <i>theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i> <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i> <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
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Pulmonary Antihypertensives

alyq (generic for ALYQ) - Tier 1; PA; SP; QL
ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL
bosentan (generic for TRACLEER) - Tier 1; PA; SP; QL
 LIQREV - Tier 2; SP; QL; AL
 ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL
 ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL
 ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP
 ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL
sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL
tadalafil (pah) (generic for ALYQ) - Tier 1; PA; SP; QL

ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL
 ADEMPAS - Tier 2; PA; SP; QL
LETAIRIS (brand for ambrisentan) - Tier 2; PA; SP; QL
 OPSUMIT - Tier 2; PA; SP; QL
REVATIO ORAL SUSPENSION RECONSTITUTED (brand for sildenafil citrate) - Tier 2; PA; SP; QL; AL
REVATIO ORAL TABLET (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL
sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; PA; SP; QL; AL
 TADLIQ - Tier 2; PA; SP; QL
TRACLEER 62.5 MG, 125 MG (brand for bosentan) - Tier 2; PA; SP; QL
 TRACLEER 32 MG - Tier 2; PA; SP; QL; AL
 TYVASO - Tier 2; PA; Coverable through Medical Benefit; SP
 TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL
 TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL
 TYVASO REFILL - Tier 2; PA; Coverable through Medical Benefit; SP
 TYVASO STARTER - Tier 2; PA; Coverable through Medical Benefit; SP
 UPTRAVI ORAL - Tier 2; PA; SP; QL
 VENTAVIS INHALATION SOLUTION 10 MCG/ML - Tier 2; PA; Coverable through Medical Benefit; SP; QL
 VENTAVIS INHALATION SOLUTION 20 MCG/ML - Tier 2; PA; Coverable through Medical Benefit; SP

Pulmonary Fibrosis Agents

OFEV - Tier 2; PA; SP; QL
pirfenidone oral capsule (generic for ESBRIET) - Tier 1; 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

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Preferred Agents	Non-Preferred Agents
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Respiratory Tract Agents, Other

<p><i>acetylcysteine inhalation</i> - Tier 1 FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL <i>promethazine vc</i> - Tier 1; QL</p>	<p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p>
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Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions

<p><i>4-WAY FAST ACTING (brand for cvs nasal spray)</i> - Tier 2 <i>4-WAY MENTHOL (brand for cvs nasal spray)</i> - Tier 2 <i>AFRIN SALINE NASAL MIST (brand for altamist spray)</i> - Tier 2 <i>altamist spray (generic for AFRIN SALINE NASAL MIST)</i> - Tier 1 <i>altarussin (generic for TUSNEL-EX)</i> - Tier 1; QL <i>AYR (brand for altamist spray)</i> - Tier 2 AYR SALINE NASAL DROPS - Tier 2 <i>BABY AYR SALINE (brand for altamist spray)</i> - Tier 2 <i>BROMFED DM (brand for pseudoeph-bromphen-dm)</i> - Tier 2; QL <i>BUCKLEYS CHEST CONGESTION (brand for altarussin)</i> - Tier 2; QL <i>chest congestion relief oral liquid (generic for TUSNEL-EX)</i> - Tier 1; QL <i>chest congestion relief oral tablet (generic for XPECT)</i> - Tier 1 <i>CORICIDIN HBP COUGH/COLD (brand for cough & cold)</i> - Tier 2; AL</p>	
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Preferred Agents**Non-Preferred Agents**

cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL

cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL

cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1

cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL

deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1

ed bron gp - Tier 1

ephri ne nose drops (generic for 4-WAY FAST ACTING) - Tier 1

ft chest congestion relief (generic for XPECT) - Tier 1

ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL

ft nasal decongestant pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL

geri-tussin oral liquid (generic for TUSNEL-EX) - Tier 1; QL

guaifenesin er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL

guaifenesin oral liquid (generic for TUSNEL-EX) - Tier 1; QL

guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1

MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL

maxi-tuss pe max - Tier 1

medifin 400 (generic for XPECT) - Tier 1

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

Preferred Agents**Non-Preferred Agents**

medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL
MUCINEX FAST-MAX CHEST CONG MS (brand for altarusin) - Tier 2; QL
MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL
mucus & chest congestion (generic for TUSNEL-EX) - Tier 1; QL
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 chest oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL
mucus relief er (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
mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1
mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL
mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL
mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL

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

Preferred Agents

nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

nasal four (generic for 4-WAY FAST ACTING) - Tier 1

nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1

NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2

nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1

nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1

nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1

nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1

NEO-SYNEPHRINE COLD/ALLERGY EXT (brand for cvs nasal spray) - Tier 2

non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1

OCEAN FOR KIDS (brand for altamist spray) - Tier 2

OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2

pharbinex (generic for XPECT) - Tier 1

phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1

pseudoephedrine-bromphen-dm (generic for BROMFED DM) - Tier 1; QL

refenesen 400 (generic for XPECT) - Tier 1

saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1

Non-Preferred Agents

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Preferred Agents

saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
sb mucus relief (generic for XPECT) - Tier 1
siltussin sa (generic for TUSNEL-EX) - Tier 1; QL
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2
tab tussin (generic for XPECT) - Tier 1
TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL
tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL
tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1
tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1
tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; QL
tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1
tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; QL
tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL
tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL
XPECT (brand for chest congestion relief) - Tier 2

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Antihistamines - Allergy Drugs

12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL
 all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL
 all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL
 allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL
 aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; QL
 cetiri-d (generic for KLS ALLER-TEC D) - Tier 1; QL
 cetirizine-pseudoephedrine er (generic for KLS ALLER-TEC D) - Tier 1; QL
 desgen dm oral liquid (generic for DESGEN DM) - Tier 1; AL
 despec dm - Tier 1
 despec dm-g - Tier 1
 ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL
 ft all day allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL
 ft tussin cf adult (generic for DESGEN DM) - Tier 1; AL
 nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL
 ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL
 ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL
 tussin cf cough & cold oral syrup 5-10-100 mg/5ml - Tier 1

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Preferred Agents	Non-Preferred Agents
<p><i>tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>tussin multi-symptom cold cf (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL</i></p> <p><i>ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL</i></p>	

Antihistamines - Drugs to Treat Allergies

<p><i>12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL</i></p> <p><i>24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL</i></p> <p><i>ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL</i></p> <p><i>aller-chlor (generic for WAL-FINATE) - Tier 1; QL</i></p> <p><i>allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p>	
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Preferred Agents

allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL
allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - 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 (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
allergy relief childrens oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL
allergy relief oral capsule 10 mg (generic for CLARITIN) - Tier 1; QL
allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL
allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
allergy relief oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL
allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL
allergy relief oral tablet dispersible 10 mg, 5 mg (generic for CLARITIN REDITABS) - Tier 1; QL
allergy relief indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

chlor-pheniramine (generic for WAL-FINATE) - Tier 1; QL
chlorpheniramine maleate (generic for WAL-FINATE) - Tier 1; QL
chlorpheniramine maleate oral (generic for WAL-FINATE) - Tier 1; QL
CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL
CLARITIN CHILDRENS (brand for cvs allergy relief childrens) - Tier 2; QL
CLARITIN ORAL CAPSULE (brand for goodsense allergy relief) - Tier 2; QL
CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL
CLARITIN ORAL TABLET CHEWABLE 5 MG (brand for cvs allergy relief childrens) - Tier 2; QL
CLARITIN REDITABS (brand for cvs allergy relief) - Tier 2; QL
ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; QL
fexofenadine hcl (generic for ALLEGRA ALLERGY) - Tier 1; QL
fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL
ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL
ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL
ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL
ft allergy relief childrens oral tablet chewable (generic for CLARITIN) - Tier 1; QL
ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL
ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL
ft allergy relief oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; QL
loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p><i>loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL</i></p> <p><i>loratadine childrens oral tablet chewable 5 mg (generic for CLARITIN) - Tier 1; QL</i></p> <p><i>loratadine oral (generic for CLARITIN) - Tier 1; QL</i></p> <p><i>mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL</i></p> <p><i>pharbecchlor (generic for WAL-FINATE) - Tier 1; QL</i></p> <p><i>TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL</i></p>	

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

<p><i>24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>ft 24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL</i></p> <p><i>nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>triamcinolone acetone nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p>	
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Preferred Agents	Non-Preferred Agents
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Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; QL
 ANORO ELLIPTA - Tier 2; PA; QL
 breyna - Tier 1; QL
 COMBIVENT RESPIMAT - Tier 2; QL
 DULERA INHALATION AEROSOL 100-5 MCG/ACT - Tier 2
 DULERA INHALATION AEROSOL 200-5 MCG/ACT, 50-5 MCG/ACT - Tier 2; QL
 fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1
 fluticasone-salmeterol inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL
 ipratropium-albuterol - Tier 1; QL
 STIOLTO RESPIMAT - Tier 2; QL
 wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1
 wixela inhub inhalation aerosol powder breath activated 250-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL

ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 500-50 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; PA
 ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250-50 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; PA; QL
 BEVESPI AEROSPHERE - Tier 2; PA; QL
 BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL
 BREZTRI AEROSPHERE - Tier 2; PA; QL
 DUAKLIR PRESSAIR - Tier 2; PA; QL
 SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL
 TRELEGY ELLIPTA - Tier 2; PA; QL

Mast Cell Stabilizers - Drugs for the Lungs

cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL
 NASALCROM (brand for cromolyn sodium) - Tier 2; QL

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Preferred Agents**Non-Preferred Agents****Respiratory Tract Agents, Other - Asthma/Lung Drugs**

12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1
12 hour nasal decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1
12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1
12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
24hr allergy & congestion reli (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL
ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL
AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2
ALLEGRA-D ALLERGY & CONGESTION (brand for 24hr allergy & congestion reli) - Tier 2; QL
allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL
allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
allergy relief d oral tablet extended release 12 hour 60-120 mg (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL
allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL
allergy relief d24 (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL

allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL

allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

allergy-d allergy & conges (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL

altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL

anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1

APRODINE (brand for cold & allergy d) - Tier 2; AL

benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL

chest congest/cough child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL

childrens cold & allergy - Tier 1

Preferred Agents

childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL

CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL

cold & allergy - Tier 1

cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1

cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL

cold & sinus relief oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

cough dm childrens (generic for DELSYM) - Tier 1; QL

cough dm er (generic for DELSYM) - Tier 1; QL

cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2

DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL

DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2

DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL

dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL

dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL

dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL

eq sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL

fexofenadine/pse er (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL

fexofenadine-pseudoephed er (generic for ALLEGRA-D ALLERGY & CONGESTION) - Tier 1; QL

ft 12 hour cough relief (generic for DELSYM) - Tier 1; QL

ft allergy & congestion-d 12hr (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL

Preferred Agents

ft allergy d-12 hour (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL

ft allergy relief-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

ft cold & cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL

ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL

ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL

ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL

ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1

ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1

ft tussin dm max adult (generic for DELSYM CGHICHEST CONG DM CHILD) - Tier 1

g tussin ac - Tier 1; QL; AL

geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL

giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1

guaifenesin-codeine - Tier 1; QL; AL

guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL

HYPERSAL (brand for sodium chloride) - Tier 2

ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL

ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL

long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1

long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1

lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL

loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL

loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL

maxi-tuss ac - Tier 1; QL; AL

maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1

meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL

MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2

MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL

MUCINEX D MAX STRENGTH (brand for cvs mucus d max st er) - Tier 2; AL

MUCINEX DM (brand for cvs mucus dm extended release) - Tier 2; QL

MUCINEX FAST-MAX DM MAX (brand for childrens cough) - Tier 2

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Preferred Agents

MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2
MUCINEX SINUS-MAX SINUS/ALLERGY (brand for 12 hour decongestant) - Tier 2
mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus d extended release (generic for MUCINEX D) - Tier 1; AL
mucus d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus dm (generic for MUCINEX DM) - Tier 1; QL
mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL
mucus relief cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL
mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL
mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1
mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL

Non-Preferred Agents

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Preferred Agents

mucus-dm (generic for MUCINEX DM) - Tier 1; QL
nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant max st (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1
NEBUSAL (brand for sodium chloride) - Tier 2
no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1
promethazine-codeine oral solution - Tier 1; QL; AL
promethazine-dm - Tier 1; QL
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL
PULMOSAL (brand for sodium chloride) - Tier 2
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2
rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
rynex pe - Tier 1
rynex pse - Tier 1
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1

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Preferred Agents

sodium chloride inhalation nebulization solution 0.9 % - Tier 1; QL
sodium chloride inhalation nebulization solution 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1
SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2
sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL
suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1
tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL
tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL

Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p><i>tussin cough/chest dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL</i></p> <p><i>tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL</i></p> <p><i>tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL</i></p> <p><i>wal-fex d allergy & congestion oral tablet extended release 12 hour (generic for WAL-FEX D ALLERGY & CONGESTION) - Tier 1; QL</i></p>	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<p><i>chlorzoxazone oral tablet 250 mg, 500 mg - Tier 1; QL</i></p> <p><i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>methocarbamol oral - Tier 1; QL</i></p> <p><i>orphenadrine citrate er - Tier 1; QL</i></p>	<p><i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i></p> <p><i>LORZONE (brand for chlorzoxazone) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents	
Sleep Promoting Agents	
<p><i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; QL; AL</i> <i>eszopiclone (generic for LUNESTA) - Tier 1; QL; AL</i> <i>ROZEREM (brand for ramelteon) - Tier 2; ST; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL; AL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; AL</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL; AL</i></p>	<p><i>AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL; AL</i> <i>AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA; AL</i> <i>BELSOMRA - Tier 2; PA</i> <i>DAYVIGO - Tier 2; PA; QL</i> <i>EDLUAR - Tier 2; PA; QL</i> <i>estazolam - Tier 1; PA; QL; AL</i> <i>HALCION (brand for triazolam) - Tier 2; PA; QL; AL</i> <i>LUNESTA ORAL TABLET 2 MG (brand for eszopiclone) - Tier 2; PA; QL; AL</i> <i>ramelteon (generic for ROZEREM) - Tier 1; PA; ST; QL</i> <i>RESTORIL (brand for temazepam) - Tier 2; PA; QL; AL</i> <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL; AL</i> <i>temazepam oral capsule 22.5 mg, 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL; AL</i> <i>triazolam (generic for HALCION) - Tier 1; PA; QL; AL</i> <i>zaleplon - Tier 1; PA; QL; AL</i></p>
Wakefulness Promoting Agents	
<p><i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i></p>	<p><i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Drugs for Sleeping	
<p><i>ft nighttime sleep aid (generic for SIMPLY SLEEP) - Tier 1; QL</i> <i>night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; QL</i> <i>nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL</i> <i>rest simply (generic for SIMPLY SLEEP) - Tier 1; QL</i> <i>SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; QL</i> <i>sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; QL</i> <i>sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; QL</i> <i>sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL</i> <i>sleep tabs (generic for SIMPLY SLEEP) - Tier 1; QL</i></p>	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<p><i>animal shapes complete (generic for CEROVITE JR) - Tier 1; QL</i> <i>animal shapes kids first (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL</i> <i>ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</i> <i>biocel (generic for LYSIPLEX PLUS) - Tier 1; QL</i> <i>biotin forte oral tablet 5 mg - Tier 1</i> <i>biotin oral capsule 5000 mcg (generic for MERIBIN) - Tier 1</i> <i>biotin oral tablet 5 mg - Tier 1</i> <i>b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL</i> <i>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; QL</i> <i>BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; QL</i></p>	

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Preferred Agents

BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL
c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
calcium 600 - Tier 1; QL
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL
calcium 600-vitamin 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
calcium high potency - Tier 1; QL
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL
calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1
cerovite jr (generic for CEROVITE JR) - Tier 1; QL
chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL
childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL
childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens chewables/lex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL
effe-k oral tablet effervescent 25 meq - Tier 1; QL
ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL
FOLAGENT DHA (brand for v-c forte) - Tier 2
FOLAMED DHA (brand for v-c forte) - Tier 2
fruity c - Tier 1; QL
klor-con/ef - Tier 1; QL
k-prime - Tier 1; QL
little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL
LIVITA ADULTS (brand for support) - Tier 2; QL
lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL
MENATROL (brand for v-c forte) - Tier 2
MERIBIN (brand for cvs biotin) - Tier 2
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
MULTIPRO (brand for v-c forte) - Tier 2
multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL

Non-Preferred Agents

Preferred Agents

OCUVEL (brand for v-c forte) - Tier 2
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
oyster shell calcium oral tablet 500 mg - Tier 1; QL
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL
POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL
stress formulaliron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL
SUPPORT (brand for support) - Tier 2; QL
TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL
v-c forte (generic for VIC-FORTE) - Tier 1
vic-forte (generic for VIC-FORTE) - Tier 1
vit close hips - Tier 1; QL
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; QL
vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL
vitamin c er oral tablet extended release 1500 mg - Tier 1; QL
vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL
vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL
vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL
vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL
vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL
zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

b-1 - Tier 1; QL
b-12 oral tablet extended release - Tier 1
b6 - Tier 1; QL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
pyridoxine hcl oral - Tier 1; QL
thiamine hcl oral - Tier 1; QL
TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL
TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL
vitamin b1 - Tier 1; QL
vitamin b-1 oral tablet 250 mg - Tier 1; QL
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1

NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL

Preferred Agents

vitamin b12 oral tablet extended release 1000 mcg - Tier 1
vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1
vitamin b-6 - Tier 1; QL
vitamin b-6 er - Tier 1; QL
vitamin e oral capsule 180 mg (400 unit) - Tier 1; QL

Non-Preferred Agents

Prior Authorization / Class Criteria

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<i>ed-apap</i>	10	<i>endocet</i>	7	ERMEZA.....	124
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<i>efavirenz</i>	44	<i>enema rectal enema 16-6 gml/133ml</i>	97	<i>erythromycin external solution</i>	70
<i>efavirenz-emtricitab-tenofo df</i>	44	ENEMEEZ MINI.....	107	<i>erythromycin ophthalmic</i>	150
<i>efavirenz-lamivudine-tenofovir</i>	44	ENFAMIL ENFALYTE.....	78	<i>erythromycin oral</i>	22
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EFUDEX.....	69	<i>enoxaparin sodium</i>	53		
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ESPEROCT.....	55	EX-LAX ULTRA.....	139	<i>mg, 200 mg, 67 mg</i>	60
<i>essential one daily</i>	84	EXTAVIA.....	64	<i>fenofibrate oral capsule</i> 134 mg, 200 mg,	
<i>essentials</i>	84	<i>eye allergy relief</i>	156	<i>67 mg</i>	60
<i>estarylla</i>	118	<i>eye drops adv relief</i>	152	<i>fenofibrate oral tablet</i> 145 mg, 48 mg.....	60
<i>estazolam</i>	187	<i>eye drops advanced relief</i>	152	<i>fenofibrate oral tablet</i> 160 mg, 54 mg.....	60
<i>estradiol oral</i>	118	<i>eye drops long lasting</i>	152	<i>fenofibric acid oral tablet</i> 35 mg.....	62
<i>estradiol transdermal gel 0.5 mg/0.5gm, 1</i>		<i>eye drops ophthalmic solution 0.05 %</i>	152	FENOGLIDE.....	60
<i>mg/gm</i>	118	<i>eye drops ophthalmic solution 0.05-0.1-1-1</i>		<i>fenoprofen calcium oral capsule</i> 400 mg.....	4
<i>estradiol transdermal patch twice weekly</i> ...	119	<i>%</i>	152	<i>fenoprofen calcium oral tablet</i>	4
<i>estradiol transdermal patch weekly</i>	119	<i>eye drops ophthalmic solution 0.05-0.25 %</i>	152	FENSOLVI (6 MONTH).....	125
<i>estradiol vaginal</i>	119	<i>eye irritation relief drops</i>	152	<i>fentanyl citrate (pf)</i>	7
ESTRING.....	119	<i>eye itch relief ophthalmic solution 0.035 %</i>	156	<i>fentanyl transdermal patch 72 hour</i> 100	
<i>eszopiclone</i>	187	<i>eye lubricant</i>	152	<i>mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr,</i>	
<i>ethambutol hcl oral tablet 100 mg</i>	35	<i>eye lubricant nighttime</i>	152	<i>75 mcg/hr</i>	7
<i>ethambutol hcl oral tablet 400 mg</i>	35	EYES ALIVE.....	152	<i>ferate</i>	78
<i>ethosuximide oral</i>	26	EYSUVIS.....	150	FER-IN-SOL.....	78
<i>ethynodiol diac-eth estradiol</i>	119	<i>ezetimibe</i>	61	<i>ferosul</i>	78
<i>etodolac</i>	4	EZFE 200.....	78	<i>ferretts</i>	78
<i>etoposide oral</i>	36	FABRAZYME.....	111	<i>ferrex 150 capsule 150 mg oral</i>	78
<i>etravirine</i>	44	<i>falmina</i>	119	FERREX 150 CAPSULE 150 MG ORAL.....	78
EUCRISA.....	67	<i>famciclovir oral</i>	43	FERRIC X-150.....	79
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<i>euthyrox</i>	124	<i>famotidine oral</i>	91	<i>ferrous fumarate oral tablet 324 (106 fe)</i>	
EVAC.....	104	<i>famotidine orig st</i>	91	<i>mg, 324 mg</i>	79
EVAMIST.....	119	FANAPT.....	41	<i>ferrous gluconate</i>	79
<i>everolimus oral tablet 0.25 mg, 0.5 mg,</i>		FANAPT TITRATION PACK.....	41	<i>ferrous gluconate oral tablet 240 (27 fe) mg</i>	79
<i>0.75 mg, 1 mg</i>	129	FARXIGA.....	48	<i>ferrous gluconate oral tablet 324 (37.5 fe)</i>	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5</i>		FASENRA PEN.....	165	<i>mg</i>	79
<i>mg, 7.5 mg</i>	37	<i>fast relief laxative</i>	139	<i>ferrous gluconate oral tablet 324 (38 fe) mg</i>	79
<i>everolimus oral tablet soluble</i>	37	FASTEP COVID-19 ANTIGEN TEST.....	139	<i>ferrous sulfate</i>	79
EVISTA.....	123	FC2 FEMALE CONDOM.....	139	<i>ferrous sulfate oral solution 75 (15 fe)</i>	
EVOTAZ.....	46	<i>febuxostat</i>	33	<i>mg/ml</i>	79
EVRYSDI.....	111	FEIBA.....	55	<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	79
EXCEDRIN EXTRA STRENGTH.....	11	<i>felbamate oral suspension</i>	25	<i>ferrous sulfate oral tablet delayed release</i> ...	79
EXCEDRIN MIGRAINE.....	11	<i>felbamate oral tablet</i>	25	FETZIMA.....	29
EXELON.....	28	<i>felodipine er</i>	58	<i>fever reducer/pain reliever</i>	11
<i>exemestane</i>	36	FEMRING.....	119	<i>fever reducing childrens</i>	11
EXKIVITY ORAL CAPSULE 40 MG.....	37			<i>feverall adults</i>	11

<i>feverall childrens</i>	11	<i>fish oil high potency</i>	139	<i>fluoridex daily renewal</i>	76
FEVERALL INFANTS.....	11	<i>fish oil oral capsule 1000 mg</i>	139	<i>fluorometholone</i>	150
FEVERALL JUNIOR STRENGTH.....	11	<i>fish oil oral capsule 1200 mg</i>	139	<i>fluorouracil external cream 5 %</i>	69
<i>fe-vite iron</i>	79	<i>fish oil oral capsule 300 mg</i>	140	<i>fluorouracil external solution</i>	69
<i>fexofenadine hcl</i>	173	<i>fish oil oral capsule 500 mg</i>	140	<i>fluoxetine hcl oral capsule</i>	29
<i>fexofenadine hcl oral</i>	173	<i>fish oil oral capsule delayed release 1000</i>		<i>fluoxetine hcl oral solution</i>	29
<i>fexofenadine/pse er</i>	179	<i>mg</i>	140	<i>fluphenazine decanoate injection</i>	41
<i>fexofenadine-pseudoephed er</i>	179	<i>fish oil oral capsule delayed release 1200</i>		<i>fluphenazine hcl injection</i>	41
FIASP.....	50	<i>mg</i>	140	<i>fluphenazine hcl oral</i>	41
FIASP FLEXTOUCH.....	50	FLANAX.....	4	<i>flurbiprofen oral tablet 100 mg</i>	4
FIASP PENFILL.....	50	FLAREX.....	150	<i>flurbiprofen sodium</i>	150
<i>fiber laxative + calcium</i>	107	FLEBOGAMMA DIF.....	127	FLUTICASONE PROPIONATE DISKUS... 161	
<i>fiber laxative oral capsule 0.52 gm</i>	104	<i>flecainide acetate</i>	57	<i>fluticasone propionate external cream</i>	67
<i>fiber laxative oral tablet 500 mg</i>	107	FLECTOR.....	4	<i>fluticasone propionate external ointment</i>	67
<i>fiber oral capsule 0.52 gm</i>	104	FLEET BISACODYL.....	140	FLUTICASONE PROPIONATE HFA.....	161
<i>fiber oral powder 28.3 %</i>	104	FLEET ENEMA.....	97	<i>fluticasone propionate nasal</i>	161
<i>fiber oral powder 43 %</i>	104	FLEET OIL.....	105	<i>fluticasone-salmeterol inhalation aerosol</i>	
<i>fiber oral powder 58.6 %</i>	104	FLEET PEDIATRIC.....	97	<i>powder breath activated 100-50 mcg/act,</i>	
<i>fiber oral tablet 500 mg</i>	107	FLINTSTONES COMPLETE ORAL		<i>500-50 mcg/act</i>	175
<i>fiber oral tablet 625 mg</i>	107	TABLET CHEWABLE.....	140	<i>fluticasone-salmeterol inhalation aerosol</i>	
<i>fiber powder oral powder 43 %</i>	104	FLORA VANCE.....	97	<i>powder breath activated 250-50 mcg/act</i> ...	175
<i>fiber therapy oral capsule 0.52 gm</i>	104	<i>floranex tablet oral</i>	97	<i>fluvoxamine maleate</i>	29
<i>fiber therapy oral powder 28.3 %</i>	105	FLORANEX TABLET ORAL.....	97	FLUZONE HIGH-DOSE QUADRIVALENT 132	
<i>fiber therapy oral tablet 500 mg</i>	107	FLOWFLEX COVID-19 AG HOME TEST..	140	FLUZONE QUADRIVALENT.....	132
<i>fiber therapy oral tablet 625 mg</i>	107	FLUAD QUADRIVALENT.....	132	FML FORTE.....	150
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<i>fiber-lax</i>	107	FLUBLOK QUADRIVALENT.....	132	<i>mg</i>	97
FIBRICOR ORAL TABLET 35 MG.....	62	FLUCELVAX QUADRIVALENT.....	132	FOCALIN XR.....	62
FIBRYGA.....	55	<i>fluconazole oral</i>	31	FOLAGENT DHA.....	190
FINACEA EXTERNAL FOAM.....	65	<i>fludrocortisone acetate oral</i>	115	FOLAMED DHA.....	190
<i>finasteride oral tablet 5 mg</i>	113	FLULAVAL QUADRIVALENT.....	132	FOLCYTEINE.....	84
<i>ingolimod hcl</i>	64	FLUMIST QUADRIVALENT.....	132	<i>folic acid oral tablet 1 mg, 800 mcg</i>	140
FINTEPLA.....	25	<i>flunisolide nasal</i>	161	<i>folic acid oral tablet 400 mcg</i>	140
<i>first aid antibiotic external ointment , 3.5-</i>		<i>fluocinolone acetonide external cream 0.01</i>		<i>foot & sneaker</i>	140
<i>400-5000</i>	24	<i>%</i>	67	<i>foot care (terbinafine)</i>	33
<i>first aid antiseptic external solution 10 %</i>	24	<i>fluocinolone acetonide external solution</i>	67	<i>for sty relief</i>	152
FIRVANQ.....	20	<i>fluocinonide external cream</i>	67	FORFIVO XL.....	28
<i>fish oil concentrate oral capsule 1000 mg</i> ..	139	<i>fluocinonide external ointment</i>	67	FORTEO.....	133
<i>fish oil half-the-size</i>	139	<i>fluocinonide external solution</i>	67	FOSAMAX.....	133

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<i>fosamprenavir calcium.....</i>	46	<i>ft antacid extra strength.....</i>	97	<i>0.4-0.3 %.....</i>	152
<i>fosinopril sodium.....</i>	57	<i>ft antacid regular strength.....</i>	97	<i>ft lubricant eye drops ophthalmic solution</i>	
<i>fosinopril sodium-hctz.....</i>	59	<i>ft antibiotic.....</i>	140	<i>0.5 %.....</i>	152
FREESTYLE LIBRE 14 DAY READER.....	74	<i>ft anti-diarrheal oral tablet.....</i>	90	<i>ft magnesium citrate.....</i>	107
FREESTYLE LIBRE 14 DAY SENSOR.....	74	<i>ft anti-diarrheal/anti-gas.....</i>	97	<i>ft magnesium oxide.....</i>	79
FREESTYLE LIBRE 2 READER.....	74	<i>ft antifungal external cream 1 %.....</i>	140	<i>ft miconazole 3 combo pack.....</i>	31
FREESTYLE LIBRE 2 SENSOR.....	74	<i>ft antifungal external cream 2 %.....</i>	33	<i>ft miconazole 7.....</i>	31
FREESTYLE LIBRE 3 SENSOR.....	74	<i>ft arthritis pain reliever.....</i>	11	<i>ft migraine relief.....</i>	11
FREESTYLE LIBRE READER.....	74	<i>ft aspirin low dose.....</i>	140	<i>ft milk of magnesia.....</i>	98
FREESTYLE PRECISION NEO TEST.....	74	<i>ft aspirin oral tablet.....</i>	140	<i>ft mineral oil.....</i>	105
FREESTYLE TEST.....	74	<i>ft athletes foot (terbinafine).....</i>	33	<i>ft motion sickness oral tablet 50 mg.....</i>	30
<i>freeze dried acidophilus.....</i>	97	<i>ft chest congestion relief.....</i>	166	<i>ft mucus relief 12hr oral tablet extended</i>	
FROVA.....	34	<i>ft children's pain/fever.....</i>	11	<i>release 12 hour 1200 mg.....</i>	166
<i>fruity c.....</i>	190	<i>ft clearlax.....</i>	105	<i>ft mucus relief d 12 hour.....</i>	180
<i>ft 12 hour cough relief.....</i>	179	<i>ft cold & cough relief dm.....</i>	180	<i>ft mucus relief dm oral tablet extended</i>	
<i>ft 24 hour nasal allergy.....</i>	174	<i>ft docosanol.....</i>	72	<i>release 12 hour 30-600 mg.....</i>	180
<i>ft 8 hour pain relief.....</i>	11	<i>ft double antibiotic.....</i>	140	<i>ft nasal decongestant max str oral tablet...</i>	180
<i>ft acid reducer oral tablet.....</i>	91	<i>ft earwax removal.....</i>	157	<i>ft nasal decongestant max str oral tablet</i>	
<i>ft all day allergy.....</i>	160	<i>ft earwax removal kit.....</i>	157	<i>extended release 12 hour.....</i>	180
<i>ft all day allergy 24 hour.....</i>	160	<i>ft enema mineral oil.....</i>	105	<i>ft nasal decongestant pe.....</i>	166
<i>ft all day allergy relief.....</i>	173	<i>ft enema saline.....</i>	97	<i>ft nasal spray.....</i>	180
<i>ft all day allergy-d.....</i>	170	<i>ft enteric coated aspirin.....</i>	140	<i>ft nicotine.....</i>	19
<i>ft all day pain relief.....</i>	4	<i>ft eye drops.....</i>	152	<i>ft nicotine mini.....</i>	19
<i>ft allergy & congestion-d 12hr.....</i>	179	<i>ft fiber laxative.....</i>	107	<i>ft nighttime sleep aid.....</i>	188
<i>ft allergy childrens.....</i>	173	<i>ft fiber oral powder 43 %.....</i>	105	<i>ft pain & fever childrens.....</i>	11
<i>ft allergy d-12 hour.....</i>	179	<i>ft gas relief.....</i>	97	<i>ft pain & fever infants.....</i>	11
<i>ft allergy relief 12 hour.....</i>	173	<i>ft gas relief extra strength.....</i>	97	<i>ft pain relief adult extra st.....</i>	11
<i>ft allergy relief 24 hour.....</i>	173	<i>ft gas relief infants.....</i>	98	<i>ft pain relief extra strength.....</i>	11
<i>ft allergy relief cetirizine.....</i>	160	<i>ft gas relief ultra strength.....</i>	98	<i>ft pain relief oral tablet 200 mg.....</i>	4
<i>ft allergy relief childrens oral liquid.....</i>	160	<i>ft gentle laxative.....</i>	140	<i>ft pain relief oral tablet 325 mg.....</i>	11
<i>ft allergy relief childrens oral tablet</i>		<i>ft ibuprofen.....</i>	4	<i>ft pain reliever ex str adult.....</i>	11
<i>chewable.....</i>	173	<i>ft ibuprofen ib childrens.....</i>	4	<i>ft senna laxative.....</i>	108
<i>ft allergy relief loratadine.....</i>	173	<i>ft ibuprofen minis.....</i>	4	<i>ft senna laxatives.....</i>	108
<i>ft allergy relief oral capsule.....</i>	160	<i>ft itch relief max strength external cream.....</i>	67	<i>ft senna-s.....</i>	108
<i>ft allergy relief oral tablet 180 mg.....</i>	173	<i>ft itch relief/aloe max str.....</i>	68	<i>ft stomach relief oral suspension.....</i>	98
<i>ft allergy relief oral tablet 25 mg.....</i>	160	<i>ft laxative.....</i>	140	<i>ft stomach relief oral tablet.....</i>	98
<i>ft allergy relief oral tablet 4 mg.....</i>	173	<i>ft lice killing max st.....</i>	39	<i>ft stomach relief oral tablet chewable.....</i>	98
<i>ft allergy relief-d.....</i>	180			<i>ft stool softener oral capsule.....</i>	108

<i>ft stool softener oral tablet 50-8.6 mg</i>	108	<i>gas relief infants oral suspension 20 mg/0.3ml</i>	98	<i>gentle laxative womens</i>	140
<i>ft triple antibiotic</i>	24	<i>gas relief oral capsule 125 mg</i>	98	<i>gentlelax</i>	105
<i>ft tussin adult</i>	166	<i>gas relief oral capsule 180 mg</i>	98	<i>genuine aspirin</i>	141
<i>ft tussin cf adult</i>	170	<i>gas relief oral tablet chewable 125 mg</i>	98	GENVOYA.....	44
<i>ft tussin dm max adult</i>	180	<i>gas relief oral tablet chewable 80 mg</i>	99	GEODON ORAL.....	41
<i>ft vitamin d3 oral tablet</i>	84	<i>gas relief ultra strength</i>	99	<i>geri-dryl</i>	160
<i>full spectrum b/vitamin c</i>	84	<i>gas relief ultstrength</i>	99	<i>geri-kot</i>	108
FULPHILA.....	53	GAS-X EXTRA STRENGTH ORAL CAPSULE.....	99	<i>geri-lanta maximum strength</i>	99
<i>fungi-guard</i>	140	GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE.....	99	<i>geri-lanta oral suspension 200-200-20 mg/5ml</i>	99
FUROSCIX.....	59	GAS-X ULTRA STRENGTH.....	99	<i>geri-mox</i>	99
<i>furosemide oral solution 10 mg/ml</i>	59	<i>gavilax oral powder</i>	105	<i>geri-tussin dm oral syrup</i>	180
<i>furosemide oral tablet</i>	59	<i>gavilyte-c</i>	90	<i>geri-tussin oral liquid</i>	166
FUZEON.....	45	<i>gavilyte-g</i>	90	GILENYA.....	64
FYCOMPA.....	25	<i>gavilyte-n with flavor pack</i>	90	GILOTRIF.....	147
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<i>g tussin ac</i>	180	GAVISCON EXTRA RELIEF FORMULA.....	99	<i>glatopa</i>	64
<i>gabapentin (once-daily)</i>	63	GAVISCON EXTRA STRENGTH.....	99	GLEEVEC.....	147
<i>gabapentin oral capsule</i>	26	GAVRETO.....	147	<i>glimepiride</i>	48
<i>gabapentin oral solution 250 mg/5ml</i>	26	<i>gefitinib</i>	147	<i>glipizide er</i>	48
<i>gabapentin oral tablet 600 mg, 800 mg</i>	26	GELUSIL.....	99	<i>glipizide oral tablet 10 mg, 5 mg</i>	48
<i>galantamine hydrobromide er</i>	28	<i>gemfibrozil oral</i>	60	<i>glipizide xl</i>	48
<i>galantamine hydrobromide oral solution</i>	28	GEMTESA.....	42	GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED.....	50
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	28	<i>generlac</i>	89	GLUCO TO GO.....	52
<i>galantamine hydrobromide oral tablet 4 mg</i>	28	<i>gengraf</i>	129	GLUCOSE CONTROL SOLUTIONS.....	74
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GAMMAGARD S/D LESS IGA.....	127	GENOTROPIN MINIQUICK.....	116	<i>glyburide micronized</i>	49
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GAMUNEX-C.....	127	<i>gentamicin sulfate ophthalmic</i>	150	<i>glyburide-metformin</i>	49
GARDASIL 9.....	130	GENTEAL SEVERE.....	153	<i>glycerin (adult) rectal suppository 2 gm</i>	108
<i>gas relief extra strength oral capsule 125 mg</i>	98	GENTEAL TEARS MODERATE PF.....	153	<i>glycerin (infants & children) rectal suppository 1 gm</i>	108
<i>gas relief extra strength oral tablet chewable 125 mg</i>	98	GENTEAL TEARS NIGHT-TIME.....	153	<i>glycerin adult rectal suppository 2 gm</i>	108
<i>gas relief extstrength</i>	98	GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 %.....	153	<i>glycerin child rectal suppository 1 gm, 1.2 gm</i>	108
<i>gas relief infants</i>	98	GENTEAL TEARS PF.....	153	<i>glycerin childrens</i>	108
<i>gas relief infants drops oral suspension 40 mg/0.6ml</i>	98	GENTEAL TEARS SEVERE DAY/NIGHT.....	153	<i>glycerin external liquid , 99.5 %</i>	72
		<i>gentle laxative</i>	140		

<i>glycerin pediatric rectal suppository 1.2 gm</i>	<i>hailey fe 1.5/30</i>	119	<i>hemorrhoidal rectal suppository 0.25-3-</i>
.....	<i>hailey fe 1/20</i>	119	<i>85.5 %</i>
<i>glycine urologic</i>	HALCION	187	<i>heparin sodium (porcine)</i>
<i>glycolax</i>	<i>halobetasol propionate external cream</i>	68	<i>heparin sodium (porcine) pf</i>
<i>glycopyrrolate oral solution</i>	<i>halobetasol propionate external ointment</i>	68	HEPLISAV-B
<i>glycopyrrolate oral tablet 1 mg</i>	<i>haloperidol decanoate intramuscular</i>	41	<i>her style</i>
<i>glycopyrrolate oral tablet 2 mg</i>	<i>haloperidol lactate oral concentrate 2</i>		<i>hi cal</i>
GLYXAMBI	<i>mg/ml</i>	41	HIBERIX
GOCOVRI	<i>haloperidol oral</i>	41	HIDEX 6-DAY
<i>gormel</i>	HARVONI	43	HIZENTRA
<i>gormel 10</i>	HAVRIX	130	HORIZANT
GRALISE ORAL TABLET 300 MG, 600	HCU COOLER	141	HUMALOG INJECTION
MG	HCU GEL	141	HUMALOG JUNIOR KWIKPEN
<i>granisetron hcl oral</i>	HCY 1	141	HUMALOG KWIKPEN SUBCUTANEOUS
GRANIX	HCY 2	141	SOLUTION PEN-INJECTOR 100 UNIT/ML
<i>griseofulvin microsize oral</i>	<i>headache formula</i>	11	HUMALOG KWIKPEN SUBCUTANEOUS
<i>guaifenesin er oral tablet extended release</i>	<i>headache relief extra str</i>	12	SOLUTION PEN-INJECTOR 200 UNIT/ML
<i>12 hour 1200 mg</i>	<i>headache relief oral tablet 250-250-65 mg</i>	12	HUMALOG MIX 50/50 KWIKPEN
<i>guaifenesin oral liquid</i>	<i>healthy hair/skin/nails</i>	84	HUMALOG MIX 75/25
<i>guaifenesin oral tablet 400 mg</i>	<i>heartburn antacid</i>	99	HUMALOG MIX 75/25 KWIKPEN
<i>guaifenesin-codeine</i>	<i>heartburn antacid ex st</i>	99	HUMALOG SUBCUTANEOUS
<i>guaifenesin-dm oral syrup</i>	<i>heartburn prevention oral tablet 10 mg</i>	91	HUMALOG TEMPO PEN
<i>guanfacine hcl</i>	<i>heartburn relief ex st</i>	99	HUMATE-P
<i>guanfacine hcl er</i>	<i>heartburn relief oral tablet 10 mg</i>	91	HUMATROPE
GUARDIAN CONNECT TRANSMITTER...	<i>heartburn relief oral tablet 200 mg</i>	91	HUMIRA (2 PEN)
GUARDIAN LINK 3 TRANSMITTER	<i>heartburn relief oral tablet chewable 160-</i>		HUMIRA (2 SYRINGE)
GUARDIAN SENSOR (3)	<i>105 mg</i>	99	HUMIRA SUBCUTANEOUS PEN-
GUARDIAN SENSOR 3	<i>heartland gas relief</i>	100	INJECTOR KIT 80 MG/0.8ML
<i>gummy dinos</i>	<i>heather</i>	123	HUMIRA-PED≤40KG.CROHNS.STARTER
<i>gummy multivitamin kids</i>	<i>h-e-b aspirin</i>	141	HUMIRA-PED>=40KG CROHNS START
GVOKE HYPOPEN 1-PACK	<i>h-e-b childrens allergy</i>	160	HUMIRA-PED>=40KG UC STARTER
GVOKE HYPOPEN 2-PACK	HEMANGEOL	58	HUMIRA-PSORIASIS/UEVIT STARTER
GVOKE KIT	HEMLIBRA SUBCUTANEOUS SOLUTION		HUMULIN 70/30 KWIKPEN
GVOKE PFS	105 MG/0.7ML, 150 MG/ML, 30 MG/ML	55	HUMULIN 70/30 VIAL
GYNAZOLE-1	HEMLIBRA SUBCUTANEOUS SOLUTION		HUMULIN N KWIKPEN
<i>habitrol</i>	12 MG/0.4ML	55	HUMULIN N VIAL
HAEGARDA	HEMLIBRA SUBCUTANEOUS SOLUTION		HUMULIN R U-500 KWIKPEN
<i>hailey 1.5/30</i>	60 MG/0.4ML	55	HUMULIN R U-500 VIAL
<i>hailey 24 fe</i>	HEMOFIL M	55	(CONCENTRATED)

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<i>hydrocortisone acetate external</i>	72	HYQVIA.....	127	IMITREX.....	34
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<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	115	<i>ibuprofen ib childrens</i>	5	<i>indomethacin rectal suppository 50 mg</i>	5
<i>hydrocortisone plus external cream 1 %</i>	68	<i>ibuprofen ib oral tablet 200 mg</i>	5	<i>indoor/outdoor allergy rlf</i>	160
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<i>lubricating eyel/overnight</i>	154	<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	80	<i>meclizine hcl oral tablet 25 mg</i>	30
<i>lubricating plus eye drops</i>	154	<i>magnesium oxide oral tablet 400 mg</i>	142	<i>meclizine hcl oral tablet chewable</i>	30
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