



Preferred Drug List (PDL)

Lista de Medicamentos Preferidos (PDL)

Indiana

Hoosier Care Connect

Effective Date/Vigencia:
10/1/2023



**United
Healthcare**
Community Plan

Hoosier
CARE **CONNECT**



Contract services are funded under contract with the State of Indiana. 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 **1-800-832-4643**, TTY **711**, 8 a.m. – 8 p.m. EST, Monday – Friday.

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 **1-800-832-4643**, 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 **1-800-832-4643**, TTY **711**, 8 a.m. – 8 p.m. EST, Monday – Friday.



Los servicios por contrato se financian bajo contrato con el Estado de Indiana. 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 **1-800-832-4643**, TTY **711**, de 8 a.m. a 8 p.m. EST, de lunes a viernes.

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>

Los formularios 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 **1-800-832-4643**, 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 **1-800-832-4643**, TTY **711**, de 8 a.m. a 8 p.m. EST, de lunes a viernes.

ATTENTION: If you speak English language assistance services, free of charge, are available to you. Call **1-800-832-4643, TTY 711**.

ATENCIÓN: Si habla español (Spanish), tiene a su disposición servicios de asistencia gratuitos en su idioma. Llame al **1-800-832-4643, TTY 711**.

注意：如果您說中文 (Chinese)，您可獲得免費語言協助服務。請致電 **1-800-832-4643，聽障專線 (TTY) 711**。

HINWEIS: Wenn du Deutsch (German) sprichst, stehen dir kostenlose Sprachdienste zur Verfügung. Anrufe unter **1-800-832-4643, TTY 711**.

Attention: Vann du Pennsylvania Deitsh (Pennsylvania Dutch) shvetsht, dann kansht du hilf greeya funn ebbah es deitsh shvetzt, un's kosht dich nix. **Call 1-800-832-4643, TTY 711**.

သတိမူရန်- သင်သည် မြန်မာ (Burmese) စကားပြောတတ်လျှင်၊ ဘာသာစကားအကူအညီအား အခမဲ့ရယူနိုင်ပါသည်။ ခေါ်ဆိုရန် **1-800-832-4643, TTY 711**။

تنبيه: إذا كنت تتحدث العربية (Arabic)، ف تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم **2464-383-800-1**، الهاتف النصي **TTY 711**.

참고: 한국어(Korean)를 구사하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. **1-800-832-4643(TTY는 711)번으로 문의하십시오.**

LƯU Ý: Nếu quý vị nói tiếng Việt (Vietnamese), chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số **1-800-832-4643, TTY 711**.

ATTENTION : si vous parlez français (French), vous pouvez obtenir une assistance linguistique gratuite. Appelez le **1-800-832-4643, TTY 711**.

注意：日本語 (Japanese) をお話しになる場合は、言語支援サービスを無料でご利用いただけます。電話番号 **1-800-832-4643、または TTY 711** までご連絡ください。

LET OP: Als u Nederlands (Dutch) spreekt, kunt u gratis gebruikmaken van taalhelpdiensten. Bel **1-800-832-4643, TTY 711**.

ATENSYON: Kung nagsasalita ka ng Tagalog (Tagalog), may magagamit kang mga serbisyo na pantulong sa wika na walang bayad. Tumawag sa **1-800-832-4643, TTY 711**.

ВНИМАНИЕ: Если Вы говорите по-русски (Russian), Вы можете бесплатно воспользоваться помощью переводчика. Позвоните: **1-800-832-4643, TTY 711**.

ਸਾਵਧਾਨ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ (Punjabi) ਬੋਲਦੇ ਹੋ ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। **1-800-832-4643, TTY 711 ਤੇ ਕਾਲ ਕਰੋ।**

ध्यान दें: यदि आप हिंदी (Hindi) बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध हैं। **1-800-832-4643, TTY 711 पर कॉल करें।**

Preferred Drug List

INTRODUCTION

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

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

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

NOTICE

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

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

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

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/ Cortisporin Hydrocortisone

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

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

citalopram 40 mg tabs Celexa tabs

DRUG TIERS

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

| Tier Name | Drug Tier |
|-----------|-----------|
| Tier 1 | Generic |
| Tier 2 | Brand |

GENERIC SUBSTITUTION

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

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

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

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

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

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

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

DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS

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

PLAN EXCLUSIONS

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

- DESI drugs
- Anti-obesity agents
- Experimental / research drugs

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

DAYS SUPPLY DISPENSING LIMITATIONS

UnitedHealthcare Community Plan members may receive up to a one-month supply of a specific medication per prescription order or prescription refill. 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.

MANDATORY GENERIC SUBSTITUTION

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

PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS

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

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

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

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

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

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

NON-PDL DRUGS 3-DAY TEMPORARY SUPPLY OVERRIDES

To ensure the use of PDL drugs, all non- PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 3 day supply, with a PA Type of 8 and Prior Authorization number of "0000000120". Please note that non-preferred drugs are available for a 3-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

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

QUANTITY LIMITATIONS (QL)

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

Quantity limits based on Efficient Medication Dosing

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

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

Specialty Pharmaceutical Management Program

UnitedHealthcare Community Plan is continuously looking for ways to provide high quality cost effective care for Plan members. The Specialty Pharmaceutical Management Program helps UnitedHealthcare Community Plan to achieve these goals. Injectable medications that are part of this program require plan authorization and are not available through the retail pharmacy network. To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan Pharmacy Department via fax at 866-940-7328.

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

Drugs that are part of this program and are on the PDL are identified in this booklet by the designation "SP". Prior Authorization request forms can be requested by calling the UnitedHealthcare Community Plan Pharmacy Department at 800-310-6826.

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) |
|--|---|
| Amerge | Trial at a minimum dose of 50mg of sumatriptan tablets. |
| calcipotriene cream & oint 0.005% | Trial of two medium to high potency corticosteroids |
| calcitriol 3mcg/gm | Trial of two medium to high potency corticosteroids |
| DPP4 Inhibitors (Nesina, Kazano, Oseni) | At least a 90 day trial of 1500mg/day of metformin. |

| | |
|--|---|
| Elidel | Minimum age of 2. Trial of one topical corticosteroid. |
| Eucrisa | Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment |
| fenofibrate | Fill of a statin or 90 days of gemfibrozil within the previous 180 days. |
| fexofenadine | Trial of cetirizine and loratadine within past 90 days |
| GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2 pen pack) | At least a 90 day trial of 1500mg/day of metformin |
| GLP-1/Insulin Combinations (Soliqua) | Trial of one drug from the following classes: GLP-1 or Basal Insulin |
| Optivar | 14 day trial of ketotifen within previous 90 days required first. |
| ranolazine | Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates |
| Renvela | 8 week trial of calcium acetate |
| SGLT-2 Inhibitors (Steglatro, Segluromet) | At least a 90 day trial of 1500mg/day of metformin |
| tacrolimus 0.03% | Minimum age of 2. Trial of one topical corticosteroid. |
| tacrolimus 0.1% | Minimum age of 16. Trial of one topical corticosteroid. |
| tolterodine | 30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age. |
| tropium | 30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age. |
| Uloric | 8 week trial of up to 600mg of allopurinol required first. |
| Xopenex Respules | 30 day trial of Albuterol .083% or .5% respules. |

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
 Phone: 800-310-6826
 Email: pdl_management@uhc.com

Providers should furnish adequate documentation, such as clinical studies from the medical literature, in order for the request to be considered for 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 by
 UnitedHealthcare
 Director of Pharmacy Services
 2 Allegheny Center
 Suite 600
 Pittsburgh, PA 15212
 Phone: 800-310-6826

LEGEND

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

NOTICE

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

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

If viewing this 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.

UnitedHealthcare Community Plan-Hoosier Care Connect

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| Preferred Agents | Non-Preferred Agents |
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| Analgesics | |
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| Nonsteroidal Anti-inflammatory Drugs | |
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| <p><i>ADVIL JUNIOR STRENGTH ORAL TABLET (brand for sm ibuprofen jr) - Tier 2; QL</i></p> <p><i>ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE (brand for cvs ibuprofen childrens) - Tier 2; AL</i></p> <p><i>ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2</i></p> <p><i>ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2</i></p> <p><i>all day pain relief oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1</i></p> <p><i>all day relief (generic for MEDIPROXEN) - Tier 1</i></p> <p><i>CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG (brand for celecoxib) - Tier 2</i></p> <p><i>diclofenac potassium oral tablet 50 mg - Tier 1; QL</i></p> <p><i>diclofenac sodium er - Tier 1; QL</i></p> <p><i>diclofenac sodium external gel 1 % (generic for ASPERCREME ARTHRITIS PAIN) - Tier 1; AL</i></p> <p><i>diclofenac sodium oral - Tier 1; QL</i></p> <p><i>ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL</i></p> <p><i>ELYXYB - Tier 2; PA; QL; AL</i></p> <p><i>etodolac (generic for LODINE) - Tier 1; QL</i></p> <p><i>ibuprofen (generic for IBU) - Tier 1; QL</i></p> <p><i>ibu-200 (generic for MEDI-FIRST IBUPROFEN) - Tier 1</i></p> <p><i>ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; AL</i></p> <p><i>ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; AL</i></p> <p><i>ibuprofen ib oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1</i></p> | <p><i>DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA</i></p> <p><i>FLECTOR (brand for diclofenac epolamine) - Tier 2; PA</i></p> <p><i>LICART - Tier 2; PA</i></p> <p><i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA</i></p> <p><i>NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL</i></p> <p><i>NAPROSYN (brand for naproxen) - Tier 2; PA; QL</i></p> |
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1
ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL
ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; AL
ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; AL
ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1
ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1
ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL
indomethacin oral - Tier 1; QL
INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2
infants ibuprofen (generic for INFANTS ADVIL) - Tier 1
ketoprofen oral capsule 50 mg - Tier 1; QL
ketorolac tromethamine oral - Tier 1; QL
medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1
mediproxen (generic for MEDIPROXEN) - Tier 1
meloxicam oral tablet - Tier 1; QL
mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1
MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; AL
MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2
MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2
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 oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1
oxaprozin (generic for DAYPRO) - Tier 1; QL
PENNSAID (brand for diclofenac sodium) - Tier 2
piroxicam oral (generic for FELDENE) - Tier 1; QL
sulindac oral - Tier 1; QL
VIMOVO (brand for naproxen-esomeprazole mg) - Tier 2

Non-Preferred Agents

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Preferred Agents

Non-Preferred Agents

Opioid Analgesics, Long-acting

BUTRANS (brand for buprenorphine) - Tier 2; PA; QL
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr - Tier 1; QL
levorphanol tartrate oral - Tier 1; DX2RX; QL
morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL
morphine sulfate intravenous solution 50 mg/ml - Tier 1
NUCYNTA ER - Tier 2; QL

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

Opioid Analgesics, Short-acting

acetaminophen-codeine - Tier 1; QL; AL
ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL; AL
bac (generic for BAC) - Tier 1; QL
butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL
butalbital-apap-caff-cod (generic for FIORICET/CODEINE) - Tier 1; QL; AL
butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - 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; AL
butalbital-aspirin-caffeine - Tier 1; QL
butorphanol tartrate nasal - Tier 1; PA; QL; AL

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

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

| Preferred Agents | Non-Preferred Agents |
|---|----------------------|
| <p>codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL; AL endocet (generic for ENDOCET) - Tier 1; QL hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL hydrocodone-acetaminophen oral tablet (generic for XODOL) - Tier 1; QL hydrocodone-ibuprofen oral tablet 10-200 mg, 7.5-200 mg - Tier 1; QL hydrocodone-ibuprofen oral tablet 5-200 mg - Tier 1; DX2RX; QL hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL hydromorphone hcl rectal - Tier 1; QL meperidine hcl oral - Tier 1; QL morphine sulfate (concentrate) - Tier 1; QL morphine sulfate oral - Tier 1; QL morphine sulfate rectal - Tier 1; QL NUCYNTA - Tier 2; QL oxycodone hcl oral capsule - Tier 1; QL oxycodone hcl oral concentrate 100 mg/5ml - Tier 1; QL oxycodone hcl oral solution - Tier 1; QL OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL pentazocine-naloxone hcl - Tier 1; QL TENCON (brand for butalbital-acetaminophen) - Tier 2; QL tramadol hcl oral tablet - Tier 1; QL; AL tramadol-acetaminophen - Tier 1; QL; AL</p> | |
| <p>Opioid Dependence Treatments - Antidotes/Deterrents/Protectants</p> | |
| <p>buprenorphine hcl sublingual - Tier 1; QL; AL</p> | |

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

Preferred Agents**Non-Preferred Agents****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 oral solution - Tier 1
acetaminophen childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1
acetaminophen childrens oral tablet chewable (generic for MAPAP CHILDRENS) - Tier 1; QL
acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL
acetaminophen ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
acetaminophen ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1
acetaminophen extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1
acetaminophen infants (generic for PANADOL CHILDRENS) - Tier 1

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

Preferred Agents**Non-Preferred Agents**

acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR FEVER) - Tier 1

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

acetaminophen oral suspension 160 mg/5ml, 650 mg/20.3ml (generic for PANADOL CHILDRENS) - Tier 1

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

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

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

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

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

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 PANADOL CHILDRENS) - Tier 1

childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier 1

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

childrens non-aspirin oral suspension (generic for PANADOL CHILDRENS) - Tier 1

Preferred Agents

childrens non-aspirin oral tablet chewable (generic for MAPAP CHILDRENS) - Tier 1; AL
childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1
childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; AL
ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2; QL; AL
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2; QL; AL
fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1
fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1
feverall adults (generic for FEVERALL ADULTS) - Tier 1; AL
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1
FEVERALL INFANTS - Tier 2
FEVERALL JUNIOR STRENGTH - Tier 2
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL
ft pain relief (generic for PHARBETOL) - Tier 1
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1
headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
headache relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
infants pain & fever (generic for PANADOL CHILDRENS) - Tier 1
infants pain relief drops (generic for PANADOL CHILDRENS) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

infants pain/fever (generic for PANADOL CHILDRENS) - Tier 1
liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1
liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1
mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
mapap childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL
mapap childrens oral tablet chewable 80 mg (generic for MAPAP CHILDRENS) - Tier 1; AL
mapap oral capsule - Tier 1
MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL
m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL
non-aspirin childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1
non-aspirin childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

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Preferred Agents

non-aspirin childrens oral tablet chewable 80 mg (generic for MAPAP CHILDRENS) - Tier 1; AL

non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1

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

non-aspirin pain relief (generic for PHARBETOL) - Tier 1

pain & fever child (generic for PANADOL CHILDRENS) - Tier 1

pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1

pain & fever childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL

pain & fever infants oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1

pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL

pain relief childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1

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

pain relief extra strength oral capsule 500 mg - Tier 1

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

Non-Preferred Agents

Preferred Agents

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
pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1
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
pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1
pain reliever (generic for MM ACETAMINOPHEN EX STR) - Tier 1
pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1
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
pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
pain reliever extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1
pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1; QL; AL
PANADOL CHILDRENS (brand for acetaminophen) - Tier 2
PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2
PANADOL INFANTS (brand for acetaminophen) - Tier 2

Non-Preferred Agents

| Preferred Agents | Non-Preferred Agents |
|--|----------------------|
| <p><i>PHARBETOL (brand for acetaminophen) - Tier 2</i></p> <p><i>PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2</i></p> <p><i>sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i></p> <p><i>sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1</i></p> <p><i>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2</i></p> <p><i>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2</i></p> <p><i>TYLENOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2</i></p> <p><i>TYLENOL ORAL TABLET 500 MG (brand for acetaminophen) - Tier 2</i></p> <p><i>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL</i></p> | |
| <p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p> | |
| <p><i>aspirin tri-buffered (generic for BUFFERIN) - Tier 1; AL</i></p> <p><i>BUFFERIN (brand for sm aspirin tri-buffered) - Tier 2; AL</i></p> <p><i>salsalate oral - Tier 1; QL</i></p> <p><i>tri-buffered aspirin (generic for BUFFERIN) - Tier 1; AL</i></p> | |
| <p>Opioid Analgesics, Short-acting</p> | |
| <p><i>oxycodone hcl oral tablet (generic for OXAYDO) - Tier 1; QL</i></p> | |

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| Preferred Agents | Non-Preferred Agents |
|---|----------------------|
| Anesthetics | |
| Local Anesthetics | |
| <p>7T LIDO - Tier 2; QL <i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDODERM) - Tier 1; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> LIDOCAINE HCL SOLUTION 1 % INJECTION - Tier 2 <i>lidocaine hcl solution 1 % injection (generic for XYLOCAINE) - Tier 1</i> <i>lidocaine viscous hcl - Tier 1</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>LIDODERM (brand for lidocaine) - Tier 2; QL</i> <i>lidopin external cream 3 % - Tier 1; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i> PROXIVOL - Tier 2; QL</p> | |
| Anti-Addiction/Substance Abuse Treatment Agents | |
| Alcohol Deterrents/Anti-craving | |
| <p><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></p> | |
| Opioid Dependence | |
| <p><i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL; AL</i> <i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; QL; AL</i> ZUBSOLV - Tier 2; QL; AL</p> | |

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

Preferred Agents

Non-Preferred Agents

Opioid Reversal Agents

KLOXXADO - Tier 2
naloxone hcl injection - Tier 1
naloxone hcl nasal (generic for NARCAN) - Tier 1
NARCAN (brand for naloxone hcl) - Tier 2
 ZIMHI - Tier 2

Smoking Cessation Agents

APO-VARENICLINE - Tier 2; AL
bupropion hcl er (smoking det) - Tier 1; QL
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
varenicline tartrate - Tier 1; AL
varenicline tartrate (starter) - Tier 1; AL
varenicline tartrate(continue) - Tier 1; AL

| Preferred Agents | Non-Preferred Agents |
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| Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence | |
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| Smoking Cessation Agents - Deterrents | |
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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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| Antiandrogens - Hormone Suppressants | |
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|---|--|
| Antineoplastics - Drugs to Treat Cancer | |
|---|--|

ORGOVYX - Tier 2; PA; SP; QL

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

| Preferred Agents | Non-Preferred Agents |
|---|--|
| Antibacterials | |
| Aminoglycosides | |
| HUMATIN - Tier 2; QL <i>neomycin sulfate oral - Tier 1; QL</i> | |
| Antibacterials, Other | |
| <i>CLEOCIN VAGINAL CREAM (brand for clindamycin phosphate) - Tier 2</i> <i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i> <i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i> <i>daptomycin (generic for CUBICIN RF) - Tier 1</i> <i>FIRVANQ (brand for vancomycin hcl) - Tier 2; PA; QL</i> <i>linezolid intravenous (generic for ZYVOX) - Tier 1; PA</i> <i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; QL</i> <i>linezolid oral tablet (generic for ZYVOX) - Tier 1</i> <i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i> <i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i> <i>metronidazole oral tablet - Tier 1; QL</i> <i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i> <i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i> <i>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; QL; AL</i> NUVESSA - Tier 2 SOLOSEC - Tier 2 <i>tigecycline (generic for TYGACIL) - Tier 1; PA</i> <i>trimethoprim oral - Tier 1; QL</i> <i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-% - Tier 1</i> <i>vancomycin hcl intravenous solution 1500 mg/300ml - Tier 1</i> <i>vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; PA; QL</i> | CLINDESSE - Tier 2; PA <i>FLAGYL (brand for metronidazole) - Tier 2; PA; QL</i> <i>METROGEL (brand for metronidazole) - Tier 2; PA; QL</i> NORITATE - Tier 2; PA <i>VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL</i> <i>VANDAZOLE (brand for metronidazole) - Tier 2; PA</i> XENLETA ORAL - Tier 2; PA; QL XIFAXAN - Tier 2; PA; QL |

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

Preferred Agents

Non-Preferred Agents

Beta-lactam, Cephalosporins

cefaclor oral capsule - Tier 1; QL
cefadroxil oral capsule - Tier 1
cefadroxil oral suspension reconstituted - Tier 1
cefadroxil oral tablet - Tier 1; QL
cefazolin sodium injection solution reconstituted 1 gm - Tier 1
cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-% - Tier 1
cefdinir - Tier 1
cefepime hcl intravenous solution reconstituted 2 gm - Tier 1
cefixime oral capsule - Tier 1
cefpodoxime proxetil - Tier 1
cefprozil - Tier 1; QL
ceftriaxone sodium injection solution reconstituted 2 gm - Tier 1
cefuroxime axetil - Tier 1; QL
cephalexin oral capsule - Tier 1; QL
cephalexin oral suspension reconstituted - Tier 1

Beta-lactam, Penicillins

amoxicillin oral capsule - Tier 1; QL
amoxicillin oral suspension reconstituted - Tier 1; QL
amoxicillin oral tablet 875 mg - Tier 1; QL
amoxicillin oral tablet chewable - Tier 1; QL
amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL
ampicillin - Tier 1; QL
dicloxacillin sodium - Tier 1; QL
penicillin v potassium - Tier 1; QL
piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm - Tier 1

Carbapenems

ertapenem sodium - Tier 1; PA

| Preferred Agents | Non-Preferred Agents |
|---|---|
| Macrolides | |
| <i>azithromycin oral packet (generic for ZITHROMAX) - Tier 1</i> <i>azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1</i> <i>azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1</i> <i>clarithromycin oral - Tier 1</i> <i>erythromycin base oral capsule delayed release particles - Tier 1</i> <i>erythromycin ethylsuccinate oral suspension reconstituted (generic for E.E.S. GRANULES) - Tier 1; AL</i> | DIFICID - Tier 2; PA; AL |
| Quinolones | |
| <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i> <i>levofloxacin oral tablet (generic for LEVAQUIN) - Tier 1; QL</i> <i>moxifloxacin hcl oral - Tier 1; QL</i> | <i>ofloxacin oral - Tier 1; PA</i> |
| Sulfonamides | |
| <i>sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL</i> <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i> | |
| Tetracyclines | |
| <i>doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL</i> <i>doxycycline hyclate oral tablet 100 mg - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i> <i>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</i> <i>mondoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL</i> NUZYRA ORAL - Tier 2; PA; QL | <i>ORACEA (brand for doxycycline) - Tier 2; PA</i> <i>SOLODYN (brand for minocycline hcl er) - Tier 2; PA</i> <i>XIMINO (brand for minocycline hcl er) - Tier 2; PA; QL</i> |

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

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

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

SUTAB - Tier 2; PA

Preferred Agents

Non-Preferred Agents

Anticonvulsants

Anticonvulsants, Other

EPRONTIA - Tier 2; PA; QL; AL
 FELBATOL (brand for felbamate) - Tier 2
 KEPPRA ORAL (brand for levetiracetam) - Tier 2; PA
 KEPPRA XR (brand for levetiracetam er) - Tier 2; PA
 LAMICTAL XR ORAL KIT - Tier 2; QL
 lamotrigine er (generic for LAMICTAL XR) - Tier 1
 lamotrigine oral kit (generic for LAMICTAL ODT) - Tier 1; QL
 lamotrigine oral tablet (generic for SUBVENITE) - Tier 1
 lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1
 lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1
 lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL
 lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL
 lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL
 levetiracetam er (generic for KEPPRA XR) - Tier 1; PA
 levetiracetam oral (generic for KEPPRA) - Tier 1
 roweepra (generic for ROWEEPRA) - Tier 1
 subvenite (generic for SUBVENITE) - Tier 1
 subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL
 subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL
 subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL
 topiramate er (generic for QUDEXY XR) - Tier 1; QL
 topiramate oral (generic for TOPAMAX) - Tier 1

BRIVIACT ORAL - Tier 2; PA
 EPIDIOLEX - Tier 2; PA; SP
 FINTEPLA - Tier 2; PA
 FYCOMPA - Tier 2; PA
 TOPAMAX (brand for topiramate) - Tier 2; PA
 TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA
 TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL
 XCOPRI (250 MG DAILY DOSE) - Tier 2; PA
 XCOPRI (350 MG DAILY DOSE) - Tier 2; PA
 XCOPRI ORAL TABLET - Tier 2; PA
 XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA; QL

| Preferred Agents | Non-Preferred Agents |
|--|---|
| <p><i>valproic acid oral - Tier 1</i></p> | |
| <p>Calcium Channel Modifying Agents</p> | |
| <p><i>ethosuximide oral (generic for ZARONTIN) - Tier 1</i> <i>methsuximide (generic for CELONTIN) - Tier 1</i></p> | |
| <p>Gamma-aminobutyric Acid (GABA) Augmenting Agents</p> | |
| <p><i>clobazam (generic for ONFI) - Tier 1; QL</i> <i>DIASTAT ACUDIAL (brand for diazepam) - Tier 2</i> <i>DIASTAT PEDIATRIC (brand for diazepam) - Tier 2</i> <i>diazepam rectal (generic for DIASTAT ACUDIAL) - Tier 1</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 <i>phenobarbital oral - Tier 1</i> <i>primidone oral (generic for MYSOLINE) - Tier 1</i> SYMPAZAN - Tier 2; QL VALTOCO 10 MG DOSE - Tier 2; PA VALTOCO 15 MG DOSE - Tier 2; PA VALTOCO 20 MG DOSE - Tier 2; PA VALTOCO 5 MG DOSE - Tier 2; PA</p> | <p><i>NEURONTIN (brand for gabapentin) - Tier 2; PA; QL</i></p> |

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| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
|------------------|----------------------|

Sodium Channel Agents

carbamazepine er (generic for CARBATROL) - Tier 1
carbamazepine oral (generic for EPITOL) - Tier 1
DILANTIN INFATABS (brand for phenytoin) - Tier 2
DILANTIN ORAL CAPSULE 100 MG (brand for phenytoin sodium extended) - Tier 2
DILANTIN ORAL SUSPENSION (brand for phenytoin) - Tier 2
epitol (generic for EPITOL) - Tier 1
lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA
oxcarbazepine (generic for TRILEPTAL) - Tier 1
OXTELLAR XR - Tier 2
phenytek oral capsule 200 mg (generic for PHENYTEK) - Tier 1
phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1
phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1
phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1
phenytoin sodium extended (generic for DILANTIN) - Tier 1
zonisamide oral (generic for ZONEGRAN) - Tier 1; AL

APTIOM - Tier 2; PA
VIMPAT ORAL (brand for lacosamide) - Tier 2; PA
ZONEGRAN (brand for zonisamide) - Tier 2; PA; AL

Anticonvulsants - Drugs to Treat Seizures

Anticonvulsants, Other

DIACOMIT - Tier 2; PA; SP

Antidementia Agents

Antidementia Agents, Other

ADUHELM - Tier 2; PA
ergoloid mesylates oral - Tier 1; QL
NAMZARIC - Tier 2; QL

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| Preferred Agents | Non-Preferred Agents |
|---|--|
| Cholinesterase Inhibitors | |
| ADLARITY - Tier 2; QL; AL <i>donepezil hcl (generic for ARICEPT) - Tier 1; QL</i> <i>galantamine hydrobromide - Tier 1; QL</i> <i>galantamine hydrobromide er - Tier 1; QL</i> <i>rivastigmine (generic for EXELON) - Tier 1; QL</i> <i>rivastigmine tartrate - Tier 1; QL</i> | EXELON (brand for rivastigmine) - Tier 2; PA; QL |
| N-methyl-D-aspartate (NMDA) Receptor Antagonist | |
| <i>memantine hcl (generic for NAMENDA) - Tier 1; QL</i> <i>memantine hcl er (generic for NAMENDA XR) - Tier 1; QL</i> | |
| Antidepressants | |
| Antidepressants, Other | |
| APLENZIN - Tier 2; QL <i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL</i> BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (brand for bupropion hcl er (xl)) - Tier 2; QL <i>bupropion hcl oral - Tier 1; QL</i> <i>chlordiazepoxide-amitriptyline - Tier 1; QL</i> FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; QL <i>mirtazapine oral (generic for REMERON) - Tier 1; QL</i> <i>olanzapine-fluoxetine hcl oral capsule 12-25 mg - Tier 1; QL; AL</i> <i>olanzapine-fluoxetine hcl oral capsule 12-50 mg, 6-50 mg - Tier 1; PA; QL; AL</i> <i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg (generic for SYMBYAX) - Tier 1; QL; AL</i> <i>perphenazine-amitriptyline - Tier 1; AL</i> SPRAVATO (56 MG DOSE) - Tier 2; ST; QL; AL SPRAVATO (84 MG DOSE) - Tier 2; ST; QL; AL ZULRESSO - Tier 2; PA | WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL |

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| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
|------------------|----------------------|

Monoamine Oxidase Inhibitors

EMSAM - Tier 2; QL
 MARPLAN - Tier 2; QL
phenelzine sulfate oral (generic for NARDIL) - Tier 1; QL
tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL

SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)

CITALOPRAM HYDROBROMIDE ORAL CAPSULE - Tier 2; QL
citalopram hydrobromide oral solution - Tier 1; QL
citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL
 DESVENLAFAXINE ER - Tier 2; QL
desvenlafaxine succinate er (generic for PRISTIQ) - Tier 1; QL
escitalopram oxalate oral (generic for LEXAPRO) - Tier 1; QL
 FETZIMA - Tier 2; QL
 FETZIMA TITRATION - Tier 2; QL
fluoxetine hcl (pmd) - Tier 1; QL
fluoxetine hcl oral (generic for PROZAC) - Tier 1; QL
fluvoxamine maleate - Tier 1; QL
fluvoxamine maleate er - Tier 1; QL
nefazodone hcl - Tier 1; QL
paroxetine hcl (generic for PAXIL) - Tier 1; QL; AL
paroxetine hcl er (generic for PAXIL CR) - Tier 1; QL; AL
paroxetine mesylate - Tier 1; AL
 SERTRALINE HCL ORAL CAPSULE - Tier 2; QL
sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL
sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL
trazodone hcl oral - Tier 1; QL
 TRINTELLIX - Tier 2; QL
venlafaxine hcl - Tier 1; QL
venlafaxine hcl er (generic for EFFEXOR XR) - Tier 1; QL
 VIIBRYD STARTER PACK - Tier 2; QL
vilazodone hcl (generic for VIIBRYD) - Tier 1; QL

CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL
PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL; AL
PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL
VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Tricyclics

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

Antiemetics

Antiemetics, Other

BONINE (brand for cvs motion sickness relief) - Tier 2
BONJESTA - Tier 2; QL
compro (generic for COMPRO) - Tier 1
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
meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1
metoclopramide hcl oral solution - 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

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
|------------------|----------------------|

motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1
motion-time (generic for BONINE) - Tier 1
perphenazine oral - Tier 1; QL; AL
prochlorperazine (generic for COMPRO) - Tier 1
prochlorperazine maleate oral - Tier 1
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 BONINE) - Tier 1
trimethobenzamide hcl oral - Tier 1; QL

Emetogenic Therapy Adjuncts

EMEND ORAL CAPSULE (brand for aprepitant) - Tier 2; QL
EMEND TRI-PACK (brand for aprepitant) - Tier 2; QL
ondansetron hcl oral solution - Tier 1; QL
ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL
ondansetron odt - Tier 1; QL

AKYNZEO ORAL - Tier 2; PA
 EMEND ORAL SUSPENSION RECONSTITUTED - Tier 2; PA; QL
 SANCUSO - Tier 2; PA

Antiemetics - Drugs to Treat Nausea and Vomiting

Antiemetics, Other - Nausea and Vomiting Drugs

anti-nausea (generic for EMETROL) - Tier 1
EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2
gnp anti-nausea relief (generic for EMETROL) - Tier 1
nausea control (generic for EMETROL) - Tier 1
nausea relief (generic for EMETROL) - Tier 1
qc anti-nausea (generic for EMETROL) - Tier 1

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

| Preferred Agents | Non-Preferred Agents |
|---|--|
| Antifungals | |
| <p>3 day (generic for MONISTAT 3) - Tier 1 clotrimazole mouth/throat troche 10 mg - Tier 1; QL fluconazole oral suspension reconstituted (generic for DIFLUCAN) - Tier 1 fluconazole oral tablet 100 mg, 200 mg (generic for DIFLUCAN) - Tier 1 fluconazole oral tablet 150 mg (generic for DIFLUCAN) - Tier 1; QL fluconazole oral tablet 50 mg - Tier 1; QL griseofulvin microsize oral - Tier 1; QL griseofulvin ultramicrosize - Tier 1; QL itraconazole oral capsule (generic for SPORANOX) - Tier 1 ketoconazole oral - Tier 1 micafungin sodium intravenous solution reconstituted 100 mg (generic for MYCAMINE) - Tier 1; PA miconazole 3 applicator vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1 miconazole 3 combo pack app (generic for MONISTAT 3 COMBO PACK APP) - Tier 1 miconazole 3 combo pack vaginal kit 200 & 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1 miconazole 7 day treatment (generic for MONISTAT 7 SIMPLY CURE) - Tier 1 miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1 miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1 nystatin mouth/throat - Tier 1; QL nystatin oral - Tier 1; QL terbinafine hcl oral - Tier 1 terconazole vaginal cream - Tier 1</p> | <p>CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA DIFLUCAN ORAL SUSPENSION RECONSTITUTED (brand for fluconazole) - Tier 2; PA DIFLUCAN ORAL TABLET 100 MG, 200 MG (brand for fluconazole) - Tier 2; PA DIFLUCAN ORAL TABLET 150 MG (brand for fluconazole) - Tier 2; PA; QL GYNAZOLE-1 - Tier 2; PA NOXAFIL ORAL PACKET - Tier 2; PA; AL NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA; AL NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA VFEND ORAL SUSPENSION RECONSTITUTED (brand for voriconazole) - Tier 2; PA; AL VFEND ORAL TABLET (brand for voriconazole) - Tier 2; PA</p> |

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

Preferred Agents**Non-Preferred Agents****Antifungals - Drugs to Treat Fungal Infections****Antifungals - Fungal Infection Drugs**

3 day vaginal - Tier 1
3-day vaginal vaginal cream 2 % - Tier 1
antifungal (generic for DESENEX) - Tier 1
antifungal foot care (generic for LAMISIL AT) - Tier 1
antifungal miconazole (generic for MICATIN) - Tier 1
athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athlete's foot (terbinafine) (generic for LAMISIL AT) - Tier 1
athlete's foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athlete's foot external cream 1 % (generic for LAMISIL AT) - Tier 1
athlete's foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1
athlete's foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1
baza antifungal (generic for MICATIN) - Tier 1
clotrimazole 3 - Tier 1
clotrimazole 7 - Tier 1
clotrimazole vaginal - Tier 1
clotrimazole vaginal cream 1 % - Tier 1
critic-aid clear af - Tier 1
CRUEX PRESCRIPTION STRENGTH (brand for athlete's foot powder spray) - Tier 2
DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2
DESENEX JOCK ITCH (brand for athlete's foot powder spray) - Tier 2
EXELDERM (brand for sulconazole nitrate) - Tier 2
foot care (terbinafine) (generic for LAMISIL AT) - Tier 1

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

| Preferred Agents | Non-Preferred Agents |
|--|---|
| <p><i>ft antifungal external cream 2 % (generic for MICATIN) - Tier 1</i> <i>ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1</i> <i>jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1</i> <i>LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2</i> <i>LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2</i> <i>micaderm (generic for MICATIN) - Tier 1</i> <i>MICATIN (brand for antifungal) - Tier 2</i> <i>miconazole antifungal (generic for MICATIN) - Tier 1</i> <i>miconazole nitrate external cream (generic for MICATIN) - Tier 1</i> <i>miconazorb af (generic for DESENEX) - Tier 1</i> <i>MICOTRIN AP (brand for antifungal) - Tier 2</i> <i>MYCOZYL AP (brand for antifungal) - Tier 2</i> <i>terbinafine hcl external (generic for LAMISIL AT) - Tier 1</i> <i>terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1</i> <i>tioconazole 1 vaginal ointment 6.5 % (generic for MONISTAT 1-DAY) - Tier 1</i> <i>tioconazole-1 (generic for MONISTAT 1-DAY) - Tier 1</i> <i>ZEASORB-AF (brand for antifungal) - Tier 2</i></p> | |
| Antigout Agents | |
| <p><i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i> <i>colchicine oral tablet (generic for COLCRYS) - Tier 1</i> <i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i> <i>MITIGARE (brand for colchicine) - Tier 2; QL</i> <i>probenecid - Tier 1; QL</i></p> | <p><i>COLCHICINE ORAL CAPSULE (brand for colchicine) - Tier 2; PA; QL</i> <i>COLCRYS (brand for colchicine) - Tier 2; PA</i></p> |
| Antimigraine Agents | |
| Ergot Alkaloids | |
| <p><i>dihydroergotamine mesylate injection - Tier 1; QL</i> <i>MIGERGOT - Tier 2; QL</i> <i>QULIPTA - Tier 2; PA; QL; AL</i></p> | <p><i>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL</i></p> |

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

| Preferred Agents | Non-Preferred Agents |
|---|---|
| Prophylactic | |
| AJOVY - Tier 2; PA; QL; AL EMGALITY - Tier 2; PA; QL; AL EMGALITY (300 MG DOSE) - Tier 2; PA; QL; AL | AIMOVIG - Tier 2; PA; QL; AL |
| Antimigraine Agents - Drugs to Treat Migraines | |
| Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs | |
| NURTEC - Tier 2; PA; QL; AL UBRELVY - Tier 2; PA; QL; AL | |
| Serotonin (5-HT) Receptor Agonists - Migraine Drugs | |
| <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>ZOMIG NASAL SOLUTION 5 MG (brand for zolmitriptan) - Tier 2; QL</i> | <i>FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL</i> <i>IMITREX (brand for sumatriptan) - Tier 2; PA; QL</i> <i>MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL</i> <i>RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL</i> <i>REYVOW - Tier 2; PA; QL; AL</i> <i>TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL</i> <i>ZOMIG NASAL SOLUTION 2.5 MG - 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> | |

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

| Preferred Agents | Non-Preferred Agents |
|---|---|
| Antituberculars | |
| <p><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> PRETOMANID - Tier 2; QL 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</p> | |
| Antineoplastics | |
| Alkylating Agents | |
| <p><i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP MYLERAN - Tier 2 <i>temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP</i> <i>temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL</i></p> | |
| Antiandrogens | |
| <p><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; QL</p> | <p>XTANDI - Tier 2; PA; SP; QL ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</p> |

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| Preferred Agents | Non-Preferred Agents |
|--|---|
| 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> THALOMID - Tier 2; PA; SP; QL | |
| 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; SP | PURIXAN - Tier 2; PA; QL |
| Antineoplastics, Other | |
| IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL | SYNRIPO - Tier 2; PA; SP 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

Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL
 COTELLIC - Tier 2; PA; SP; QL
 DAURISMO - Tier 2; PA; SP; QL
 ERIVEDGE - Tier 2; PA; SP; QL
everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL
everolimus oral tablet 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP
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 - Tier 2; PA; SP; QL
 RUBRACA - Tier 2; PA; SP; QL
 RYDAPT - Tier 2; PA; SP; QL
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL
 STIVARGA - Tier 2; PA; SP; QL
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; QL
sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP
 TAFINLAR - Tier 2; PA; SP; QL
 TIBSOVO - Tier 2; PA; SP; QL

AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG (brand for everolimus) - Tier 2; PA; SP; QL
AFINITOR ORAL TABLET 7.5 MG (brand for everolimus) - Tier 2; PA; SP
 BRAFTOVI - Tier 2; PA; SP; QL
 COPIKTRA - Tier 2; PA; SP; QL
 EXKIVITY - Tier 2; PA; SP; QL
 KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL
 KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL
 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
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 50 MG (brand for sunitinib malate) - Tier 2; PA; SP; QL
SUTENT ORAL CAPSULE 37.5 MG (brand for sunitinib malate) - Tier 2; PA; SP
 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

| Preferred Agents | Non-Preferred Agents |
|--|--|
| VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; 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 ZYDELIG - Tier 2; PA; SP; QL | |
| Retinoids | |
| <i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP</i> <i>tretinoin oral - Tier 1; SP</i> | <i>TARGRETIN (brand for bexarotene) - Tier 2; PA; SP</i> |
| 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 | |
| Alkylating Agents - Chemotherapy Agents | |
| <i>melphalan - Tier 1</i> | |
| Antimetabolites - Chemotherapy Agents | |
| <i>capecitabine (generic for XELODA) - Tier 1; PA; SP</i> | |
| Molecular Target Inhibitors - Chemotherapy Agents | |
| | SCEMBLIX - 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 |

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| Preferred Agents | Non-Preferred Agents |
|---|-------------------------|
| Antiparasitics | |
| Anthelmintics | |
| <i>albendazole oral - Tier 1; QL</i> <i>ivermectin oral (generic for STROMEKTOL) - Tier 1; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i> | EMVERM - Tier 2; PA; QL |
| Antiprotozoals | |
| BENZNIDAZOLE - Tier 2; QL <i>chloroquine phosphate oral - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral (generic for ALINIA) - Tier 1; QL</i> <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1</i> <i>primaquine phosphate - Tier 1</i> <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; SP; QL</i> | |
| Antiparasitics - Drugs to Treat Parasitic Infections | |
| Pediculicides/Scabicides - Scabies and Lice Drugs | |
| <i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL</i> | |

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

| Preferred Agents | Non-Preferred Agents |
|--|---|
| Antiparkinson Agents | |
| Anticholinergics | |
| <i>benztropine mesylate oral - Tier 1</i> <i>trihexyphenidyl hcl - Tier 1; QL</i> | |
| Antiparkinson Agents, Other | |
| <i>amantadine hcl oral - Tier 1</i> <i>entacapone (generic for COMTAN) - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i> | <i>COMTAN (brand for entacapone) - Tier 2; PA; QL</i> <i>GOCOVRI - Tier 2; PA; QL</i> <i>NOURIANZ - Tier 2; PA; QL</i> <i>ONGENTYS - Tier 2; PA; QL</i> <i>OSMOLEX ER - Tier 2; PA; QL</i> <i>TASMAR (brand for tolcapone) - Tier 2; PA; QL</i> |
| Dopamine Agonists | |
| <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> | <i>carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL</i> <i>DUOPA - Tier 2; PA</i> <i>INBRIJA - Tier 2; PA; SP; QL</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA</i> <i>RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL</i> <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i> |
| Monoamine Oxidase B (MAO-B) Inhibitors | |
| <i>selegiline hcl oral - Tier 1; QL</i> | |

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| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
|------------------|----------------------|

| | |
|----------------|--|
| Antipsychotics | |
|----------------|--|

| | |
|------------------------|--|
| 1st Generation/Typical | |
|------------------------|--|

ADASUVE - Tier 2; AL
chlorpromazine hcl injection - Tier 1
chlorpromazine hcl oral - Tier 1; QL
fluphenazine decanoate injection - Tier 1; AL
fluphenazine hcl injection - Tier 1; AL
fluphenazine hcl oral concentrate - Tier 1; AL
fluphenazine hcl oral elixir - Tier 1; AL
fluphenazine hcl oral tablet - Tier 1; QL; AL
haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; AL
haloperidol lactate oral - Tier 1; AL
haloperidol oral - Tier 1; QL; AL
loxapine succinate - Tier 1; QL; AL
molindone hcl oral tablet 25 mg, 5 mg - Tier 1; QL; AL
pimozide - Tier 1; QL; AL
thioridazine hcl oral - Tier 1; QL; AL
thiothixene - Tier 1; QL; AL
trifluoperazine hcl - Tier 1; QL; AL

| | |
|-------------------------|--|
| 2nd Generation/Atypical | |
|-------------------------|--|

ABILIFY ASIMTUFII - Tier 2; QL; AL
 ABILIFY MAINTENA - Tier 2; QL; AL
aripiprazole (generic for ABILIFY) - Tier 1; QL; AL
 ARISTADA - Tier 2; QL; AL
 ARISTADA INITIO - Tier 2; QL; AL
asenapine maleate (generic for SAPHRIS) - Tier 1; QL; AL
 CAPLYTA - Tier 2; QL; AL
 FANAPT - Tier 2; QL; AL
 FANAPT TITRATION PACK - Tier 2; QL; AL
 INVEGA HAFYERA - Tier 2; QL; AL
 INVEGA SUSTENNA - Tier 2; QL; AL
 INVEGA TRINZA - Tier 2; QL; AL
lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL
 LYBALVI - Tier 2; QL; AL

ABILIFY (brand for aripiprazole) - Tier 2; PA; QL; AL
GEODON INTRAMUSCULAR (brand for ziprasidone mesylate) - Tier 2; PA; AL
GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL
INVEGA (brand for paliperidone er) - Tier 2; PA; QL; AL
LATUDA (brand for lurasidone hcl) - Tier 2; PA; QL; AL
RISPERDAL (brand for risperidone) - Tier 2; PA; QL; AL
SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL
SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL
SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL
ZYPREXA INTRAMUSCULAR (brand for olanzapine) - Tier 2; PA; AL
ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL
ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; PA; QL; AL

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| Preferred Agents | Non-Preferred Agents |
|---|--|
| <p> NUPLAZID - Tier 2; QL olanzapine intramuscular (generic for ZYPREXA) - Tier 1; AL olanzapine oral (generic for ZYPREXA) - Tier 1; QL; AL paliperidone er (generic for INVEGA) - Tier 1; QL; AL PERSERIS - Tier 2; QL; AL quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL REXULTI - Tier 2; QL; AL RISPERDAL CONSTA - Tier 2; QL; AL risperidone (generic for RISPERDAL) - Tier 1; QL; AL SECUADO - Tier 2; QL; AL UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; QL; AL VRAYLAR ORAL CAPSULE - Tier 2; QL; AL VRAYLAR ORAL CAPSULE THERAPY PACK - Tier 2; PA; QL; AL ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL ziprasidone mesylate (generic for GEODON) - Tier 1; AL ZYPREXA RELPREVV - Tier 2; QL; AL </p> | |
| Treatment-Resistant | |
| <p> clozapine (generic for CLOZARIL) - Tier 1; QL; AL VERSACLOZ - Tier 2; QL; AL </p> | <p> CLOZARIL (brand for clozapine) - Tier 2; PA; QL; AL </p> |
| Antispasmodics, Urinary - Bladder Control Drugs | |
| Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions | |
| | <p> GEMTESA - Tier 2; PA </p> |

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| Preferred Agents | Non-Preferred Agents |
|--|---|
| Antispasticity Agents | |
| <i>baclofen oral tablet - Tier 1</i> LYVISPAH ORAL PACKET 10 MG, 20 MG - Tier 2; PA; AL LYVISPAH ORAL PACKET 5 MG - Tier 2; AL <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1</i> | <i>ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA</i> |
| Antivirals | |
| Anti-cytomegalovirus (CMV) Agents | |
| <i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i> | |
| Anti-hepatitis B (HBV) Agents | |
| BARACLUDE ORAL SOLUTION - Tier 2; SP; QL <i>entecavir (generic for BARACLUDE) - Tier 1; SP; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; SP; QL</i> VEMLIDY - Tier 2; PA; SP; QL | |
| Antiherpetic Agents | |
| <i>acyclovir oral - Tier 1</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; PA</i> <i>ZOVIRAX EXTERNAL CREAM (brand for acyclovir) - Tier 2</i> | |
| Anti-HIV Agents, Integrase Inhibitors (INSTI) | |
| BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; DX2RX BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; DX2RX; QL DOVATO - Tier 2; QL GENVOYA - Tier 2; PA; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; Members > = 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL JULUCA - Tier 2; QL STRIBILD - Tier 2; PA; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL | |

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Preferred Agents

Non-Preferred Agents

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

COMPLERA - Tier 2; PA; QL
 DELSTRIGO - Tier 2; QL
 EDURANT - Tier 2; QL
efavirenz (generic for SUSTIVA) - Tier 1; QL
efavirenz-emtricitab-tenofovir df (generic for ATRIPLA) - Tier 1; DX2RX; QL
efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL
etravirine (generic for INTELENCE) - Tier 1; QL
 INTELENCE ORAL TABLET 25 MG - Tier 2; QL
nevirapine - Tier 1; QL
nevirapine er - Tier 1; QL

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

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
emtricitabine (generic for EMTRIVA) - Tier 1; QL
emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; 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 (generic for COMBIVIR) - 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
 TRIZIVIR - Tier 2; QL
 VIREAD ORAL POWDER - Tier 2; QL
 VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL
zidovudine (generic for RETROVIR) - Tier 1; QL

CIMDUO - Tier 2; PA; QL
 DESCOVY - Tier 2; PA; QL
TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL

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

| Preferred Agents | Non-Preferred Agents |
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| Anti-HIV Agents, Other | |
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| <p>FUZEON - Tier 2; QL <i>maraviroc (generic for SELZENTRY)</i> - Tier 1; QL SELZENTRY ORAL SOLUTION - Tier 2; QL SELZENTRY ORAL TABLET 25 MG, 75 MG - Tier 2; QL TYBOST - Tier 2; QL</p> | <p>RUKOBIA - Tier 2; PA; QL</p> |
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| Anti-HIV Agents, Protease Inhibitors (PI) | |
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| <p>APTIVUS - Tier 2; QL <i>atazanavir sulfate (generic for REYATAZ)</i> - Tier 1; QL EVOTAZ - Tier 2; QL <i>fosamprenavir calcium (generic for LEXIVA)</i> - Tier 1; QL LEXIVA ORAL SUSPENSION - Tier 2; QL <i>lopinavir-ritonavir (generic for KALETRA)</i> - Tier 1; QL NORVIR ORAL PACKET - Tier 2; QL PREZCOBIX - Tier 2; QL REYATAZ ORAL PACKET - Tier 2; Members > = 8 years of age will require PA; QL; AL <i>ritonavir (generic for NORVIR)</i> - Tier 1; QL VIRACEPT - Tier 2; QL</p> | <p>KALETRA (<i>brand for lopinavir-ritonavir</i>) - Tier 2; PA; QL REYATAZ ORAL CAPSULE (<i>brand for atazanavir sulfate</i>) - Tier 2; PA; QL SYMTUZA - Tier 2; PA; QL</p> |
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| Anti-influenza Agents | |
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| <p>oseltamivir phosphate oral (<i>generic for TAMIFLU</i>) - Tier 1 RELENZA DISKHALER - Tier 2</p> | <p>TAMIFLU (<i>brand for oseltamivir phosphate</i>) - Tier 2; PA XOFLUZA (40 MG DOSE) - Tier 2; PA XOFLUZA (80 MG DOSE) - Tier 2; PA</p> |
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| Antivirals - Drugs to Treat Viral Infections | |
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| Antivirals | |
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| <p>LAGEVRIO - Tier 2; QL; AL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL; AL</p> | |
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

| Preferred Agents | Non-Preferred Agents |
|---|--|
| Anxiolytics | |
| Anxiolytics, Other | |
| <i>buspirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL</i> IGALMI - Tier 2 <i>meprobamate - Tier 1; QL</i> | |
| Benzodiazepines | |
| <i>alprazolam er (generic for XANAX XR) - Tier 1; QL</i> <i>alprazolam intensol - Tier 1; QL</i> <i>alprazolam oral (generic for XANAX) - Tier 1; QL</i> <i>alprazolam xr (generic for XANAX XR) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam intensol (generic for DIAZEPAM INTENSOL) - Tier 1; QL</i> <i>diazepam oral (generic for DIAZEPAM INTENSOL) - Tier 1; QL</i> <i>lorazepam injection (generic for ATIVAN) - Tier 1; QL</i> <i>lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1; QL</i> <i>lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1; QL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> LOREEV XR - Tier 2; ST; QL; AL <i>midazolam hcl oral - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i> | |
| Anxiolytics - Drugs to Treat Anxiety | |
| Benzodiazepines - Anxiety Drugs | |
| <i>quazepam (generic for DORAL) - Tier 1; QL</i> | <i>DORAL (brand for quazepam) - Tier 2; PA; QL</i> |

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

| Preferred Agents | Non-Preferred Agents |
|--|---|
| Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs | |
| Central Nervous System Agents - Drugs to Treat Nerve Conditions | |
| QELBREE - Tier 2; QL; AL | |
| Bipolar Agents | |
| Mood Stabilizers | |
| <div data-bbox="86 487 1024 714"> <p><i>divalproex sodium er (generic for DEPAKOTE ER) - Tier 1</i> <i>divalproex sodium oral (generic for DEPAKOTE) - Tier 1</i> EQUETRO - Tier 2; QL <i>lithium - Tier 1</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1</i> <i>lithium carbonate oral - Tier 1</i></p> </div> | |
| Blood Glucose Regulators | |
| Antidiabetic Agents | |
| <div data-bbox="86 828 1024 1339"> <p><i>acarbose oral - Tier 1</i> BYETTA 10 MCG PEN - Tier 2; PA; QL; AL BYETTA 5 MCG PEN - Tier 2; PA; QL; AL FARXIGA - Tier 2 <i>glimepiride - Tier 1</i> <i>glipizide er (generic for GLUCOTROL XL) - Tier 1</i> <i>glipizide ir - Tier 1</i> <i>glipizide xl (generic for GLUCOTROL XL) - Tier 1</i> <i>glipizide-metformin hcl - Tier 1; PA</i> GLUMETZA (brand for metformin hcl er (mod)) - Tier 2 <i>glyburide micronized (generic for GLYNASE) - Tier 1</i> <i>glyburide oral - Tier 1</i> <i>glyburide-metformin - Tier 1; PA</i> INVOKAMET - Tier 2</p> </div> | <div data-bbox="1024 828 2013 1339"> <p>ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; PA ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; PA ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; PA BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL; AL GLYXAMBI - Tier 2; PA INVOKAMET XR - Tier 2; PA KOMBIGLYZE XR (brand for saxagliptin-metformin er) - Tier 2; PA NESINA (brand for alogliptin benzoate) - Tier 2; PA ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA OSENII (brand for alogliptin-pioglitazone) - Tier 2; PA QTERN - Tier 2; PA RYBELSUS - Tier 2; PA; QL</p> </div> |

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

| Preferred Agents | Non-Preferred Agents |
|--|--|
| <p>INVOKANA - Tier 2 JANUMET - Tier 2 JANUMET XR - Tier 2 JANUVIA - Tier 2; PA JARDIANCE - Tier 2 JENTADUETO - Tier 2 JENTADUETO XR - Tier 2 <i>KAZANO (brand for alogliptin-metformin hcl) - Tier 2</i> <i>metformin hcl er - Tier 1</i> <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1</i> OZEMPIC - Tier 2; PA; QL; AL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL; AL <i>pioglitazone hcl (generic for ACTOS) - Tier 1; PA; QL</i> <i>repaglinide - Tier 1</i> <i>saxagliptin hcl (generic for ONGLYZA) - Tier 1</i> <i>saxagliptin-metformin er (generic for KOMBIGLYZE XR) - Tier 1</i> SOLIQUA - Tier 2; PA; QL; AL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL SYNJARDY - Tier 2 TRADJENTA - Tier 2; PA; QL TRULICITY - Tier 2; PA; QL; AL VICTOZA - Tier 2; PA; QL; AL XIGDUO XR - Tier 2</p> | <p>SEGLUROMET - Tier 2; PA STEGLATRO - Tier 2; PA STEGLUJAN - Tier 2; PA SYNJARDY XR - Tier 2; PA TRIJARDY XR - Tier 2; PA XULTOPHY - Tier 2; PA; QL; AL</p> |
| Glycemic Agents | |
| <p>BAQSIMI ONE PACK - Tier 2 BAQSIMI TWO PACK - Tier 2 GLUCAGEN HYPOKIT - Tier 2 GVOKE HYPOPEN 1-PACK - Tier 2 GVOKE HYPOPEN 2-PACK - Tier 2 GVOKE KIT - Tier 2 GVOKE PFS - Tier 2</p> | <p>GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; PA <i>glucagon emergency kit 1 mg injection - Tier 1; PA</i> GLUCAGON EMERGENCY KIT 1 MG INJECTION - Tier 2; PA</p> |

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

Preferred Agents

Non-Preferred Agents

Insulins

| | |
|---|---|
| ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (brand for insulin lispro (1 unit dial)) - Tier 2 | ADMELOG (brand for insulin lispro) - Tier 2; PA; QL |
| APIDRA SOLOSTAR - Tier 2 | ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (brand for insulin lispro (1 unit dial)) - Tier 2; PA |
| APIDRA VIAL - Tier 2 | AFREZZA - Tier 2; PA |
| HUMALOG INJECTION (brand for insulin lispro) - Tier 2; QL | BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; PA |
| HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; QL | FIASP - Tier 2; PA; QL |
| HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2 | FIASP FLEXTOUCH - Tier 2; PA |
| HUMALOG MIX 50/50 - Tier 2 | FIASP PENFILL - Tier 2; PA |
| HUMALOG MIX 50/50 KWIKPEN - Tier 2 | INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL |
| HUMALOG MIX 75/25 - Tier 2 | INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL |
| HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2 | INSULIN LISPRO (brand for insulin lispro) - Tier 2; PA; QL |
| HUMALOG SUBCUTANEOUS - Tier 2 | INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL |
| HUMULIN 70/30 KWIKPEN - Tier 2 | INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA |
| HUMULIN 70/30 VIAL - Tier 2 | INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; PA |
| HUMULIN N KWIKPEN - Tier 2 | LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (brand for insulin glargine solostar) - Tier 2; PA |
| HUMULIN N VIAL - Tier 2 | LYUMJEV - Tier 2; PA |
| HUMULIN R U-500 KWIKPEN - Tier 2 | LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML - Tier 2; PA; QL |
| HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2 | LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA |
| HUMULIN R VIAL - Tier 2 | SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL |
| INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2 | TOUJEO MAX SOLOSTAR - Tier 2; PA |
| INSULIN DEGLUDEC (brand for insulin degludec) - Tier 2; PA | TOUJEO SOLOSTAR - Tier 2; PA |
| INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin degludec flextouch) - Tier 2; PA; QL | |

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

Preferred Agents**Non-Preferred Agents**

INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (brand for insulin degludec flextouch) - Tier 2; PA
INSULIN GLARGINE (brand for insulin glargine) - Tier 2; QL
INSULIN GLARGINE SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL
LANTUS SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (brand for insulin glargine solostar) - Tier 2
LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL
LEVEMIR FLEXPEN - Tier 2
LEVEMIR U-100 VIAL - Tier 2
NOVOLIN 70/30 FLEXPEN - Tier 2
NOVOLIN 70/30 FLEXPEN RELION - Tier 2
NOVOLIN 70/30 RELION - Tier 2
NOVOLIN 70/30 VIAL - Tier 2
NOVOLIN N FLEXPEN - Tier 2
NOVOLIN N FLEXPEN RELION - Tier 2
NOVOLIN N RELION - Tier 2
NOVOLIN N VIAL - Tier 2
NOVOLIN R FLEXPEN - Tier 2
NOVOLIN R FLEXPEN RELION - Tier 2
NOVOLIN R RELION - Tier 2
NOVOLIN R VIAL - Tier 2
NOVOLOG 70/30 FLEXPEN RELION (brand for insulin asp prot & asp flexpen) - Tier 2
NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2
NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2

Preferred Agents

Non-Preferred Agents

NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2
NOVOLOG MIX 70/30 RELION (brand for insulin aspart prot & aspart) - Tier 2
NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2
NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2
NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; QL
TRESIBA (brand for insulin degludec) - Tier 2; PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin degludec flextouch) - Tier 2; PA; QL
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (brand for insulin degludec flextouch) - Tier 2; PA

Preferred Agents**Non-Preferred Agents****Blood Glucose Regulators - Drugs to Regulate Blood Sugar****Glycemic Agents - Diabetic Drugs**

GLUCO TO GO (brand for cvs glucose) - Tier 2
GLUCO TO GO 15 (brand for cvs glucose) - Tier 2
glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1
GLUTOSE 5 (brand for cvs glucose) - Tier 2
soft glucose (generic for GLUCO TO GO) - Tier 1
TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2

Insulins - Diabetic Drugs

CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL
MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL
NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL

| Preferred Agents | Non-Preferred Agents |
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| Blood Products and Modifiers | |
| Anticoagulants | |
| <p>ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL <i>enoxaparin sodium (generic for LOVENOX)</i> - Tier 1 <i>heparin sodium (porcine)</i> - Tier 1 <i>heparin sodium (porcine) pf</i> - Tier 1 <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN)</i> - Tier 1; QL <i>jantoven oral tablet 6 mg (generic for JANTOVEN)</i> - Tier 1 PRADAXA ORAL CAPSULE (brand for <i>dabigatran etexilate mesylate</i>) - Tier 2 PRADAXA ORAL PACKET - Tier 2; AL <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN)</i> - Tier 1; QL <i>warfarin sodium oral tablet 6 mg (generic for JANTOVEN)</i> - Tier 1 XARELTO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL; AL XARELTO ORAL TABLET - Tier 2; QL XARELTO STARTER PACK - Tier 2; QL</p> | <p>SAVAYSA - Tier 2; PA; QL</p> |
| Blood Products and Modifiers, Other | |
| <p><i>anagrelide hcl (generic for AGRYLIN)</i> - Tier 1 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL EPOGEN - Tier 2; PA; SP FULPHILA - Tier 2; SP MULPLETA - Tier 2; PA; SP; QL NIVESTYM - Tier 2; SP <i>plerixafor (generic for MOZOBIL)</i> - Tier 1; PA; SP; QL PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP</p> | <p>GRANIX - Tier 2; PA; SP LEUKINE - Tier 2; PA; SP NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP PROCRIT - Tier 2; PA; SP SIKLOS - Tier 2; PA; QL UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP</p> |

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| Preferred Agents | Non-Preferred Agents |
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| Hemostasis Agents | |
| <i>aminocaproic acid oral - Tier 1; QL</i> <i>tranexamic acid oral - Tier 1; QL</i> | |
| Platelet Modifying Agents | |
| <i>aspirin-dipyridamole er - Tier 1</i> BRILINTA - Tier 2; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol - Tier 1</i> <i>clopidogrel bisulfate oral tablet 300 mg - Tier 1; QL</i> <i>clopidogrel bisulfate oral tablet 75 mg (generic for PLAVIX) - Tier 1</i> <i>dipyridamole oral - Tier 1; QL</i> <i>prasugrel hcl (generic for EFFIENT) - Tier 1</i> | DOPTELET - Tier 2; PA; SP; QL EFFIENT (brand for prasugrel hcl) - Tier 2; PA TAVALISSE - Tier 2; PA; SP; QL |
| Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders | |
| Anticoagulants - Blood Thinners | |
| CATHFLO ACTIVASE - Tier 2 | |
| Blood Formation Modifiers - Blood Formation Drugs | |
| | MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 200 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML - Tier 2; PA; SP |
| Cardiovascular Agents | |
| Alpha-adrenergic Agonists | |
| <i>clonidine (generic for CATAPRES-TTS-1) - Tier 1; QL</i> CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for clonidine hcl er) - Tier 2 <i>clonidine hcl oral - Tier 1; QL</i> <i>guanfacine hcl - Tier 1</i> METHYLDOPA - Tier 2; QL <i>midodrine hcl - Tier 1; QL</i> NEXICLON XR (brand for clonidine hcl er) - Tier 2 | <i>droxidopa oral capsule 100 mg (generic for NORTHERA) - Tier 1; PA; SP; QL</i> |

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| Preferred Agents | Non-Preferred Agents |
|--|--|
| Alpha-adrenergic Blocking Agents | |
| <i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>MINIPRESS (brand for prazosin hcl) - Tier 2; PA; QL</i> <i>prazosin hcl oral (generic for MINIPRESS) - Tier 1</i> | |
| Angiotensin II Receptor Antagonists | |
| <i>DIOVAN (brand for valsartan) - Tier 2; QL</i> <i>EDARBI - Tier 2; QL</i> <i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> | |
| Angiotensin-converting Enzyme (ACE) Inhibitors | |
| <i>benazepril hcl oral (generic for LOTENSIN) - Tier 1</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1</i> <i>fosinopril sodium - Tier 1</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1</i> <i>ramipril (generic for ALTACE) - Tier 1</i> | |
| Antiarrhythmics | |
| <i>amiodarone hcl oral tablet 100 mg (generic for PACERONE) - Tier 1</i> <i>amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL</i> <i>disopyramide phosphate (generic for NORPACE) - Tier 1; QL</i> <i>dofetilide (generic for TIKOSYN) - Tier 1; QL</i> <i>flecainide acetate - Tier 1; QL</i> <i>mexiletine hcl oral - Tier 1; QL</i> <i>NORPACE CR - Tier 2</i> <i>propafenone hcl - Tier 1; QL</i> <i>quinidine gluconate er - Tier 1; QL</i> <i>quinidine sulfate - Tier 1; QL</i> <i>sotalol hcl (af) (generic for BETAPACE AF) - Tier 1</i> <i>sotalol hcl oral (generic for BETAPACE) - Tier 1</i> | <i>BETAPACE (brand for sotalol hcl) - Tier 2; PA</i> <i>BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA</i> <i>MULTAQ - Tier 2; PA; QL</i> <i>PACERONE ORAL TABLET 100 MG (brand for amiodarone hcl) - Tier 2; PA</i> <i>PACERONE ORAL TABLET 200 MG, 400 MG (brand for amiodarone hcl) - Tier 2; PA; QL</i> <i>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG (brand for propafenone hcl er) - Tier 2; PA; QL</i> <i>RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG (brand for propafenone hcl er) - Tier 2; PA</i> <i>TIKOSYN (brand for dofetilide) - Tier 2; PA; QL</i> |

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| Preferred Agents | Non-Preferred Agents |
|--|----------------------------|
| Beta-adrenergic Blocking Agents | |
| <ul style="list-style-type: none"> <i>acebutolol hcl oral - Tier 1</i> <i>atenolol oral (generic for TENORMIN) - Tier 1</i> <i>bisoprolol fumarate oral - Tier 1</i> <i>carvedilol (generic for COREG) - Tier 1</i> <i>labetalol hcl oral - Tier 1</i> <i>metoprolol succinate er (generic for TOPROL XL) - Tier 1</i> <i>metoprolol tartrate oral (generic for LOPRESSOR) - Tier 1</i> <i>nebivolol hcl (generic for BYSTOLIC) - Tier 1</i> <i>propranolol hcl er (generic for INDERAL LA) - Tier 1</i> <i>propranolol hcl oral - Tier 1</i> | HEMANGEOL - Tier 2; PA; AL |
| Calcium Channel Blocking Agents, Dihydropyridines | |
| <ul style="list-style-type: none"> <i>amlodipine besylate oral (generic for NORVASC) - Tier 1</i> <i>felodipine er - Tier 1</i> <i>nifedipine er - Tier 1</i> <i>nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1</i> <i>nifedipine oral - Tier 1</i> <i>nimodipine oral - Tier 1</i> NORLIQVA - Tier 2; AL | KATERZIA - Tier 2; PA; AL |
| Calcium Channel Blocking Agents, Nondihydropyridines | |
| <ul style="list-style-type: none"> <i>CARDIZEM LA (brand for diltiazem hcl er) - Tier 2; QL</i> <i>cartia xt (generic for CARTIA XT) - Tier 1</i> <i>diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1</i> <i>diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1</i> <i>diltiazem hcl er oral capsule extended release 12 hour - Tier 1</i> <i>diltiazem hcl er oral capsule extended release 24 hour - Tier 1</i> <i>diltiazem hcl er oral tablet extended release 24 hour (generic for CARDIZEM LA) - Tier 1; QL</i> <i>diltiazem hcl oral (generic for CARDIZEM) - Tier 1</i> <i>dilt-xr - Tier 1</i> <i>matzim la (generic for MATZIM LA) - Tier 1; QL</i> <i>taztia xt (generic for TAZTIA XT) - Tier 1</i> <i>tiadyt er (generic for TAZTIA XT) - Tier 1</i> | |

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

| Preferred Agents | Non-Preferred Agents |
|---|----------------------|
| <p>verapamil hcl er oral capsule extended release 24 hour 100 mg, 300 mg (generic for VERELAN PM) - Tier 1</p> <p>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1</p> <p>verapamil hcl er oral tablet extended release - Tier 1</p> <p>verapamil hcl oral - Tier 1</p> | |

Cardiovascular Agents, Other

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| <p>acetazolamide er - Tier 1; QL</p> <p>acetazolamide oral - Tier 1; QL</p> <p>aliskiren fumarate (generic for TEKTRUNA) - Tier 1; ST; QL</p> <p>amiloride-hydrochlorothiazide - Tier 1; QL</p> <p>amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL</p> <p>atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1</p> <p>benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1</p> <p>bisoprolol-hydrochlorothiazide - Tier 1</p> <p>captopril-hydrochlorothiazide - Tier 1</p> <p>CORLANOR ORAL SOLUTION - Tier 2; PA; QL; AL</p> <p>CORLANOR ORAL TABLET - Tier 2; PA; QL</p> <p>digoxin oral solution - Tier 1</p> <p>digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL</p> <p>EDARBYCLOR - Tier 2</p> <p>enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1</p> <p>ENTRESTO - Tier 2</p> <p>lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1</p> <p>losartan potassium-hctz (generic for HYZAAR) - Tier 1</p> <p>pentoxifylline er - Tier 1; QL</p> <p>quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1</p> <p>ranolazine er - Tier 1; QL</p> <p>spironolactone-hctz - Tier 1; QL</p> <p>triamterene-hctz (generic for MAXZIDE) - Tier 1; QL</p> <p>valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1</p> | <p>BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL</p> <p>KERENDIA - Tier 2; PA; QL</p> <p>TEKTRUNA (brand for aliskiren fumarate) - Tier 2; PA; ST; QL</p> |
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

| Preferred Agents | Non-Preferred Agents |
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| Diuretics, Loop | |
| <i>bumetanide oral (generic for BUMEX) - Tier 1; QL</i> <i>furosemide oral solution 10 mg/ml - Tier 1; QL</i> <i>furosemide oral tablet (generic for LASIX) - Tier 1; QL</i> <i>SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL</i> <i>torsemide (generic for SOAANZ) - Tier 1; QL</i> | FUROSCIX - Tier 2; PA; QL |
| Diuretics, Potassium-sparing | |
| <i>amiloride hcl oral - Tier 1; QL</i> <i>spironolactone oral (generic for ALDACTONE) - Tier 1; QL</i> | |
| Diuretics, Thiazide | |
| <i>chlorthalidone - Tier 1; QL</i> DIURIL - Tier 2; QL <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i> | |
| Dyslipidemics, Fibric Acid Derivatives | |
| <i>fenofibrate micronized oral capsule 134 mg, 200 mg - Tier 1</i> <i>fenofibrate oral capsule 134 mg, 200 mg - Tier 1</i> <i>fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1</i> <i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1</i> | FENOGLIDE (brand for fenofibrate) - Tier 2; PA LIPOFEN (brand for fenofibrate) - Tier 2; PA TRICOR (brand for fenofibrate) - Tier 2; PA TRILIPIX (brand for fenofibric acid) - Tier 2; PA |
| Dyslipidemics, HMG CoA Reductase Inhibitors | |
| <i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1</i> <i>lovastatin oral - Tier 1</i> <i>pravastatin sodium - Tier 1</i> <i>rosuvastatin calcium (generic for CRESTOR) - Tier 1</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1</i> | ALTOPREV - Tier 2; PA CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA LIPITOR (brand for atorvastatin calcium) - Tier 2; PA LIVALO - Tier 2; PA ZOCOR (brand for simvastatin) - Tier 2; PA ZYPITAMAG - Tier 2; PA |

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

| Preferred Agents | Non-Preferred Agents |
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Dyslipidemics, Other

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| <p><i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1</i> <i>colesevelam hcl (generic for WELCHOL) - Tier 1</i> <i>ezetimibe (generic for ZETIA) - Tier 1</i> <i>ezetimibe-simvastatin (generic for VYTORIN) - Tier 1; PA</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1</i> PRALUENT - Tier 2; PA; SP; QL; AL <i>prevalite oral powder (generic for PREVALITE) - Tier 1</i> <i>prevalite packet 4 gm oral - Tier 1</i> <i>prevalite packet 4 gm oral - Tier 1; QL</i> REPATHA - Tier 2; PA; SP; QL; AL <i>VASCEPA (brand for icosapent ethyl) - Tier 2; QL; AL</i></p> | <p><i>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA</i> NEXLETOL - Tier 2; PA NEXLIZET - Tier 2; PA <i>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA</i></p> |
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Vasodilators, Direct-acting Arterial

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| <p><i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i></p> | |
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Vasodilators, Direct-acting Arterial/Venous

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| <p><i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL <i>NITRO-DUR (brand for nitroglycerin) - Tier 2; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i> <i>NITROSTAT TABLET SUBLINGUAL 0.4 MG SUBLINGUAL (brand for nitroglycerin) - Tier 2; QL</i> RECTIV - Tier 2; DX2RX; QL</p> | |
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Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

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| <p><i>milrinone lactate in dextrose - Tier 1</i></p> | <p>VERQUVO - Tier 2; PA; QL; AL</p> |
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents

Non-Preferred Agents

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

atomoxetine hcl (generic for STRATTERA) - Tier 1; QL
 clonidine hcl er oral tablet extended release 12 hour (generic for KAPVAY) - Tier 1; QL
 CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL
 COTEMPLA XR-ODT - Tier 2; QL; AL
 dexamethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; AL
 dexamethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; QL; AL
 guanfacine hcl er (generic for INTUNIV) - Tier 1; QL
 JORNAY PM - Tier 2; QL; AL
 methylphenidate (generic for DAYTRANA) - Tier 1; QL; AL
 methylphenidate hcl er - Tier 1; QL; AL
 methylphenidate hcl er (cd) - Tier 1; QL; AL
 methylphenidate hcl er (la) (generic for RITALIN LA) - Tier 1; QL; AL
 methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; QL; AL
 METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL
 methylphenidate hcl er (osm) oral tablet extended release 72 mg (generic for RELEXXII) - Tier 1; QL; AL
 methylphenidate hcl er (xr) (generic for APTENSIO XR) - Tier 1; QL; AL
 methylphenidate hcl oral (generic for METHYLIN) - Tier 1; QL; AL
 QUILLICHEW ER - Tier 2; QL; AL
 QUILLIVANT XR - Tier 2; QL; AL
 RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; AL

APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL
 DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL
 FOCALIN (brand for dexamethylphenidate hcl) - Tier 2; PA; QL; AL
 INTUNIV (brand for guanfacine hcl er) - Tier 2; PA; QL
 KAPVAY (brand for clonidine hcl er) - Tier 2; PA; QL
 METHYLIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL
 RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL
 RITALIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL
 STRATTERA (brand for atomoxetine hcl) - Tier 2; PA; QL

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

Preferred Agents

Non-Preferred Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines

ADZENYS XR-ODT - Tier 2; QL; AL
amphetamine sulfate (generic for EVEKEO) - Tier 1; QL; AL
amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; AL
amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; AL
amphet-dextroamphet 3-bead er capsule extended release 24 hour 12.5 mg oral (generic for MYDAYIS) - Tier 1; QL; AL
amphet-dextroamphet 3-bead er capsule extended release 24 hour 25 mg oral (generic for MYDAYIS) - Tier 1; QL; AL
amphet-dextroamphet 3-bead er capsule extended release 24 hour 37.5 mg oral (generic for MYDAYIS) - Tier 1; QL; AL
amphet-dextroamphet 3-bead er capsule extended release 24 hour 50 mg oral (generic for MYDAYIS) - Tier 1; QL; AL
 AZSTARYS - Tier 2; QL; AL
dextroamphetamine sulfate (generic for PROCENTRA) - Tier 1; QL; AL
dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; QL; AL
 DYANAVEL XR - Tier 2; QL; AL
 EVEKEO ODT - Tier 2; QL; AL
methamphetamine hcl (generic for DESOXYN) - Tier 1; AL
VYVANSE (brand for lisdexamfetamine dimesylate) - Tier 2; QL; AL
 ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG - Tier 2; QL; AL

ADDERALL XR (*brand for amphetamine-dextroamphetamine*) - Tier 2; PA; QL; AL
 EVEKEO (*brand for amphetamine sulfate*) - Tier 2; PA; QL; AL
 MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (*brand for amphet-dextroamphet 3-bead er*) - Tier 2; PA; QL; AL
 ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG (*brand for dextroamphetamine sulfate*) - Tier 2; PA; QL; AL

Central Nervous System, Other

AUSTEDO - Tier 2; PA; SP; QL; AL
 AUSTEDO PATIENT TITRATION KIT - Tier 2; PA; QL; AL
caffeine citrate oral - Tier 1; QL; AL
 INGREZZA - Tier 2; PA; SP; QL; AL
 NUEDEXTA - Tier 2; PA; QL
riluzole (generic for RILUTEK) - Tier 1; QL
tetrabenazine (generic for XENAZINE) - Tier 1; SP; QL; AL

GRALISE ORAL TABLET 300 MG, 600 MG - Tier 2; PA; QL
 HORIZANT - Tier 2; PA; QL
 RADICAVA ORS - Tier 2; PA; SP; QL
 RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL
 TIGLUTIK - Tier 2; PA; QL
 XENAZINE (*brand for tetrabenazine*) - Tier 2; PA; SP; QL; AL

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| Preferred Agents | Non-Preferred Agents |
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| Fibromyalgia Agents | |
| <p><i>duloxetine hcl oral (generic for CYMBALTA) - Tier 1; QL</i> <i>pregabalin (generic for LYRICA) - Tier 1; QL</i> SAVELLA - Tier 2 SAVELLA TITRATION PACK - Tier 2</p> | <p>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL</p> |
| Multiple Sclerosis Agents | |
| <p>AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL <i>COPAXONE (brand for glatiramer acetate) - Tier 2; PA; SP; QL</i> <i>dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; PA; SP; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; PA; SP; QL</i> <i>ingolimod hcl (generic for GILENYA) - Tier 1; PA; SP; QL</i> KESIMPTA - Tier 2; PA; SP; QL PLEGRIDY - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL <i>teriflunomide (generic for AUBAGIO) - Tier 1; PA; SP; QL</i> ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL</p> | <p>AMPYRA (brand for dalfampridine er) - Tier 2; PA; SP; QL AUBAGIO (brand for teriflunomide) - Tier 2; PA; SP; QL EXTAVIA - Tier 2; PA; SP; QL <i>GILENYA (brand for fingolimod hcl) - Tier 2; PA; SP; QL</i> <i>glatopa subcutaneous solution prefilled syringe 20 mg/ml - Tier 1; PA; SP</i> <i>glatopa subcutaneous solution prefilled syringe 40 mg/ml - Tier 1; PA; SP; QL</i> 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 ORAL TABLET 0.25 MG - Tier 2; PA; SP MAYZENT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL <i>TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; PA; SP; QL</i> VUMERITY - Tier 2; PA; SP; QL</p> |
| 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 capsule 30 mg oral - Tier 1; PA; AL</i></p> <p><i>accutane oral capsule 20 mg - Tier 1; PA; AL</i></p> <p><i>acitretin - Tier 1; PA</i></p> <p><i>adapalene external cream (generic for DIFFERIN) - Tier 1; PA; AL</i></p> <p><i>adapalene external gel 0.1 % (generic for DIFFERIN) - Tier 1</i></p> <p><i>adapalene external gel 0.3 % (generic for DIFFERIN) - Tier 1; PA; AL</i></p> <p><i>amnestem - Tier 1; PA; AL</i></p> <p><i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i></p> <p><i>benzoyl peroxide-erythromycin (generic for BENZAMYCIN) - Tier 1; AL</i></p> <p><i>clindamycin phos-benzoyl perox external gel 1.2-3.75 % (generic for ONEXTON) - Tier 1; AL</i></p> <p><i>clindamycin phos-benzoyl perox external gel 1.2-5 % (generic for NEUAC) - Tier 1; AL</i></p> | <p><i>ABSORICA (brand for isotretinoin) - Tier 2; PA; AL</i></p> <p><i>ABSORICA LD - Tier 2; PA; AL</i></p> <p><i>ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; AL</i></p> <p><i>ALTRENO - Tier 2; PA; AL</i></p> <p><i>ARAZLO - Tier 2; PA; AL</i></p> <p><i>ATRALIN (brand for tretinoin) - Tier 2; PA; AL</i></p> <p><i>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; AL</i></p> <p><i>claravis - Tier 1; PA; AL</i></p> <p><i>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; AL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; AL</i></p> <p><i>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; AL</i></p> <p><i>FINACEA (brand for azelaic acid) - 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; AL</i></p> |

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| Preferred Agents | Non-Preferred Agents |
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| <p><i>clindamycin phosphate-benzoyl peroxide external gel 1-5 % - Tier 1; AL</i></p> <p><i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2</i></p> <p><i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; AL</i></p> <p><i>neuac (generic for NEUAC) - Tier 1; AL</i></p> <p><i>RETIN-A (brand for tretinoin) - Tier 2; AL</i></p> <p><i>tazarotene external cream (generic for TAZORAC) - Tier 1</i></p> <p><i>VELTIN (brand for clindamycin-tretinoin) - Tier 2; AL</i></p> <p><i>zenatane oral capsule 10 mg, 30 mg, 40 mg - Tier 1; PA; AL</i></p> <p><i>zenatane oral capsule 20 mg - Tier 1; AL</i></p> <p><i>ZIANA (brand for clindamycin-tretinoin) - Tier 2; AL</i></p> | <p><i>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; AL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; AL</i></p> <p><i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere pump) - Tier 2; PA; AL</i></p> <p><i>RHOFADE - Tier 2; PA; QL</i></p> <p><i>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA</i></p> <p><i>TAZORAC EXTERNAL GEL 0.05 % (brand for tazarotene) - Tier 2; PA; QL</i></p> <p><i>TAZORAC EXTERNAL GEL 0.1 % (brand for tazarotene) - Tier 2; PA</i></p> |

Dermatitis and Pruitus Agents

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| <p><i>ala-cort (generic for MEDPURA HYDROCORTISONE) - Tier 1</i></p> <p><i>alclometasone dipropionate external ointment - Tier 1; QL</i></p> <p><i>amcinonide external ointment - Tier 1</i></p> <p><i>ammonium lactate external cream - Tier 1; QL</i></p> <p><i>ammonium lactate external lotion (generic for AL12) - Tier 1</i></p> <p><i>anti-dandruff (generic for SELSUN BLUE) - Tier 1</i></p> <p><i>anti-itch aloe (generic for MEDPURA HYDROCORTISONE) - Tier 1</i></p> <p><i>anti-itch intensive heal (generic for MEDPURA HYDROCORTISONE) - Tier 1</i></p> <p><i>anti-itch maximum strength external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1</i></p> <p><i>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL</i></p> <p><i>betamethasone dipropionate external lotion - Tier 1</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> <p><i>EUCRISA - Tier 2; PA; AL</i></p> <p><i>OLUX-E (brand for clobetasol propionate emulsion) - Tier 2; PA; QL</i></p> |
|---|---|

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

Preferred Agents

betamethasone dipropionate external ointment - Tier 1; QL
betamethasone valerate external cream - Tier 1; QL
betamethasone valerate external lotion - Tier 1; QL
betamethasone valerate external ointment - Tier 1; QL
clobetasol prop emollient base - Tier 1; QL
clobetasol propionate e - Tier 1; QL
clobetasol propionate external cream - Tier 1; QL
clobetasol propionate external ointment - Tier 1; QL
clobetasol propionate external solution - Tier 1; QL
cortisone intense healing (generic for MEDPURA HYDROCORTISONE) - Tier 1
cortisone maximum strength external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1
dandruff shampoo external lotion (generic for SELSUN BLUE) - Tier 1
eczema anti-itch (generic for MEDPURA HYDROCORTISONE) - Tier 1
ELIDEL (brand for pimecrolimus) - Tier 2; PA; AL
fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL
fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide external solution (generic for SYNALAR) - Tier 1; QL
fluocinolone acetonide scalp (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; QL
fluocinonide emulsified base - Tier 1; QL

Non-Preferred Agents

Preferred Agents

fluocinonide external cream (generic for VANOS) - Tier 1; QL
fluocinonide external solution - Tier 1; QL
fluticasone propionate external cream - Tier 1; QL
fluticasone propionate external ointment - Tier 1; QL
goodsense anti-itch max str (generic for MEDPURA HYDROCORTISONE) - Tier 1
halobetasol propionate external cream - Tier 1; QL
hydrocortisone anti-itch (generic for MEDPURA HYDROCORTISONE) - Tier 1
hydrocortisone butyrate external ointment - Tier 1; QL
hydrocortisone butyrate external solution - Tier 1; QL
hydrocortisone external cream 0.5 % - Tier 1
hydrocortisone external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1
hydrocortisone external cream 2.5 % - 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
hydrocortisone external ointment 2.5 % - Tier 1; QL
hydrocortisone max st external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1
hydrocortisone max st/12 moist (generic for MEDPURA HYDROCORTISONE) - Tier 1
hydrocortisone plus 12 (generic for MEDPURA HYDROCORTISONE) - Tier 1
hydrocortisone plus external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

hydrocortisone/aloe (generic for MEDPURA HYDROCORTISONE) - Tier 1
hydrocortisone/aloe max str (generic for MEDPURA HYDROCORTISONE) - Tier 1
hydrocortisone-aloe max st (generic for MEDPURA HYDROCORTISONE) - Tier 1
instacort 5 - Tier 1
LAC-HYDRIN FIVE - Tier 2; QL
MEDPURA HYDROCORTISONE (brand for ala-cort) - Tier 2
mometasone furoate external - Tier 1; QL
PREPARATION H EXTERNAL CREAM 1 % (brand for ala-cort) - Tier 2
selenium sulfide external lotion - Tier 1; QL
selenium sulfide external shampoo - Tier 1
tacrolimus external - Tier 1; PA; AL
triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL
triamcinolone acetonide external lotion 0.025 % - Tier 1
triamcinolone acetonide external lotion 0.1 % - Tier 1; QL
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL
triderm (generic for TRIDERM) - Tier 1; QL

Preferred Agents

Non-Preferred Agents

Dermatological Agents, Other

calcipotriene external cream - Tier 1
calcipotriene external solution - Tier 1
clotrimazole-betamethasone - Tier 1; QL
diclofenac sodium external gel 3 % - Tier 1; DX2RX; QL
ENSTILAR - Tier 2
fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL
fluorouracil external solution - Tier 1
imiquimod external cream 5 % - Tier 1; QL
nystatin-triamcinolone - Tier 1
podofilox external - Tier 1; QL
silver sulfadiazine external (generic for SSD) - Tier 1; QL
ssd (generic for SSD) - Tier 1; QL
TACLONEX EXTERNAL SUSPENSION (brand for calcipotriene-betameth diprop) - Tier 2
VECTICAL (brand for calcitriol) - Tier 2
XERESE - Tier 2; QL

CARAC (brand for fluorouracil) - Tier 2; PA; QL
DUOBRII - Tier 2; PA
EFUDEX (brand for fluorouracil) - Tier 2; PA; QL
PROCTOFOAM HC - Tier 2; PA
QBREXZA - Tier 2; PA; QL
SORILUX (brand for calcipotriene) - Tier 2; PA
TACLONEX EXTERNAL OINTMENT (brand for calcipotriene-betameth diprop) - Tier 2; PA
ZYCLARA (brand for imiquimod) - Tier 2; PA; QL

Pediculicides/Scabicides

lice killing (generic for NIX CREME RINSE) - Tier 1; QL
lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1; QL
lice treatment external lotion 1 % - Tier 1; QL
permethrin external - Tier 1; QL
spinosad (generic for NATROBA) - Tier 1; QL

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

Preferred Agents

Non-Preferred Agents

Topical Anti-infectives

ciclodan (generic for CICLODAN) - Tier 1
ciclopirox external solution (generic for CICLODAN) - Tier 1
ciclopirox olamine external cream - Tier 1
clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; AL
clindacin-p (generic for CLINDACIN ETZ) - Tier 1; AL
clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; AL
clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; AL
clindamycin phosphate external solution - Tier 1; AL
clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; AL
clotrimazole external cream 1 % (generic for DESENEX) - Tier 1
clotrimazole external solution 1 % - Tier 1
erythromycin external (generic for ERYGEL) - Tier 1; AL
gentamicin sulfate external - Tier 1; QL
 JUBLIA - Tier 2
ketconazole external cream - Tier 1
ketconazole external shampoo - Tier 1
mupirocin external - Tier 1; QL
nyamyc (generic for NYAMYC) - Tier 1
nystatin external (generic for NYAMYC) - Tier 1
nystop (generic for NYAMYC) - Tier 1

AMZEEQ - Tier 2; PA; AL
 KERYDIN (brand for tavaborole) - Tier 2; PA
 XEPI - Tier 2; PA; QL

Preferred Agents

Non-Preferred Agents

Dermatological Agents - Drugs to Treat Skin Conditions

advanced healing external ointment (generic for HYDROLATUM) - 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
diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL
dibucaine (perianal) (generic for NUPERCAINAL) - Tier 1
DR SMITHS ADULT BARRIER - Tier 2; QL
DR SMITHS DIAPER - Tier 2; QL
DR SMITHS DIAPER QUICK RELIEF - Tier 2; QL
glycerin external - Tier 1
glycerin external liquid 99.5 % - Tier 1
hydrocortisone acetate external (generic for GYNECORT 10) - Tier 1
hydrolatum (generic for HYDROLATUM) - Tier 1
hydrophor (generic for HYDROLATUM) - Tier 1
NUPERCAINAL (brand for dibucaine (perianal)) - Tier 2
ointment base (generic for HYDROLATUM) - Tier 1
renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1
sulfacetamide sodium-sulfur liquid 9.8-4.8 % external (generic for PLEXION CLEANSER) - Tier 1; AL
zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

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Preferred Agents

Non-Preferred Agents

Dermatological Agents - Skin Agents

calamine external lotion , 8-8 % - Tier 1
calamine-zinc oxide external lotion - Tier 1
cerovel (generic for CEROVEL) - Tier 1; QL
gormel - Tier 1; QL
gormel 10 (generic for NUTRAPLUS) - Tier 1; QL
hemorrhoidal rectal ointment 0.25-3-14-71.9 % - Tier 1
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 lotion (generic for CEROVEL) - 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; AL
 OPZELURA - Tier 2; PA; SP; AL
 ZILXI - Tier 2; PA; QL

Diabetes - Glucose Monitoring

ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL
ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL
ACCU-CHEK GUIDE STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL
ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL
ACCU-TREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL
BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL

ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL
ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL
ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; PA; QL
ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL
ACCU-CHEK GUIDE STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL
ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL

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

| Preferred Agents | Non-Preferred Agents |
|--|--|
| <p><i>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL</i></p> <p><i>CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>CHEMSTRIP 10 MD - Tier 2</i></p> <p><i>CHEMSTRIP 10/SG - Tier 2</i></p> <p><i>CHEMSTRIP 2 GP - Tier 2</i></p> <p><i>CHEMSTRIP 5 OB - Tier 2</i></p> <p><i>CHEMSTRIP 7 - Tier 2</i></p> <p><i>CHEMSTRIP 9 - Tier 2</i></p> <p><i>CHEMSTRIP K (brand for ketone test) - Tier 2; QL</i></p> <p><i>CHEMSTRIP UGK - Tier 2; QL</i></p> <p><i>DEXCOM G6 RECEIVER - Tier 2; QL</i></p> <p><i>DEXCOM G6 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; QL</i></p> <p><i>DEXCOM G7 RECEIVER - Tier 2; QL</i></p> <p><i>DEXCOM G7 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; QL</i></p> <p><i>EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>KETO-DIASTIX - Tier 2; QL</i></p> <p><i>KETONE CARE - Tier 2; QL</i></p> <p><i>KETONE TEST (brand for ketone test) - Tier 2; QL</i></p> <p><i>KETOSTIX (brand for ketone test) - Tier 2; QL</i></p> | <p><i>CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL</i></p> <p><i>CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH ULTRA IN VITRO STRIP (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH VERIO FLEX SYSTEM KIT (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> |

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

Preferred Agents

LANCETS (brand for cvs lancets original) - Tier 2; QL
MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL
NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION (brand for element compact control 2) - Tier 2; QL
ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL
PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL
PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL
QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL
RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; QL
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (brand for blood glucose test) - 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

Non-Preferred Agents

PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL
TRUE METRIX BLOOD GLUCOSE TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL

Preferred Agents

Non-Preferred Agents

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

carglumic acid (generic for CARBAGLU) - Tier 1; SP
DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL
DENTAGEL (brand for sf) - Tier 2
easygel - Tier 1
ENDARI - Tier 2; PA; QL
JUST RIGHT 5000 DENTAL GEL (brand for sf) - Tier 2
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
MAGNESIUM SULFATE SOLUTION 50 % INJECTION - Tier 2
magnesium sulfate solution 50 % injection - Tier 1
potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL
potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL
potassium chloride er oral capsule extended release 10 meq - Tier 1; QL
potassium chloride er oral tablet extended release (generic for K-TAB) - 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
potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1
PREVIDENT (brand for sf) - Tier 2

| Preferred Agents | Non-Preferred Agents |
|--|----------------------|
| <p><i>PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2</i> <i>PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i> <i>sf (generic for DENTAGEL) - Tier 1</i> <i>sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium chloride intravenous solution 0.9 % - Tier 1</i> SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS - Tier 2 <i>sodium chloride solution 4 meq/ml intravenous - Tier 1</i> <i>sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL</i> <i>sodium fluoride dental gel (generic for DENTAGEL) - Tier 1</i> <i>sodium fluoride oral solution - Tier 1; QL</i> <i>sodium fluoride oral tablet chewable - Tier 1; QL</i></p> | |
| Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs | |
| <p><i>BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; AL</i> <i>cal mag zinc +d3 (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL</i> <i>calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL</i> <i>calcium 500/vitamin d3 - Tier 1</i> <i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL</i> <i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1</i> <i>calcium 600/vitamin d - Tier 1</i> <i>calcium 600/vitamin d-3 - Tier 1</i> <i>calcium 600+d oral capsule 600-12.5 mg-mcg - Tier 1</i> <i>calcium 600+d oral tablet 600-10 mg-mcg - Tier 1</i> <i>calcium 600+d3 oral capsule 600-12.5 mg-mcg - Tier 1</i></p> | |

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Preferred Agents**Non-Preferred Agents**

calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1

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

calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1

calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL

calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg (generic for CITRACAL PETITES/VITAMIN D) - Tier 1

calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL

calcium citrate-vit d - Tier 1

calcium citrate-vitamin d oral tablet 200-3.125 mg-mcg, 315-5 mg-mcg - Tier 1

calcium cit-vit d-3 petites (generic for CITRACAL PETITES/VITAMIN D) - Tier 1

calcium high potency/vitamin d - Tier 1

calcium plus vitamin d (generic for OYSCO 500+D) - Tier 1; QL

calcium plus vitamin d3 - Tier 1

calcium/minerals/vitamin d - Tier 1

calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1

calcium-vitamin d3 oral capsule 600-12.5 mg-mcg - Tier 1

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Preferred Agents

Non-Preferred Agents

citrus calcium/vitamin d (generic for CITRACAL PETITES/VITAMIN D) - Tier 1

electrolyte solution (generic for ENFAMIL ENFALYTE) - 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; AL

ferosul (generic for FEROSUL) - Tier 1

ferretts - Tier 1

ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2

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

ferrous 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 oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; AL

ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1

ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 324 mg - Tier 1; QL

ferrous sulfate oral tablet delayed release 325 (65 fe) mg - Tier 1

fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; AL

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Preferred Agents

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; AL
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; AL
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1
iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; AL
K-PHOS - Tier 2; QL
K-PHOS-NEUTRAL (brand for phosphorous) - Tier 2; QL
liquid calcium with d3 oral capsule 600-12.5 mg-mcg - Tier 1
MAGNEBIND 300 - Tier 2
magnesium oral tablet 500 mg - Tier 1
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1
magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1
NU-IRON (brand for polysaccharide iron complex) - Tier 2
OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL
OS-CAL EXTRA D3 (brand for calcium 500 + d3) - Tier 2
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

Non-Preferred Agents

Preferred Agents

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
ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL
pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL
phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
PHOSPHO-TRIN K500 - Tier 2; QL
poly-iron 150 (generic for FERREX 150) - Tier 1
polysaccharide iron complex (generic for FERREX 150) - Tier 1
polysaccharide-iron complex (generic for FERREX 150) - Tier 1
potassium citrate-citric acid - Tier 1
REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL
sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1
VENOFER - Tier 2; PA
wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL
zinc gluconate oral tablet 50 mg - Tier 1; QL
zinc oral tablet 50 mg - Tier 1; QL

Non-Preferred Agents

| Preferred Agents | Non-Preferred Agents |
|--|---|
| Electrolyte/Mineral/Metal Modifiers | |
| 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> | JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG - Tier 2; PA; SP; QL |
| Phosphate Binders | |
| <i>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1</i> <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1</i> FOSRENOL ORAL TABLET CHEWABLE 1000 MG (brand for lanthanum carbonate) - Tier 2; QL FOSRENOL ORAL TABLET CHEWABLE 500 MG, 750 MG (brand for lanthanum carbonate) - Tier 2 RENVELA (brand for sevelamer carbonate) - Tier 2 | AURYXIA - Tier 2; PA VELPHORO - Tier 2; PA |
| Potassium Binders | |
| LOKELMA ORAL PACKET 10 GM - Tier 2; QL LOKELMA ORAL PACKET 5 GM - Tier 2 <i>sps - Tier 1; QL</i> VELTASSA - Tier 2 | |

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

Preferred Agents

Non-Preferred Agents

Vitamins

a-25 - Tier 1; QL
AMLADEX (brand for daily multiple vitamins) - Tier 2; AL
aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1
b complex - Tier 1; QL
b complex vitamins - Tier 1; QL
b-complex oral tablet - Tier 1
b-complex with b-12 - Tier 1
b-complex/b-12 oral - Tier 1
BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2
CENTRUM SPECIALIST PRENATAL - Tier 2; AL
classic prenatal - Tier 1; GE; AL
d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1
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
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1
d3-50 (generic for D3-50) - Tier 1
daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
DECARA (brand for vitamin d3) - Tier 2

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

Preferred Agents**Non-Preferred Agents**

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

d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1

ELDERTONIC - Tier 2

ENFAMIL EXPECTA - Tier 2; GE; AL

essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL

essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL

FOLCYTEINE (brand for daily multiple vitamins) - Tier 2; AL

full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL

GENICIN VITA-Q (brand for daily multiple vitamins) - Tier 2; AL

healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL

M-NATAL PLUS (brand for prenatal) - Tier 2; GE; AL

multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL

multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL

multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL

multiple vitamins essential (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL

multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL

NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2; AL

NEONATAL COMPLETE ORAL TABLET 27-1 MG (brand for prenatal) - Tier 2; GE; AL

Preferred Agents

NEONATAL PLUS (brand for prenatal) - Tier 2; GE; AL
NEONATAL PRENATAL (brand for cvs prenatal) - Tier 2; GE; AL
NEONATAL VITAMIN (brand for cvs prenatal) - Tier 2; GE; AL
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL
NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL
niacin er oral capsule extended release 250 mg - Tier 1; QL
niacin er oral 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; GE; AL
OBSTETRIX DHA - Tier 2
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2; AL
ONE VITE WOMENS (brand for cvs prenatal) - Tier 2; GE; AL
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; GE; AL
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
phytonadione injection solution 10 mg/ml - Tier 1
phytonadione oral - Tier 1; QL
prenatal formula oral tablet 28-0.8 mg - Tier 1; GE; AL
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

prenatal multi+dha - Tier 1; GE; AL
prenatal multivitamins - Tier 1; GE; AL
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; GE; AL
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; GE; AL
prenatal oral tablet 28-0.8 mg - Tier 1; GE; AL
prenatal plus (generic for NEONATAL PLUS) - Tier 1; GE; AL
prenatal plus vitamin/mineral (generic for NEONATAL PLUS) - Tier 1; GE; AL
prenatal vitamins - Tier 1; GE; AL
prenataliron - Tier 1; GE; AL
PRENATVITE RX - Tier 2; GE; AL
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; AL
tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
THERA (brand for daily multiple vitamins) - Tier 2; AL
thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1; AL
thiamine mononitrate oral - Tier 1; AL
TM-DAILY VITE (brand for daily multiple vitamins) - Tier 2; AL
tri-vite pediatric - Tier 1; QL

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Preferred Agents**Non-Preferred Agents**

vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; AL

vitamin a oral capsule 2400 mcg (8000 ut) - Tier 1; QL

vitamin a oral capsule 3 mg (10000 ut) - Tier 1; AL

vitamin b complex oral capsule - Tier 1; QL

vitamin b-1 oral tablet 100 mg - Tier 1; AL

vitamin d (cholecalciferol) oral tablet (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

vitamin d oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1

vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1

vitamin d3 oral capsule 1000 unit, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1

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 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1

vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1

vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1

vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1

vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1

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

| Preferred Agents | Non-Preferred Agents |
|---|---|
| <p><i>vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1</i></p> <p><i>vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1</i></p> <p><i>vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1</i></p> <p><i>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1</i></p> <p><i>vitamin d3 oral tablet chewable 10 mcg (400 unit) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1</i></p> <p><i>vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1; AL</i></p> <p><i>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1</i></p> <p><i>vitamin k1 injection solution 10 mg/ml - Tier 1</i></p> <p><i>vitamin-b complex - Tier 1</i></p> <p><i>VITATHELY WITH GINGER (brand for prenatal) - Tier 2; GE; AL</i></p> <p><i>weekly-d (generic for D3-50) - Tier 1</i></p> <p><i>WESTAB PLUS (brand for prenatal) - Tier 2; GE; AL</i></p> <p><i>womens prenatal+dha - Tier 1; GE; AL</i></p> | |
| <p>Estrogens - Hormone Replacement/Modifying Drugs</p> | |
| <p>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</p> | |
| <p><i>MYFEMBREE - Tier 2; PA; QL; AL</i></p> <p><i>NEXTSTELLIS - Tier 2</i></p> | |
| <p>Gastrointestinal Agents</p> | |
| <p>Anti-Constipation Agents</p> | |
| <p><i>constulose - Tier 1; QL</i></p> <p><i>enulose - Tier 1; QL</i></p> <p><i>generlac - Tier 1; QL</i></p> <p><i>lactulose encephalopathy - Tier 1; QL</i></p> <p><i>lactulose oral solution - Tier 1; QL</i></p> <p><i>LINZESS - Tier 2; PA</i></p> <p><i>lubiprostone (generic for AMITIZA) - Tier 1; PA</i></p> | <p><i>AMITIZA (brand for lubiprostone) - Tier 2; PA</i></p> <p><i>MOTTEGRITY - Tier 2; PA</i></p> <p><i>MOVANTIK - Tier 2; PA; QL</i></p> <p><i>RELISTOR - Tier 2; PA; QL</i></p> <p><i>SYMPROIC - Tier 2; PA; QL</i></p> <p><i>TRULANCE - Tier 2; PA</i></p> |

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| Preferred Agents | Non-Preferred Agents |
|--|--|
| Anti-Constipation Agents | Other |
| | IBSRELA - Tier 2; PA |
| Anti-Diarrheal Agents | |
| <i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1; QL</i> <i>diamode (generic for IMODIUM A-D) - Tier 1; QL</i> <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i> <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2; QL</i> <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i> <i>loperamide hcl oral suspension - Tier 1; QL</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1; QL</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1; QL</i> MYTESI - Tier 2; DX2RX; QL | VIBERZI - Tier 2; PA; QL |
| Antispasmodics, Gastrointestinal | |
| <i>dicyclomine hcl oral capsule - Tier 1; QL</i> <i>dicyclomine hcl oral solution - Tier 1</i> <i>dicyclomine hcl oral tablet - 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> | |
| Gastrointestinal Agents, Other | |
| GATTEX - Tier 2; PA; SP; QL <i>gavilyte-c - Tier 1; QL</i> <i>gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL</i> <i>peg 3350-kcl-na bicarb-nacl - Tier 1; QL</i> <i>peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL</i> <i>PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2</i> <i>ursodiol oral capsule 300 mg - Tier 1; QL</i> <i>ursodiol oral tablet (generic for URSO 250) - Tier 1</i> | CLENPIQ - Tier 2; PA; QL <i>MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL</i> OMECLAMOX-PAK - Tier 2; PA PLENVU - Tier 2; PA; QL <i>SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL</i> TALICIA - Tier 2; PA |

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Preferred Agents

Non-Preferred Agents

Histamine2 (H2) Receptor Antagonists

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

Protectants

CARAFATE ORAL SUSPENSION (brand for sucralfate) - Tier 2; AL
misoprostol oral (generic for CYTOTEC) - Tier 1
sucralfate oral tablet (generic for CARAFATE) - Tier 1

Preferred Agents**Non-Preferred Agents**

Proton Pump Inhibitors

acid reducer oral capsule delayed release - Tier 1; QL
DEXILANT (brand for dexlansoprazole) - Tier 2; QL
esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; QL
ft acid reducer (generic for PREVACID 24HR) - Tier 1; PA; QL
lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; PA; QL
lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; PA; QL
NEXIUM ORAL PACKET (brand for esomeprazole magnesium) - Tier 2; QL
omeprazole magnesium oral capsule delayed release - Tier 1; QL
omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL
pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL
PROTONIX ORAL PACKET (brand for pantoprazole sodium) - Tier 2; QL; AL

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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; AL
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
acidophilus/l-sporogenes (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
almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1
antacid & anti-gas oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1
antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
antacid & anti-gas oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
antacid advanced (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
antacid advanced max st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
antacid anti-gas (generic for MINTOX) - Tier 1

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Preferred Agents

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

antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1

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

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

antacid extra strength oral suspension (generic for ALMACONE DOUBLE STRENGTH) - Tier 1

antacid extra strength oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1; AL

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

antacid fast relief (generic for MINTOX) - Tier 1

antacid i (generic for MINTOX) - Tier 1

antacid iii (generic for ALMACONE DOUBLE STRENGTH) - Tier 1

antacid kids (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; AL

antacid liquid (generic for MINTOX) - Tier 1

antacid m (generic for MINTOX) - Tier 1

antacid maximum (generic for TUMS ULTRA 1000) - Tier 1; AL

antacid maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1

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

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

antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1; AL

Non-Preferred Agents

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; AL

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

antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1

antacid regular strength oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1

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

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

antacid/antigas (generic for MINTOX) - Tier 1

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

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

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

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

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

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

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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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

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; AL

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

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; AL

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

calcium carbonate antacid (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; AL

childrens soothe - Tier 1

comfort gel (generic for MINTOX) - Tier 1

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

diarrhea (generic for SOOTHE) - Tier 1; AL

diarrhea relief (generic for SOOTHE) - Tier 1; AL

digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL

digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1

diotame instydose (generic for SOOTHE) - Tier 1; AL

enema (generic for FLEET ENEMA) - Tier 1; AL

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

Preferred Agents

enema disposable (generic for FLEET ENEMA) - Tier 1; AL
enema ready-to-use (generic for FLEET ENEMA) - Tier 1; AL
enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1; AL
eql anti-diarrheal anti-gas (generic for IMODIUM MULTI-SYMPATOM RELIEF) - Tier 1
FLEET ENEMA (brand for cvs enema disposable) - Tier 2; AL
FLEET PEDIATRIC (brand for enema pediatric) - Tier 2; AL
FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL
floranex tablet oral (generic for FLORANEX) - Tier 1
FLORANEX TABLET ORAL (brand for acidophilusII-sporogenes) - 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
ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; AL
ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1
ft gas relief - Tier 1
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 (generic for SOOTHE) - Tier 1; AL

Non-Preferred Agents

Preferred Agents

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

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

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

GAVISCON - Tier 2; AL
GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2; AL
GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2; AL
GELUSIL - Tier 2
geri-lanta (generic for MINTOX) - Tier 1
geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
geri-mox (generic for MINTOX) - Tier 1
gnp pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
gnp probiotic extra strength (generic for ABATINEX) - Tier 1
heartburn antacid (generic for ACID GONE) - Tier 1; AL
heartburn antacid ex st (generic for ACID GONE) - Tier 1; AL
heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1; AL
heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1; AL
heartland gas relief - Tier 1
high potency probiotic (generic for FLORA VANCE) - Tier 1; QL
IMODIUM MULTI-SYMPTOM RELIEF (brand for eql anti-diarrheal anti-gas) - Tier 2
infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1
intestinex (generic for ABATINEX) - Tier 1

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Preferred Agents

lactobacillus oral tablet (generic for FLORANEX) - Tier 1
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL
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
MAALOX MULTI SYMPTOM MAX ST (brand for antacid & antigas) - Tier 2
mag-al plus (generic for MINTOX) - Tier 1
mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
magnesium-aluminum-simethicone (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
mega probiotic (generic for FLORA VANCE) - Tier 1; QL
meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - Tier 1
milk of magnesia (generic for DULCOLAX) - Tier 1
milk of magnesia concentrate - 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
mintox plus - Tier 1
mood support probiotic (generic for FLORA VANCE) - Tier 1; QL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2

PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2; AL

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; AL

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; AL

pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; AL

pink-bismuth (generic for SOOTHE) - Tier 1; AL

PROBIOMAX SERENITY (brand for acidophilus) - Tier 2

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

Preferred Agents

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

ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1; AL

REPHRESH PRO-B (brand for acidophilus) - Tier 2

RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL

RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL

RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL

saccharomyces boulardii (generic for FLORASTOR) - Tier 1

saline enema (generic for FLEET ENEMA) - Tier 1; AL

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

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; AL

smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; AL

smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1; AL

sodium bicarbonate oral tablet - Tier 1

soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1

soothe oral (generic for SOOTHE) - Tier 1; AL

Non-Preferred Agents

Preferred Agents

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; AL
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1; AL
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; AL
stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2
TUMS (brand for antacid) - Tier 2
TUMS CHEWY BITES (brand for antacid) - Tier 2; AL
TUMS E-X 750 (brand for antacid) - Tier 2; AL
TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2; AL
TUMS LASTING EFFECTS (brand for antacid) - Tier 2
TUMS SMOOTHIES (brand for antacid) - Tier 2; AL
TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2; AL
VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL
ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

Laxatives - Bowel Treatment Drugs

clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1
daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
enema mineral oil (generic for FLEET OIL) - Tier 1
EVAC (brand for cvs natural fiber supplement) - Tier 2; AL
fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1
fiber oral powder 28.3 %, 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; AL
fiber oral powder 48.57 % (generic for METAMUCIL) - Tier 1; AL
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; AL
FLEET OIL (brand for cvs mineral oil enema) - Tier 2
ft clearlax (generic for CLEARLAX) - Tier 1
ft mineral oil - Tier 1
gavilax oral powder (generic for CLEARLAX) - Tier 1
gentlelax (generic for CLEARLAX) - Tier 1
glycolax (generic for CLEARLAX) - Tier 1
konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; AL
laxaclear (generic for CLEARLAX) - Tier 1
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1
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
mm clearlax (generic for CLEARLAX) - Tier 1

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Preferred Agents**Non-Preferred Agents**

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

Laxatives - Drugs to treat Constipation

AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2; AL
citroma (generic for CITROMA) - Tier 1
CITRUCCEL (brand for cvs soluble fiber therapy) - Tier 2
COLACE (brand for cvs stool softener) - Tier 2
col-rite oral capsule 250 mg - Tier 1; QL
docusate calcium (generic for SURFAK) - Tier 1; AL
docusate mini (generic for DOCUSOL MINI) - Tier 1; QL
docusate sodium oral capsule 100 mg (generic for COLACE) - Tier 1
docusate sodium oral capsule 250 mg - Tier 1; QL
docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1
docusate sodium oral syrup - Tier 1; AL
DOCUSOL MINI (brand for docusate mini) - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

docuzen (generic for SENEXON-S) - Tier 1
dok oral tablet (generic for DOK) - Tier 1
dss oral capsule 100 mg (generic for COLACE) - Tier 1
dss oral capsule 250 mg - Tier 1; QL
easy-lax plus (generic for SENEXON-S) - Tier 1
ENEMEEZ MINI (brand for docusate mini) - Tier 2; 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 CITRUCEL) - Tier 1
fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1
fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1
fiber therapy oral tablet 500 mg (generic for CITRUCEL) - 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 CITRUCEL) - Tier 1
ft magnesium citrate (generic for CITROMA) - Tier 1
ft senna laxatives (generic for SENOKOT) - Tier 1; QL
ft senna-s (generic for SENEXON-S) - Tier 1
ft stool softener oral capsule 100 mg (generic for COLACE) - Tier 1
ft stool softener oral capsule 250 mg - Tier 1; QL
ft stool softener oral tablet (generic for DOK) - Tier 1
geri-kot (generic for SENOKOT) - Tier 1; QL
glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1; AL
glycerin (infants & children) rectal suppository 1 gm - Tier 1; AL

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Preferred Agents

glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1; AL
glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1; AL
glycerin childrens - Tier 1; AL
glycerin pediatric rectal suppository 1.2 gm - Tier 1; AL
laxacin (generic for SENEXON-S) - Tier 1
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1
laxative 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
mm stool softener laxative (generic for COLACE) - Tier 1
natural senna laxative (generic for SENOKOT) - Tier 1; QL
natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1; QL
ONELAX DOCUSATE SODIUM (brand for docusate sodium) - Tier 2
ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2
ONELAX SENNA (brand for senna) - Tier 2; AL
p col-rite (generic for SENEXON-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 SENEXON-S) - Tier 1

Non-Preferred Agents

Preferred Agents

senexon-s (generic for SENEXON-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; AL
senna oral syrup (generic for ONELAX SENNA) - Tier 1; AL
senna oral tablet (generic for SENOKOT) - Tier 1; QL
senna plus oral tablet (generic for SENEXON-S) - Tier 1
senna s (generic for SENEXON-S) - Tier 1
senna smooth (generic for SENNA SMOOTH) - Tier 1
senna-docusate sodium (generic for SENEXON-S) - Tier 1
senna-extra (generic for SENOKOT EXTRA STRENGTH) - Tier 1
senna-lax (generic for SENOKOT) - Tier 1; QL
senna-plus (generic for SENEXON-S) - Tier 1
senna-s oral tablet 8.6-50 mg (generic for SENEXON-S) - Tier 1
senna-tabs (generic for SENOKOT) - Tier 1; QL
senna-time (generic for SENOKOT) - Tier 1; QL
senna-time s (generic for SENEXON-S) - Tier 1
sennazon (generic for ONELAX SENNA) - Tier 1; AL
SENOKOT (brand for cvs senna) - Tier 2; QL
SENOKOT EXTRA STRENGTH (brand for cvs senna-extra) - Tier 2
SENOKOT S (brand for cvs senna plus) - Tier 2
soluble fiber therapy (generic for CITRUCCEL) - Tier 1
stimulant laxative oral tablet 8.6-50 mg (generic for SENEXON-S) - Tier 1
stool softener laxative oral capsule (generic for COLACE) - Tier 1
stool softener oral capsule 100 mg (generic for COLACE) - Tier 1
stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1; AL
stool softener oral capsule 250 mg - Tier 1; QL

Non-Preferred Agents

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| Preferred Agents | Non-Preferred Agents |
|---|---|
| <p><i>stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1; AL</i></p> <p><i>stool softener oral tablet 100 mg (generic for DOK) - Tier 1</i></p> <p><i>stool softener pls laxative (generic for SENEXON-S) - Tier 1</i></p> <p><i>stool softener plus laxative (generic for SENEXON-S) - Tier 1</i></p> <p><i>stool softener/laxative (generic for SENEXON-S) - Tier 1</i></p> <p><i>stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1</i></p> <p><i>vegetable lax+stool softener (generic for SENEXON-S) - Tier 1</i></p> <p><i>vegetable laxative (generic for SENOKOT) - Tier 1; QL</i></p> | |
| <p>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</p> | |
| <p>CHOLBAM - Tier 2; PA; SP; QL</p> <p>CREON - Tier 2</p> <p>CYSTAGON - Tier 2; QL</p> <p>NITYR - Tier 2; DX2RX; SP; QL</p> <p>RAVICTI - Tier 2; PA; SP; QL</p> <p><i>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL</i></p> <p><i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP</i></p> <p>STRENSIQ - Tier 2; PA; SP</p> <p>TEGSEDI - Tier 2; PA; SP; QL</p> <p>VYNDAMAX - Tier 2; PA; SP; QL</p> <p>VYNDAQEL - Tier 2; PA; SP; QL</p> <p>ZENPEP - Tier 2</p> | <p>CERDELGA - Tier 2; PA; SP; QL</p> <p><i>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL</i></p> <p>PERTZYE - Tier 2; PA</p> <p>VIOKACE - Tier 2; PA</p> <p><i>ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL</i></p> |

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| Preferred Agents | Non-Preferred Agents |
|--|---|
| Genitourinary Agents | |
| Antispasmodics, Urinary | |
| <p>GELNIQUE - Tier 2 MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2 oxybutynin chloride er - Tier 1 oxybutynin chloride oral solution - Tier 1 oxybutynin chloride oral tablet 5 mg - Tier 1 OXYTROL - Tier 2 OXYTROL FOR WOMEN - Tier 2 solifenacin succinate (generic for VESICARE) - Tier 1 TOVIAZ (brand for fesoterodine fumarate er) - Tier 2 VESICARE LS - Tier 2; AL</p> | <p>DETROL (brand for tolterodine tartrate) - Tier 2; PA DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; AL VESICARE (brand for solifenacin succinate) - Tier 2; PA</p> |
| Benign Prostatic Hypertrophy Agents | |
| <p>alfuzosin hcl er (generic for UROXATRAL) - Tier 1 dutasteride oral (generic for AVODART) - Tier 1 finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1 tamsulosin hcl (generic for FLOMAX) - Tier 1 terazosin hcl - Tier 1; QL</p> | |
| Genitourinary Agents, Other | |
| <p>bethanechol chloride oral - Tier 1 ELMIRON - Tier 2; DX2RX; QL penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; PA; SP; QL</p> | <p>CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP DEPEN TITRATABS (brand for penicillamine) - Tier 2; PA; SP; QL THIOLA (brand for tiopronin) - Tier 2; PA; SP THIOLA EC - Tier 2; PA; SP; QL</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> ENCARE - Tier 2; QL OPTIONS GYNOL II CONTRACEPTIVE - Tier 2; QL <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 (generic for PHENAZO) - Tier 1; QL</i> PHEXXI - Tier 2; QL <i>PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL</i> <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i> VCF VAGINAL CONTRACEPTIVE VAGINAL FILM - Tier 2; QL <i>vcf vaginal contraceptive vaginal gel - Tier 1; QL</i></p> | |
| Glycemic Agents - Diabetic Drugs | |
| Blood Glucose Regulators - Drugs to Regulate Blood Sugar | |
| ZEGALOGUE - Tier 2 | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) | |
| <p><i>dexamethasone intensol - Tier 1</i> <i>dexamethasone oral elixir - Tier 1; QL</i> <i>dexamethasone oral solution - Tier 1; QL</i> <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1</i> <i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL</i> EMFLAZA ORAL SUSPENSION - Tier 2; PA; SP; QL EMFLAZA ORAL TABLET 18 MG, 30 MG - Tier 2; PA; SP EMFLAZA ORAL TABLET 36 MG, 6 MG - Tier 2; PA; SP; QL <i>fludrocortisone acetate oral - Tier 1; QL</i> <i>hydrocortisone oral (generic for CORTEF) - Tier 1; QL</i> MEDROL ORAL TABLET 2 MG - Tier 2 <i>methylprednisolone oral (generic for MEDROL) - Tier 1; QL</i> <i>prednisolone oral solution - Tier 1; QL</i> <i>prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1</i></p> | <p>ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL TAPERDEX 12-DAY - Tier 2; PA; QL TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA TAPERDEX 7-DAY - Tier 2; PA; QL</p> |

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| Preferred Agents | Non-Preferred Agents |
|--|--|
| <p><i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</i> <i>prednisone oral solution - Tier 1; QL</i> <i>prednisone oral tablet - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i> <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i> SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG - Tier 2</p> | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) | |
| <p><i>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX</i> <i>desmopressin ace spray refrig - Tier 1; QL</i> <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i> <i>desmopressin acetate spray - Tier 1; QL</i> EGRIFTA SV - Tier 2; DX2RX; SP; QL GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPPO - Tier 2; PA; SP <i>NOVAREL (brand for chorionic gonadotropin) - Tier 2; DX2RX</i> <i>PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX</i> SEROSTIM - Tier 2; PA; SP ZORBTIVE - Tier 2; PA; SP</p> | <p>HUMATROPE - Tier 2; PA; SP NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP SAIZEN - Tier 2; PA; SP ZOMACTON - Tier 2; PA; SP</p> |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs | |
| OVIDREL - Tier 2; DX2RX | SKYTROFA SUBCUTANEOUS CARTRIDGE 3 MG - Tier 2; PA; SP; AL |

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

| Preferred Agents | Non-Preferred Agents |
|--|---|
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) | |
| KORLYM - Tier 2; PA; SP; QL <i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylegonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs | |
| <i>mifepristone (generic for MIFEPREX) - Tier 1; PA; Coverage based on benefit</i> | |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) | |
| Androgens | |
| ANDRODERM - Tier 2; PA; QL; AL ANDROGEL PUMP (brand for testosterone) - Tier 2; PA; QL; AL DEPO-TESTOSTERONE (brand for testosterone cypionate) - Tier 2; PA TESTIM (brand for testosterone) - Tier 2; PA; QL; AL <i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA</i> <i>testosterone gel 50 mg/5gm (1%) transdermal (generic for TESTIM) - Tier 1; PA; QL; AL</i> <i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL; AL</i> <i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL; AL</i> <i>testosterone transdermal gel 25 mg/2.5gm (1%) - Tier 1; PA; QL; AL</i> | FORTESTA (brand for testosterone) - Tier 2; PA; QL; AL INTRAROSA - Tier 2; PA NATESTO - Tier 2; PA; QL; AL VOGELXO (brand for testosterone) - Tier 2; PA; QL; AL XYOSTED - Tier 2; PA |

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

Preferred Agents

Non-Preferred Agents

Estrogens

afirmelle (generic for AFIRMELLE) - Tier 1
altavera (generic for ALTAVERA) - Tier 1
alyacen 1/35 (generic for DASETTA 1/35) - Tier 1
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1
amabelz (generic for AMABELZ) - Tier 1
amethia (generic for AMETHIA) - Tier 1
amethyst (generic for AMETHYST) - Tier 1
 ANNOVERA - Tier 2
apri - Tier 1
aranelle - Tier 1
ashlyna (generic for AMETHIA) - Tier 1
aubra eq (generic for AFIRMELLE) - Tier 1
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1

aurovela 24 fe - Tier 1
aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1
aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1
aviane (generic for AFIRMELLE) - Tier 1
ayuna (generic for ALTAVERA) - Tier 1
azurette (generic for AZURETTE) - Tier 1
BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2
balziva (generic for BALZIVA) - Tier 1
BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA
blisovi 24 fe - Tier 1
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1
briellyn (generic for BALZIVA) - Tier 1
camrese (generic for AMETHIA) - Tier 1

ACTIVEVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR (brand for estradiol) - Tier 2; PA
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR (brand for estradiol) - Tier 2; PA; QL
 ANGELIQ - Tier 2; PA
 BIJUVA - Tier 2; PA
CLIMARA (brand for estradiol) - Tier 2; PA
 CLIMARA PRO - Tier 2; PA
 COMBIPATCH - Tier 2; PA
DIVIGEL (brand for estradiol) - Tier 2; PA
 DUAVEE - Tier 2; PA
 ELESTRIN - Tier 2; PA
ESTRACE (brand for estradiol) - Tier 2; PA

estradiol transdermal gel (generic for DIVIGEL) - Tier 1; PA
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.075 mg/24hr (generic for ALORA) - Tier 1; PA
estradiol transdermal patch twice weekly 0.0375 mg/24hr, 0.05 mg/24hr (generic for MINIVELLE) - Tier 1; PA
estradiol transdermal patch twice weekly 0.1 mg/24hr (generic for ALORA) - Tier 1; PA; QL
estradiol vaginal (generic for ESTRACE) - Tier 1; PA
 FEMRING - Tier 2; PA
fyavolv tablet 0.5-2.5 mg-mcg oral - Tier 1; PA
 IMVEXXY MAINTENANCE PACK - Tier 2; PA
 IMVEXXY STARTER PACK - Tier 2; PA
 PREMPHASE - Tier 2; PA

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

Preferred Agents**Non-Preferred Agents**

camrese lo (generic for CAMRESE LO) - Tier 1
charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1
chateal eq (generic for ALTAVERA) - Tier 1
cryselle-28 - Tier 1
cyred eq - Tier 1
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1
daysee (generic for AMETHIA) - Tier 1
delyla (generic for AFIRMELLE) - Tier 1
DEPO-ESTRADIOL - Tier 2
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)
(generic for AZURETTE) - Tier 1
dolishale (generic for AMETHYST) - Tier 1
drospiren-eth estrad-levomefol (generic for BEYAZ) - Tier 1
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1
elinest - Tier 1
eluryng (generic for ELURYNG) - Tier 1; QL
enilloring (generic for ELURYNG) - Tier 1; QL
enpresse-28 (generic for ENPRESSE-28) - Tier 1
enskyce - Tier 1
estarylla (generic for ESTARYLLA) - Tier 1
estradiol oral (generic for ESTRACE) - Tier 1
estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1
estradiol valerate intramuscular (generic for DELESTROGEN) - Tier 1
estradiol-norethindrone acet (generic for AMABELZ) - Tier 1
ESTRING - Tier 2
ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1
etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL

Preferred Agents**Non-Preferred Agents**

EVAMIST - Tier 2
falmina (generic for AFIRMELLE) - Tier 1
finzala (generic for CHARLOTTE 24 FE) - Tier 1
fyavolv tablet 0.5-2.5 mg-mcg oral - Tier 1
fyavolv tablet 0.5-2.5 mg-mcg oral - Tier 1; QL
fyavolv tablet 1-5 mg-mcg oral - Tier 1
fyavolv tablet 1-5 mg-mcg oral - Tier 1; QL
gemmily (generic for GEMMILY) - Tier 1
hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1
hailey 24 fe - Tier 1
hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1
hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1
haloette (generic for ELURYNG) - Tier 1; QL
iclevia (generic for ICLEVIA) - Tier 1
introvale (generic for ICLEVIA) - Tier 1
isibloom - Tier 1
jaimiess (generic for AMETHIA) - Tier 1
jasmiel (generic for JASMIEL) - Tier 1
jinteli - Tier 1; QL
jolessa (generic for ICLEVIA) - Tier 1
joyeaux (generic for JOYEAUX) - Tier 1
juleber - Tier 1
junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1
junel 1/20 (generic for AUROVELA 1/20) - Tier 1
junel fe (generic for AUROVELA FE 1.5/30) - Tier 1
kaitlib fe (generic for KAITLIB FE) - Tier 1
kalliga - Tier 1
kariva (generic for AZURETTE) - Tier 1

Preferred Agents

kelnor 1/35 (generic for KELNOR 1/35) - Tier 1
kelnor 1/50 (generic for KELNOR 1/50) - Tier 1
kurvelo (generic for ALTAVERA) - Tier 1
larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1
larin 1/20 (generic for AUROVELA 1/20) - Tier 1
larin 24 fe - Tier 1
larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1
larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1
layolis fe (generic for KAITLIB FE) - Tier 1
leena - Tier 1
lessina (generic for AFIRMELLE) - Tier 1
levonest (generic for ENPRESSE-28) - Tier 1
levonorgest-eth est & eth est (generic for RIVELSA) - Tier 1
levonorgest-eth estrad 91-day (generic for AMETHIA) - Tier 1
levonorgest-eth estradiol-iron (generic for JOYEAUX) - Tier 1
levonorgestrel-ethinyl estrad (generic for AFIRMELLE) - Tier 1
levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1
levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1
LO LOESTRIN FE - Tier 2
LOESTRIN 1.5/30 (21) (brand for norethindrone acet-ethinyl est) - Tier 2
LOESTRIN 1/20 (21) (brand for norethindrone acet-ethinyl est) - Tier 2
LOESTRIN FE 1.5/30 (brand for norethin ace-eth estrad-fe) - Tier 2
LOESTRIN FE 1/20 (brand for norethin ace-eth estrad-fe) - Tier 2
lojaimiess (generic for CAMRESE LO) - Tier 1
loryna (generic for JASMIEL) - Tier 1
low-ogestrel - Tier 1
lo-zumandimine (generic for JASMIEL) - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

luta (generic for AFIRMELLE) - Tier 1
marlissa (generic for ALTAVERA) - Tier 1
MENEST - Tier 2
merzee (generic for GEMMILY) - Tier 1
mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1
microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1
microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1
microgestin 24 fe - Tier 1
microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1
microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1
mili (generic for ESTARYLLA) - Tier 1
mimvey (generic for AMABELZ) - Tier 1
MINASTRIN 24 FE (brand for norethin ace-eth estrad-fe) - Tier 2; PA
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025
MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR (brand
for estradiol) - Tier 2
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.1 MG/24HR
(brand for estradiol) - Tier 2; QL
mono-linyah (generic for ESTARYLLA) - Tier 1
NATAZIA - Tier 2
necon 0.5/35 (28) - Tier 1
nikki (generic for JASMIEL) - Tier 1
norethin ace-eth estrad-fe (generic for AUROVELA FE 1.5/30) - Tier 1
norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1
norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1
norethin-eth estradiol-fe (generic for KAITLIB FE) - Tier 1
norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1

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

Preferred Agents**Non-Preferred Agents**

norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1
nortrel 0.5/35 (28) - Tier 1
nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1
nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1
nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL
nylia 1/35 (generic for DASETTA 1/35) - Tier 1
nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1
nymyo (generic for ESTARYLLA) - Tier 1
ocella (generic for OCELLA) - Tier 1
philith (generic for BALZIVA) - Tier 1
pimtrea (generic for AZURETTE) - Tier 1
portia-28 (generic for ALTAVERA) - Tier 1
PREMARIN ORAL - Tier 2
PREMARIN VAGINAL - Tier 2
PREMPRO - Tier 2
reclipsen - Tier 1
rivelsa (generic for RIVELSA) - Tier 1
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL
setlakin (generic for ICLEVIA) - Tier 1
simliya (generic for AZURETTE) - Tier 1
simpesse (generic for AMETHIA) - Tier 1
sprintec 28 (generic for ESTARYLLA) - Tier 1
sronyx (generic for AFIRMELLE) - Tier 1
syeda (generic for OCELLA) - Tier 1
tarina 24 fe - Tier 1
tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1

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

Preferred Agents

taysofy (generic for GEMMILY) - Tier 1
TAYTULLA (brand for norethin ace-eth estrad-fe) - Tier 2; PA
tilia fe (generic for TILIA FE) - Tier 1
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1
tri-legest fe (generic for TILIA FE) - Tier 1
tri-linyah (generic for TRI-ESTARYLLA) - Tier 1
tri-lo-estarylla (generic for TRI-LO-ESTARYLLA) - Tier 1
tri-lo-marzia (generic for TRI-LO-ESTARYLLA) - Tier 1
tri-lo-mili (generic for TRI-LO-ESTARYLLA) - Tier 1
tri-lo-sprintec (generic for TRI-LO-ESTARYLLA) - Tier 1
tri-mili (generic for TRI-ESTARYLLA) - Tier 1
tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1
tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1
trivora (28) (generic for ENPRESSE-28) - Tier 1
tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1
tri-vylibra lo (generic for TRI-LO-ESTARYLLA) - Tier 1
tyblume - Tier 1
tydemy (generic for TYDEMY) - Tier 1
VAGIFEM (brand for estradiol) - Tier 2
velivet - Tier 1
vestura (generic for JASMIEL) - Tier 1
vienva (generic for AFIRMELLE) - Tier 1
viorele (generic for AZURETTE) - Tier 1
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025
MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR (brand
for estradiol) - Tier 2
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.1
MG/24HR (brand for estradiol) - Tier 2; QL

Non-Preferred Agents

| Preferred Agents | Non-Preferred Agents |
|--|----------------------|
| <p> <i>volnea (generic for AZURETTE) - Tier 1</i> <i>vyfemla (generic for BALZIVA) - Tier 1</i> <i>vylibra (generic for ESTARYLLA) - Tier 1</i> <i>wera - Tier 1</i> <i>wymzya fe (generic for WYMZYA FE) - Tier 1</i> <i>xulane - Tier 1</i> <i>YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA</i> <i>YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA</i> <i>zafemy - Tier 1</i> <i>zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1</i> <i>zumandimine (generic for OCELLA) - Tier 1</i> </p> | |

Progestins

| | |
|--|--|
| <p> <i>camila (generic for CAMILA) - Tier 1</i> <i>deblitane (generic for CAMILA) - Tier 1</i> <i>DEPO-SUBQ PROVERA 104 - Tier 2</i> <i>ELLA - Tier 2</i> <i>errin (generic for CAMILA) - Tier 1</i> <i>heather (generic for CAMILA) - Tier 1</i> <i>incassia (generic for CAMILA) - Tier 1</i> <i>jencycla (generic for CAMILA) - Tier 1</i> <i>KYLEENA - Tier 2</i> <i>LILETTA (52 MG) - Tier 2</i> <i>lyleq (generic for CAMILA) - Tier 1</i> <i>lyza (generic for CAMILA) - Tier 1</i> <i>medroxyprogesterone acetate (generic for DEPO-PROVERA) - Tier 1</i> <i>megestrol acetate oral suspension 40 mg/ml - Tier 1; QL</i> </p> | |
|--|--|

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

| Preferred Agents | Non-Preferred Agents |
|---|---|
| <p> <i>megestrol acetate oral tablet 20 mg - Tier 1</i> <i>megestrol acetate oral tablet 40 mg - Tier 1; QL</i> MIRENA (52 MG) - Tier 2 NEXPLANON - Tier 2 <i>nora-be (generic for CAMILA) - Tier 1</i> <i>norethindrone acetate oral - Tier 1</i> <i>norethindrone oral (generic for CAMILA) - Tier 1</i> <i>norlyroc (generic for CAMILA) - Tier 1</i> <i>progesterone intramuscular - Tier 1</i> <i>progesterone oral (generic for PROMETRIUM) - Tier 1</i> PROVERA (brand for medroxyprogesterone acetate) - Tier 2 <i>sharobel (generic for CAMILA) - Tier 1</i> SKYLA - Tier 2 SLYND - Tier 2 </p> | |
| Selective Estrogen Receptor Modifying Agents | |
| <p> <i>raloxifene hcl (generic for EVISTA) - Tier 1</i> </p> | <p> EVISTA (brand for raloxifene hcl) - Tier 2; PA OSPHENA - Tier 2; PA </p> |
| Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones | |
| Estrogens - Hormone Replacement/Modifying Drugs | |
| <p> TWIRLA - Tier 2 </p> | |

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

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
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Progestins - Hormone Replacement/Modifying Drugs

aftera (generic for AFTERA) - Tier 1; QL; GE
curae (generic for AFTERA) - Tier 1; QL; GE
econtra one-step (generic for AFTERA) - Tier 1; QL; GE
her style (generic for AFTERA) - Tier 1; QL; GE
levonorgestrel (generic for AFTERA) - Tier 1; QL; GE
my choice (generic for AFTERA) - Tier 1; QL; GE
my way (generic for AFTERA) - Tier 1; QL; GE
new day (generic for AFTERA) - Tier 1; QL; GE
opcicon one-step (generic for AFTERA) - Tier 1; QL; GE
option 2 (generic for AFTERA) - Tier 1; QL; GE
PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE
react (generic for AFTERA) - Tier 1; QL; GE
take action (generic for AFTERA) - Tier 1; QL; GE

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)

euthyrox (generic for EUTHYROX) - Tier 1; QL
levo-t (generic for EUTHYROX) - Tier 1; QL
levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL
levoxyl (generic for EUTHYROX) - Tier 1; QL
liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL
unithroid (generic for EUTHYROX) - Tier 1; QL

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

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones

Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs

ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL

Hormonal Agents, Suppressant (Adrenal)

LYSODREN - Tier 2; QL

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

| Preferred Agents | Non-Preferred Agents |
|--|--|
| Hormonal Agents, Suppressant (Pituitary) | |
| <p><i>cabergoline</i> - Tier 1; QL <i>leuprolide acetate injection</i> - Tier 1; PA; SP LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic for SANDOSTATIN)</i> - Tier 1; SP <i>octreotide acetate injection solution 1000 mcg/ml</i> - Tier 1; SP; QL <i>octreotide acetate injection solution 200 mcg/ml</i> - Tier 1; SP <i>octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN)</i> - Tier 1; SP; QL <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml</i> - Tier 1; SP <i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml</i> - Tier 1; SP; QL ORIAHNN - Tier 2; PA; QL; AL ORLISSA ORAL TABLET 150 MG - Tier 2; PA; QL; AL ORLISSA ORAL TABLET 200 MG - Tier 2; PA; AL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL</p> | <p>FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL SYNAREL - Tier 2; PA TRIPTODUR - Tier 2; PA; SP; QL</p> |
| Hormonal Agents, Suppressant (Thyroid) | |
| Antithyroid Agents | |
| <p><i>methimazole oral</i> - Tier 1; QL <i>propylthiouracil oral</i> - Tier 1; QL</p> | |

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

| Preferred Agents | Non-Preferred Agents |
|--|--|
| Immune Suppressants - Immune System Drugs | |
| Immunological Agents - Drugs that Stimulate or Suppress the Immune System | |
| | LUPKYNIS - Tier 2; PA; SP; QL |
| Immunological Agents | |
| Angioedema Agents | |
| HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR)</i> - Tier 1; PA; SP RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR)</i> - Tier 1; PA; SP | BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP TAKHZYRO - Tier 2; PA; SP; QL |
| Immunological Agents, Other | |
| ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP ADBRY - Tier 2; PA; SP; AL DUPIXENT - Tier 2; PA; SP; AL KINERET - Tier 2; PA; SP ORENCIA CLICKJECT - Tier 2; PA; SP ORENCIA SUBCUTANEOUS - Tier 2; PA; SP OTEZLA - Tier 2; PA; SP TALTZ - Tier 2; PA; SP XELJANZ ORAL SOLUTION - Tier 2; PA; SP; AL XELJANZ ORAL TABLET - Tier 2; PA; SP XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; AL XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2 | ACTEMRA ACTPEN - Tier 2; PA; SP BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP ILUMYA - Tier 2; PA; SP KEVZARA - Tier 2; PA; SP OLUMIANT - Tier 2; PA; SP RINVOQ - Tier 2; PA; SP SILIQ - Tier 2; PA; SP SKYRIZI PEN - Tier 2; PA; SP SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP STELARA SUBCUTANEOUS - Tier 2; PA; SP TREMFYA - Tier 2; PA; SP XELJANZ XR - Tier 2; PA; SP |

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

| Preferred Agents | Non-Preferred Agents |
|--|--|
| Immunostimulants | |
| ACTIMMUNE - Tier 2; PA; SP | |
| Immunosuppressants | |
| <p>azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL</p> <p>cyclosporine modified (generic for GENGRAF) - Tier 1; QL</p> <p>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL</p> <p>ENBREL - Tier 2; PA; SP</p> <p>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1</p> <p>gengraf oral capsule (generic for GENGRAF) - Tier 1; QL</p> <p>HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP</p> <p>HUMIRA PEN-PSOR/UEVEIT STARTER - Tier 2; PA; SP</p> <p>HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML - Tier 2; PA; SP</p> <p>HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML - Tier 2; PA; SP</p> <p>leflunomide oral (generic for ARAVA) - Tier 1; QL</p> <p>methotrexate sodium - Tier 1</p> <p>methotrexate sodium (pf) - Tier 1</p> <p>mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL</p> <p>mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL</p> <p>SIMPONI - Tier 2; PA; SP</p> <p>sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL</p> <p>sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL</p> <p>sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1</p> <p>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</p> <p>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</p> | <p>CIMZIA VIAL KIT - Tier 2; PA; SP</p> <p>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML - Tier 2; PA; SP</p> <p>ENSPRYNG - Tier 2; PA; SP; QL</p> <p>OTREXUP - Tier 2; PA; QL</p> <p>RASUVO - Tier 2; PA; QL</p> <p>TREXALL - Tier 2; PA</p> |

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

Preferred Agents

Non-Preferred Agents

Vaccines

ACTHIB - Tier 2
 ADACEL - Tier 2; QL
 BEXSERO - Tier 2; QL
 BOOSTRIX - Tier 2; QL
 DAPTACEL - Tier 2; QL
 ENGERIX-B - Tier 2; QL
 GARDASIL 9 - Tier 2; QL
 HAVRIX - Tier 2; QL
 HIBERIX - Tier 2
 INFANRIX - Tier 2; QL
 IPOL - Tier 2
 MENACTRA - Tier 2; QL
 MENQUADFI - Tier 2; QL
 MENVEO - Tier 2; QL
 M-M-R II - Tier 2; QL
 PEDIARIX - Tier 2; QL
 PEDVAX HIB - Tier 2
 PENTACEL - Tier 2; QL
 PREHEVBRIO - Tier 2; QL
 PRIORIX - Tier 2; QL
 PROQUAD - Tier 2; QL
 QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL
 RECOMBIVAX HB - Tier 2; QL
 ROTATEQ - Tier 2
 SHINGRIX - Tier 2; QL; AL
 TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TENIVAC - Tier 2; QL
 TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL
 TRUMENBA - Tier 2; QL
 TWINRIX - Tier 2; QL
 VAQTA - Tier 2; QL
 VARIVAX - Tier 2; QL
 VAXNEUVANCE - Tier 2; QL

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

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
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|---|
| Immunological Agents - Drugs that Stimulate or Suppress the Immune System |
|---|

Vaccines

- AFLURIA QUADRIVALENT - Tier 2; QL
- DENGVAXIA - Tier 2; QL
- FLUAD QUADRIVALENT - Tier 2; QL
- FLUARIX QUADRIVALENT - Tier 2; QL
- FLUBLOK QUADRIVALENT - Tier 2; QL
- FLUCELVAX QUADRIVALENT - Tier 2; QL
- FLULAVAL QUADRIVALENT - Tier 2; QL
- FLUMIST QUADRIVALENT - Tier 2; QL
- FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL
- FLUZONE QUADRIVALENT - Tier 2; QL
- HEPLISAV-B - Tier 2; QL; AL
- HYPERTET - Tier 2; QL
- PNEUMOVAX 23 - Tier 2; QL
- PREVNAR 13 - Tier 2; QL
- PREVNAR 20 - Tier 2; QL

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| Inflammatory Bowel Disease Agents |
|-----------------------------------|

Aminosalicylates

- APRISO (brand for mesalamine er) - Tier 2*
- balsalazide disodium (generic for COLAZAL) - Tier 1*
- DELZICOL (brand for mesalamine) - Tier 2*
- DIPENTUM - Tier 2*
- LIALDA (brand for mesalamine) - Tier 2*
- mesalamine rectal (generic for CANASA) - Tier 1*
- mesalamine-cleanser (generic for ROWASA) - Tier 1*
- PENTASA - Tier 2*
- SFROWASA - Tier 2*
- sulfasalazine oral (generic for AZULFIDINE) - Tier 1*

- CANASA (brand for mesalamine) - Tier 2; PA*
- COLAZAL (brand for balsalazide disodium) - Tier 2; PA*

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

| Preferred Agents | Non-Preferred Agents |
|--|--|
| Glucocorticoids | |
| <i>budesonide oral - Tier 1</i> <i>hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal (generic for CORTENEMA) - Tier 1; 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> | CORTIFOAM - Tier 2; PA; QL UCERIS (brand for budesonide) - Tier 2; PA |
| Metabolic Bone Disease Agents | |
| <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1</i> <i>calcitonin (salmon) nasal - Tier 1</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; QL</i> FORTEO - Tier 2; PA; SP; AL <i>risedronate sodium (generic for ACTONEL) - Tier 1; PA</i> | ACTONEL (brand for risedronate sodium) - Tier 2; PA ATELVIA (brand for risedronate sodium) - Tier 2; PA FOSAMAX (brand for alendronate sodium) - Tier 2; PA FOSAMAX PLUS D - Tier 2; PA RAYALDEE - Tier 2; PA; QL TERIPARATIDE (RECOMBINANT) - Tier 2; PA; SP; AL TYMLOS - Tier 2; PA; SP; AL |
| Miscellaneous Therapeutic Agents | |
| ABILIFY MYCITE MAINTENANCE KIT - Tier 2; QL; AL ABILIFY MYCITE STARTER KIT - Tier 2; QL; AL ABRYSVO - Tier 2; QL <i>ACE AEROSOL CLOUD ENHANCER (brand for adult aerosol mask) - Tier 2</i> <i>acne control cleanser (generic for CLEARSKIN) - Tier 1</i> <i>acne medication 10 external lotion - Tier 1; QL</i> <i>acne medication 5 external lotion - Tier 1</i> <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i> <i>ADULT AEROSOL MASK (brand for adult aerosol mask) - Tier 2</i> <i>adv acne spot treatment (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1</i> <i>advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1</i> | AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; NDC(s) starting w/72511 Preferred w/PA; SP AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP ARMONAIR DIGIHALER - Tier 2; PA 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 <i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i> <i>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i> |

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

Preferred Agents

AEROCHAMBER PLUS FLO-VU (brand for breathe comfort chamber/adult) - Tier 2; QL
 AEROCHAMBER PLUS FLO-VU LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL
 AEROCHAMBER PLUS FLO-VU SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL
 AEROCHAMBER PLUS FLO-VU WIMASK (brand for breathe comfort chamber/adult) - Tier 2; QL
 ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL
 ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL
 antibiotic (generic for BACITRAYCIN PLUS) - Tier 1
 antifungal (tolnaftate) (generic for TINACTIN) - Tier 1
 antifungal tolinaftate (generic for TINACTIN) - Tier 1
 AREXVY - Tier 2; QL
 arthritis pain relieving - Tier 1
 aspirin adults (generic for MEDI-FIRST ASPIRIN) - Tier 1
 aspirin childrens (generic for BAYER LOW DOSE) - Tier 1
 aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1
 aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1
 aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1
 aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1
 aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1

Non-Preferred Agents

INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL
 INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL
 INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL
 MOUNJARO - Tier 2; PA; QL
 ORLADEYO - Tier 2; PA; SP; QL
 RELYVRIO - Tier 2; PA; SP; QL
 RYALTRIS - Tier 2; PA
 SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML - Tier 2; PA; SP; QL
 SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML - Tier 2; PA; SP
 SOTYKTU - Tier 2; PA; SP; QL
 STIMUFEND - Tier 2; PA; SP
 SUNLENCA ORAL - Tier 2; PA; QL; AL
 VIVJOA - Tier 2; PA; QL; AL
 VTAMA - Tier 2; PA; QL
 WINLEVI - Tier 2; PA; AL
 YONSA - Tier 2; PA
 ZORYVE - Tier 2; PA; QL; AL

Preferred Agents**Non-Preferred Agents**

aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1
aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1
ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for adult aspirin regimen) - Tier 2
aspirin rectal suppository 300 mg - Tier 1
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1
athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1
athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1
AUVELITY - Tier 2; QL; AL
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1
bacitracin zinc external - Tier 1
bacitracin zinc first aid - Tier 1
bacitracin zinc-aloe - Tier 1
BAYER ASPIRIN ORAL TABLET (brand for aspirin) - Tier 2
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2
BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
BD ULTRA-FINE INSULIN SYRINGES (brand for careone insulin syringe) - Tier 2; QL

Preferred Agents

BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.5 ML, 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; QL
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; QL
BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; AL
BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at-home test) - Tier 2; QL
bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1
bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1
bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1
bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1
bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1
BREATHE COMFORT CHAMBER/ADULT (brand for breathe comfort chamber/adult) - Tier 2; QL
BREATHE COMFORT CHAMBER/CHILD (brand for breathe comfort chamber/adult) - Tier 2; QL
BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL
BREATHE EASE NEB MASK/CHILD (brand for adult aerosol mask) - Tier 2
BREATHE EASE NEB MASK/INFANT (brand for adult aerosol mask) - Tier 2
BUBBLES THE FISH II PEDI MASK (brand for adult aerosol mask) - Tier 2
calamine external lotion - Tier 1

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

CALQUENCE - Tier 2; PA; SP; QL
capsaicin external cream (generic for CAPZASIN-HP) - Tier 1
capsaicin hp (generic for CAPZASIN-HP) - Tier 1
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1
CAPZASIN-HP (brand for capsaicin) - Tier 2
capzix (generic for CAPZASIN-HP) - Tier 1
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 test) - Tier 2; QL
CARETOUCH 2 CPAP HOSE HANGER (brand for adult aerosol mask) - Tier 2
CARETOUCH CPAP & BIPAP HOSE (brand for adult aerosol mask) - Tier 2
CARETOUCH CPAP MASK WIPES (brand for adult aerosol mask) - Tier 2
CARETOUCH CPAP PRE-WASH SOLN (brand for adult aerosol mask) - Tier 2
CARETOUCH CPAP TUBE BRUSH (brand for adult aerosol mask) - Tier 2
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL
CARETOUCH UNIVERSL CPAP FILTER (brand for adult aerosol mask) - Tier 2
CASTIVA WARMING - Tier 2; QL
CAYA - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2

CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2

childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1

c-lax laxative (generic for EX-LAX ULTRA) - Tier 1

CLEARDETECT COVID-19 AG HOME (brand for covid-19 at-home test) - Tier 2; QL

clearskin (generic for CLEARSKIN) - Tier 1

COLD-EEZE (brand for epl zinc cold relief) - Tier 2

COLD-EEZE PLUS COLD & FLU (brand for epl zinc cold relief) - Tier 2

COLD-EEZE PLUS DEFENSE (brand for epl zinc cold relief) - Tier 2

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 TEST (brand for covid-19 at-home test) - Tier 2; QL

daily acne wash (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1

DERMACINRX ATRIX ANTIBAC WASH (brand for cvs adv acne spot treatment) - Tier 2

DERMACINRX ATRIX CLARIFY TONER (brand for cvs adv acne spot treatment) - Tier 2

DERMACINRX PENETRAL (brand for capsaicin) - Tier 2

DERMELEVE ADVANCED FORMULA - Tier 2

Preferred Agents**Non-Preferred Agents**

DEXCOM G6 TRANSMITTER - Tier 2; QL
DIATRUST COVID-19 HOME TEST (brand for covid-19 at-home 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 aimsco lubricated) - 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
EBASE CONTROLLER KIT (brand for adult aerosol mask) - Tier 2
ELLUME COVID-19 HOME TEST (brand for covid-19 at-home test) -
Tier 2; QL
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1
eq liquid corn & callus rem (generic for COMPOUND W) - Tier 1
eq liquid wart remover max st (generic for COMPOUND W) - Tier 1
EX-LAX ULTRA (brand for bisacodyl) - Tier 2
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1
FC2 FEMALE CONDOM - Tier 2; QL
FEMCAP - Tier 2; QL
FILTER AIR PP (brand for adult aerosol mask) - Tier 2
FLEET BISACODYL - Tier 2; QL

Preferred Agents**Non-Preferred Agents**

FLEXICHAMBER (brand for breathe comfort chamber/adult) - Tier 2; QL

FLEXICHAMBER ADULT MASK/SMALL - Tier 2

FLEXICHAMBER CHILD MASK/LARGE - Tier 2

FLEXICHAMBER CHILD MASK/SMALL - Tier 2

FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2

FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at-home test) - Tier 2; QL

folic acid injection solution 5 mg/ml - Tier 1

folic acid oral tablet 1 mg - Tier 1; QL

folic acid oral tablet 400 mcg, 800 mcg - Tier 1

foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1

FORMULA 3 THE TREATMENT (brand for tinaspore) - Tier 2; QL

FORMULA 7 THE SOLUTION (brand for tinaspore) - Tier 2; QL

ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1

ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1

ft laxative (generic for EX-LAX ULTRA) - Tier 1

fungi-guard (generic for TINACTIN) - Tier 1

FYLNETRA - Tier 2; SP

gentle laxative (generic for EX-LAX ULTRA) - Tier 1

gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1

genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1

GNP COOL MIST HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL

gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1

Preferred Agents**Non-Preferred Agents**

gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1

h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1

heparin na (pork) lock flsh pf intravenous solution 10 unit/ml (generic for BD HEPARIN POSIFLUSH) - Tier 1

hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; PA; QL; AL

hydromet (generic for HYCODAN) - Tier 1; PA; QL; AL

hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL

hyoscyamine sulfate sl (generic for LEVSIN/SL) - Tier 1; QL

hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL

hyosyne - Tier 1; QL

IHEALTH COVID-19 RAPID TEST (brand for covid-19 at-home test) - Tier 2; QL

INDICAID COVID-19 RAPID TEST (brand for covid-19 at-home test) - Tier 2; QL

INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL

INSPIREASE RESERVOIR BAGS - Tier 2

INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at-home 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

l-arginine oral capsule - Tier 1

laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1

Preferred Agents**Non-Preferred Agents**

laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1
LEQEMBI - Tier 2
magnesium oxide (antacid) oral tablet - Tier 1
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
MASK VORTEX/TODDLER/LADYBUG - Tier 2
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1
medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1
medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1
MICOMITIN (brand for tinaspore) - Tier 2; QL
MICOTRIN AL (brand for tinaspore) - Tier 2; QL
MICROCHAMBER (brand for breathe comfort chamber/adult) - Tier 2; QL
mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1
NEBULIZER MASK ADULT (brand for adult aerosol mask) - Tier 2
NEBULIZER MASK CHILD (brand for adult aerosol mask) - Tier 2
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
OMNIFLEX DIAPHRAGM - Tier 2; QL; GE
OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL
OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL
ONELAX (brand for bisacodyl) - Tier 2
OPVEE - Tier 2

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

Preferred Agents**Non-Preferred Agents**

OVACE PLUS WASH EXTERNAL GEL (brand for sulfacetamide sodium (cleans)) - Tier 2; AL

PALFORZIA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (120 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (160 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (200 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (240 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (3 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (300 MG MAINTENANCE) - Tier 2; PA; SP; QL
PALFORZIA (300 MG TITRATION) - Tier 2; PA; SP; QL
PALFORZIA (40 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (6 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA (80 MG DAILY DOSE) - Tier 2; PA; SP; QL
PALFORZIA INITIAL ESCALATION - Tier 2; PA; SP; QL

PANOXYL (brand for bp wash) - Tier 2

PARAGARD INTRAUTERINE COPPER - Tier 2

PARI ALTERA NEBULIZER HANDSET (brand for adult aerosol mask) - Tier 2

PARI BABY CONVERSION KIT (brand for adult aerosol mask) - Tier 2

PARI ERAPID NEBULIZER HANDSET (brand for adult aerosol mask) - Tier 2

PARI SMARTMASK BABY/ELBOW (brand for adult aerosol mask) - Tier 2

PARI TREK S COMBO PACK (brand for adult mask) - Tier 2

PARI VORTEX ADULT MASK - Tier 2

poly bacitracin (generic for POLYSPORIN) - Tier 1

POLYSPORIN (brand for cvs poly bacitracin) - Tier 2

Preferred Agents**Non-Preferred Agents**

PREZISTA (brand for darunavir) - Tier 2; QL
PRONEB ULTRA FILTER SET (brand for adult aerosol mask) - Tier 2
pure l-arginine hcl - Tier 1
qc athletes foot relief (generic for TINACTIN) - Tier 1
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at-home test) - Tier 2; QL
QUVIVIQ - Tier 2; QL; AL
REPLACEMENT FILTERS (brand for adult aerosol mask) - Tier 2
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2
sulfacetamide sodium (cleans) (generic for OVACE PLUS WASH) - Tier 1; AL
sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG - Tier 2; PA; SP; QL; AL
the magic bullet (generic for THE MAGIC BULLET) - Tier 1
TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2
tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
tm-tolnaftate (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
tm-tolnaftate lr (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL
TOLNAFI-AL (brand for tinaspore) - Tier 2; QL
tolnaftate antifungal (generic for TINACTIN) - Tier 1
tolnaftate external cream (generic for TINACTIN) - Tier 1
tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1
TUBING/WING TIP (brand for adult aerosol mask) - Tier 2

Preferred Agents**Non-Preferred Agents**

VAPORIZER WARM STEAM - Tier 2; QL
VAXELIS - Tier 2; QL
VENLAFAXINE BESYLATE ER - Tier 2; QL
vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1
VORTEX HOLD CHMBR/MASK/CHILD (brand for breathe comfort chamber/adult) - Tier 2; QL
VORTEX HOLD CHMBR/MASK/TODDLER (brand for breathe comfort chamber/adult) - Tier 2; QL
VORTEX VALVED HOLDING CHAMBER (brand for breathe comfort chamber/adult) - Tier 2; QL
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1
wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1
WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL
WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL
womans laxative (generic for EX-LAX ULTRA) - Tier 1
womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1
womens laxative (generic for EX-LAX ULTRA) - Tier 1
XELSTRYM - Tier 2; QL; AL

Preferred Agents

Non-Preferred Agents

ZOSTRIX HP (brand for capsaicin) - Tier 2

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

ALECENSA - Tier 2; PA; SP; QL
 ALUNBRIG - Tier 2; PA; SP; QL
 BOSULIF - Tier 2; PA; SP; QL
 BRUKINSA - Tier 2; PA; SP; QL
 CABOMETYX - Tier 2; DX2RX; 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
 ICLUSIG ORAL TABLET 15 MG, 45 MG - Tier 2; PA; SP; QL
 imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL

GAVRETO - Tier 2; PA; SP; QL
 GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL
 ICLUSIG ORAL TABLET 10 MG, 30 MG - Tier 2; PA
 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

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

| Preferred Agents | Non-Preferred Agents |
|--|---|
| <p>IMBRUVICA - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL <i>lapatinib ditosylate (generic for TYKERB)</i> - 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 SPRYCEL - Tier 2; PA; SP; QL TASIGNA - Tier 2; PA; SP; QL TURALIO - Tier 2; PA; SP; QL; AL VOTRIENT - Tier 2; PA; SP; QL XALKORI - Tier 2; PA; SP; QL</p> | |
| 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 |

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

| Preferred Agents | Non-Preferred Agents |
|--|--|
| Ophthalmic Agents | |
| Ophthalmic Prostaglandin and Prostanamide Analogs | |
| <i>latanoprost ophthalmic (generic for XALATAN) - Tier 1</i> LUMIGAN - Tier 2 TRAVATAN Z (brand for travoprost (bak free)) - Tier 2 | VYZULTA - Tier 2; PA XALATAN (brand for latanoprost) - Tier 2; PA XELPROS - Tier 2; PA ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA |
| Ophthalmic Agents, Other | |
| <i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>atropine sulfate ophthalmic ointment - Tier 1</i> <i>atropine sulfate ophthalmic solution 1 % (generic for ISOPTO ATROPINE) - Tier 1; QL</i> COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2 <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> CYSTARAN - Tier 2; DX2RX; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1</i> <i>dorzolamide hcl-timolol mal pf (generic for COSOPT PF) - Tier 1</i> <i>ISOPTO ATROPINE (brand for atropine sulfate) - Tier 2; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1</i> <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1</i> <i>neomycin-polymyxin-hc ophthalmic - Tier 1</i> OXERVATE - Tier 2; PA; SP; QL <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i> <i>RESTASIS (brand for cyclosporine) - Tier 2; PA; QL</i> ROCKLATAN - Tier 2 <i>sulfacetamide-prednisolone - Tier 1</i> TOBRADEX - Tier 2 TOBRADEX ST - Tier 2 <i>tobramycin-dexamethasone - Tier 1</i> XIIDRA - Tier 2; PA; QL ZYLET - Tier 2 | CEQUA - Tier 2; PA; QL <i>COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA</i> <i>COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA</i> <i>RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL</i> TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL |

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

Preferred Agents

Non-Preferred Agents

Ophthalmic Anti-allergy Agents

azelastine hcl ophthalmic - Tier 1
BEPREVE (brand for bepotastine besilate) - Tier 2
cromolyn sodium ophthalmic - Tier 1
olopatadine hcl ophthalmic solution 0.1 % (generic for PATADAY) - Tier 1
olopatadine hcl ophthalmic solution 0.2 % (generic for PATADAY) - Tier 1; QL
PATADAY OPHTHALMIC SOLUTION 0.1 % (brand for olopatadine hcl) - Tier 2
PATADAY OPHTHALMIC SOLUTION 0.2 % (brand for olopatadine hcl) - Tier 2; QL

Ophthalmic Anti-Infectives

bacitracin-polymyxin b ophthalmic (generic for POLYCIN) - Tier 1
BESIVANCE - Tier 2
CILOXAN - Tier 2
ciprofloxacin hcl ophthalmic - Tier 1
erythromycin ophthalmic - Tier 1
gentamicin sulfate ophthalmic - Tier 1
moxifloxacin hcl (2x day) - Tier 1; AL
moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL; AL
neomycin-polymyxin-gramicidin - Tier 1
ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1
polycin (generic for POLYCIN) - Tier 1
polymyxin b-trimethoprim - Tier 1
sulfacetamide sodium ophthalmic ointment - Tier 1; QL
sulfacetamide sodium ophthalmic solution - Tier 1
tobramycin ophthalmic - Tier 1
trifluridine - Tier 1; QL

AZASITE - Tier 2; PA
OCUFLOX (brand for ofloxacin) - Tier 2; PA
VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL; AL
ZYMAXID (brand for gatifloxacin) - Tier 2; PA

| Preferred Agents | Non-Preferred Agents |
|--|--|
| Ophthalmic Anti-inflammatories | |
| <p>ALREX - Tier 2 dexamethasone sodium phosphate ophthalmic - Tier 1 diclofenac sodium ophthalmic - Tier 1 difluprednate (generic for DUREZOL) - Tier 1 flurbiprofen sodium - Tier 1 FML LIQUIFILM (brand for fluorometholone) - Tier 2 ketorolac tromethamine ophthalmic (generic for ACULAR) - Tier 1 LOTEMAX (brand for loteprednol etabonate) - Tier 2 PRED FORTE (brand for prednisolone acetate p-f) - Tier 2 PRED MILD - Tier 2 PREDNISOLONE ACETATE P-F (brand for prednisolone acetate p-f) - Tier 2 prednisolone sodium phosphate ophthalmic - Tier 1</p> | <p>ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA ACUVAIL - Tier 2; PA BROMSITE - Tier 2; PA EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA FML FORTE - Tier 2; PA ILEVRO - Tier 2; PA INVELTYS - Tier 2; PA LOTEMAX SM - Tier 2; PA NEVANAC - Tier 2; PA PROLENSA - Tier 2; PA</p> |
| Ophthalmic Beta-Adrenergic Blocking Agents | |
| <p>BETOPTIC-S - Tier 2 carteolol hcl - Tier 1 levobunolol hcl - Tier 1 timolol maleate (once-daily) (generic for ISTALOL) - Tier 1 timolol maleate ophthalmic solution - Tier 1 timolol maleate pf (generic for TIMOPTIC OCUDOSE) - Tier 1</p> | <p>BETIMOL - Tier 2; PA ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA</p> |
| Ophthalmic Intraocular Pressure Lowering Agents, Other | |
| <p>ALPHAGAN P (brand for brimonidine tartrate) - Tier 2 apraclonidine hcl - Tier 1 AZOPT (brand for brinzolamide) - Tier 2 brimonidine tartrate ophthalmic solution 0.1 % (generic for ALPHAGAN P) - Tier 1 brimonidine tartrate ophthalmic solution 0.2 % - Tier 1 DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2 dorzolamide hcl solution 2 % ophthalmic - Tier 1 methazolamide oral - Tier 1; QL pilocarpine hcl ophthalmic - Tier 1 RHOPRESSA - Tier 2; QL</p> | <p>SIMBRINZA - Tier 2; PA</p> |

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

Preferred Agents

Non-Preferred Agents

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
artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1
artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml (generic for CLEAR EYES NATURAL TEARS) - Tier 1
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
dry eye relief ophthalmic gel 0.4-0.3 % (generic for GENTEAL TEARS SEVERE DAY/NIGHT) - Tier 1
dry-eye relief nighttime (generic for ALTALUBE) - Tier 1
eye drops advanced relief - Tier 1; QL
eye drops long lasting (generic for SYSTANE) - Tier 1
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
for sty relief (generic for ALTALUBE) - Tier 1
GENTEAL SEVERE - Tier 2
GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2

Preferred Agents**Non-Preferred Agents**

GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2

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 (brand for dry eye relief) - Tier 2

gnp lubricant eye drops (pf) (generic for BIOLLE TEARS) - Tier 1

gnp nighttime relief lub eye (generic for ALTALUBE) - Tier 1

HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2

lubricant drops fast act (generic for SYSTANE) - Tier 1

lubricant drops long last (generic for SYSTANE) - Tier 1

lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL

lubricant drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1

lubricant eye drops (pf) (generic for BIOLLE TEARS) - Tier 1

lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1

lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1

lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1

lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1

lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1

lubricant eye nighttime (generic for ALTALUBE) - Tier 1

Preferred Agents**Non-Preferred Agents**

lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1

lubricant pm (generic for ALTALUBE) - Tier 1

lubricating eye drop (generic for BIOLLE TEARS) - Tier 1

lubricating eye drops (generic for SYSTANE) - Tier 1

lubricating eye/overnight (generic for ALTALUBE) - Tier 1

lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1

lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1

lubricating tears eye drops (generic for GENTEAL TEARS) - Tier 1

lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1

lubrifresh p.m. (generic for ALTALUBE) - Tier 1

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

polyvinyl alcohol ophthalmic - Tier 1

pure & gentle lubricant - Tier 1

REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2

REFRESH OPTIVE OPHTHALMIC SOLUTION (brand for lubricant drops/dual-action) - Tier 2

REFRESH OPTIVE PF - Tier 2

REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2

Preferred Agents

REFRESH RELIEVA (brand for lubricant drops/dual-action) - Tier 2
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % - Tier 2
REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2
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
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
SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2
SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2
SYSTANE CONTACTS (brand for artificial tears) - Tier 2
SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2
SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2
SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2
SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2
SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2
ultra fresh (generic for ULTRA FRESH) - Tier 1
ultra fresh pm (generic for ALTALUBE) - Tier 1
ultra lubricant drop (generic for SYSTANE) - Tier 1
ultra lubricating eye drops (generic for SYSTANE) - Tier 1
ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1

Non-Preferred Agents

Preferred Agents

Non-Preferred Agents

Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs

NAPHCON-A (brand for allergy eye) - Tier 2; AL
VISINE (brand for allergy eye) - Tier 2; AL

Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs

ALAWAY (brand for cvs allergy eye drops) - Tier 2
ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2
allergy eye drops (generic for ALAWAY) - Tier 1
eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1
ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1
ZADITOR (brand for cvs allergy eye drops) - Tier 2

Otic Agents

acetic acid otic - Tier 1
CIPRO HC - Tier 2
ciprofloxacin-dexamethasone - Tier 1
CORTISPORIN-TC - Tier 2
DERMOTIC (brand for fluocinolone acetonide) - Tier 2
neomycin-polymyxin-hc otic - Tier 1
ofloxacin otic - Tier 1
OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; AL

CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA
ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; PA

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; AL

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

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

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

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

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

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

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

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

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

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

Preferred Agents

Non-Preferred Agents

Respiratory Tract/Pulmonary Agents

Antihistamines

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

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

Preferred Agents**Non-Preferred Agents**

allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1

allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1

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

allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1

aller-tec (generic for KLS ALLER-TEC) - Tier 1

anti-hist allergy (generic for BANOPHEN) - Tier 1

azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1

azelastine-fluticasone (generic for DYMISTA) - Tier 1

banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; AL

banophen oral tablet (generic for BANOPHEN) - Tier 1

BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2

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

BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2

cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1

cetirizine hcl oral solution 1 mg/ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL; AL

cetirizine hcl oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1

cetirizine hcl oral tablet 5 mg - Tier 1; AL

childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1

Preferred Agents**Non-Preferred Agents**

clemastine fumarate oral syrup - Tier 1; QL
clemastine fumarate oral tablet 2.68 mg - Tier 1; QL
complete allergy (generic for BANOPHEN) - Tier 1
complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; AL
complete allergy relief (generic for BANOPHEN) - Tier 1
cyproheptadine hcl oral - Tier 1
DAYHIST ALLERGY 12 HOUR RELIEF (brand for clemastine fumarate) - Tier 2; QL
diphenhydramine hcl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1
diphen (generic for BANOPHEN) - Tier 1
diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1
diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; AL
diphenhydramine hcl oral elixir - Tier 1
diphenhydramine hcl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1
diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1
diphenhydramine hcl oral tablet chewable (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL
ft all day allergy (generic for KLS ALLER-TEC) - Tier 1
ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1
ft allergy relief childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1
ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; AL
ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
|------------------|----------------------|

geri-dryl (generic for BANOPHEN) - Tier 1
h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1
indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1
levocetirizine dihydrochloride oral solution (generic for XYZAL ALLERGY 24HR CHILDRENS) - Tier 1; PA; QL
levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1
liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1
m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1
MM ALLER-BEN (brand for allergy relief) - Tier 2
NARAMIN (brand for allergy childrens) - Tier 2
pharbedryl (generic for BANOPHEN) - Tier 1; AL
siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1
total allergy (generic for BANOPHEN) - Tier 1
total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1
ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2

Anti-inflammatories, Inhaled Corticosteroids

ARNUITY ELLIPTA - Tier 2; QL
 ASMANEX (120 METERED DOSES) - Tier 2; QL
 ASMANEX (14 METERED DOSES) - Tier 2; QL
 ASMANEX (30 METERED DOSES) - Tier 2; QL
 ASMANEX (60 METERED DOSES) - Tier 2; QL
 ASMANEX HFA - Tier 2; QL
budesonide inhalation (generic for PULMICORT) - Tier 1; QL; AL
 FLOVENT DISKUS - Tier 2
FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2
fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1
 OMNARIS - Tier 2
 PULMICORT FLEXHALER - Tier 2
 QVAR REDIHALER - Tier 2

ALVESCO - Tier 2; PA
 BECONASE AQ - Tier 2; PA
PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; QL; AL
 QNASL - Tier 2; PA
 QNASL CHILDRENS - Tier 2; PA
 XHANCE - Tier 2; PA; QL
 ZETONNA - Tier 2; PA

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

| Preferred Agents | Non-Preferred Agents |
|---|---|
| Antileukotrienes | |
| <p>montelukast sodium oral tablet (generic for SINGULAIR) - Tier 1 montelukast sodium oral tablet chewable (generic for SINGULAIR) - Tier 1</p> | <p>ACCOLATE (brand for zafirlukast) - Tier 2; PA SINGULAIR (brand for montelukast sodium) - Tier 2; PA zafirlukast (generic for ACCOLATE) - Tier 1; PA ZYFLO - Tier 2; PA</p> |
| Bronchodilators, Anticholinergic | |
| <p>ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL ipratropium bromide inhalation - Tier 1; QL ipratropium bromide nasal - Tier 1 SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; QL SPIRIVA RESPIMAT - 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 ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2 albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml - Tier 1 ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% - Tier 2 albuterol sulfate oral syrup - Tier 1 epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1 PROAIR RESPICLICK - Tier 2 PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2 SEREVENT DISKUS - Tier 2</p> | <p>AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML - Tier 2; PA; QL AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.15ML, 0.3 MG/0.3ML (brand for epinephrine) - Tier 2; PA BROVANA (brand for arformoterol tartrate) - Tier 2; PA EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA STRIVERDI RESPIMAT - Tier 2; PA SYMJEPI - Tier 2; PA</p> |

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

| Preferred Agents | Non-Preferred Agents |
|--|---|
| <p><i>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2</i> <i>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2</i></p> | |
| Cystic Fibrosis Agents | |
| <p><i>KALYDECO ORAL PACKET 13.4 MG - Tier 2; SP; QL</i> <i>ORKAMBI ORAL PACKET 75-94 MG - Tier 2</i> <i>PULMOZYME - Tier 2; DX2RX; SP; QL</i> <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; SP; QL</i> <i>TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</i></p> | <p><i>BETHKIS (brand for tobramycin) - Tier 2; PA; SP; QL</i> <i>CAYSTON - Tier 2; PA; SP; QL</i> <i>TOBI PODHALER - Tier 2; 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> <i>THEO-24 - Tier 2</i> <i>theophylline (generic for ELIXOPHYLLIN) - Tier 1; QL</i> <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></p> | |

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Preferred Agents

Non-Preferred Agents

Pulmonary Antihypertensives

alyq (generic for ALYQ) - Tier 1; PA; SP; QL
REVATIO ORAL SUSPENSION RECONSTITUTED (brand for sildenafil citrate) - Tier 2; PA; SP; QL; AL
sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; PA; SP; QL; AL
tadalafil (pah) (generic for ALYQ) - Tier 1; PA; SP; QL
TRACLEER (brand for bosentan) - Tier 2; PA; SP; QL; AL

ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL
ADEMPAS - Tier 2; PA; SP; QL
ambrisentan (generic for LETAIRIS) - Tier 1; PA; SP; QL
bosentan (generic for TRACLEER) - Tier 1; PA; SP; QL; AL
LETAIRIS (brand for ambrisentan) - Tier 2; PA; SP; QL
OPSUMIT - Tier 2; PA; SP; QL
ORENITRAM - Tier 2; PA; SP
REVATIO ORAL TABLET (brand for sildenafil citrate) - Tier 2; PA; SP; QL; AL
TADLIQ - Tier 2; PA; SP; QL; AL
TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP
TYVASO DPI TITRATION KIT - Tier 2; PA; SP
UPTRAVI ORAL - Tier 2; PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML - Tier 2; PA; QL
VENTAVIS INHALATION SOLUTION 20 MCG/ML - Tier 2; PA

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

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
|------------------|----------------------|

Respiratory Tract Agents, Other

acetylcysteine inhalation solution 10 % - Tier 1; QL
acetylcysteine inhalation solution 20 % - Tier 1
 FASENRA PEN - Tier 2; PA; AL
 NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2;
 PA; SP; AL
 NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100
 MG/ML - Tier 2; PA; AL
promethazine vc - Tier 1
 TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2;
 PA; SP; AL

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

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

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

Preferred Agents**Non-Preferred Agents**

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; AL

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; AL

ephrine 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; AL

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

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

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

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

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

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

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

maxi-tuss pe max - Tier 1; AL

medifin 400 (generic for XPECT) - Tier 1

Preferred Agents**Non-Preferred Agents**

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

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
nose drops nasal solution 1 % (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; AL

Non-Preferred Agents

Preferred Agents

refenesen 400 (generic for XPECT) - Tier 1
saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1
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; AL
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
tusnel-ex (generic for TUSNEL-EX) - Tier 1; AL
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; AL
tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; AL
tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; AL
tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL
tussin mucus & chest cong (generic for TUSNEL-EX) - Tier 1; AL
tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; AL
tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; AL
tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; AL
tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; AL
tussin mucus+chest congest sf (generic for TUSNEL-EX) - Tier 1; AL
tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; AL
tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; AL
XPECT (brand for chest congestion relief) - Tier 2

Non-Preferred Agents

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

Preferred Agents

Non-Preferred Agents

Antihistamines - Allergy Drugs

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

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 Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents**Non-Preferred Agents****Antihistamines - Drugs to Treat Allergies**

12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1
 24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1
 all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR)
 - Tier 1
 ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2
 ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2
 aller-chlor (generic for WAL-FINATE) - Tier 1; AL
 allerclear (generic for KLS ALLERCLEAR) - Tier 1
 aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1
 aller-fex (generic for KLS ALLER-FEX) - Tier 1
 allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) -
 Tier 1
 allerg relief child (lorat) (generic for CLARITIN ALLERGY
 CHILDRENS) - Tier 1
 allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1
 allergy childrens oral solution (generic for CLARITIN ALLERGY
 CHILDRENS) - Tier 1
 allergy oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; AL
 allergy rel child (loratadine) (generic for CLARITIN ALLERGY
 CHILDRENS) - Tier 1
 allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) -
 Tier 1
 allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN
 ALLERGY CHILDRENS) - Tier 1
 allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1
 allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1
 allergy relief oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; AL

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

Preferred Agents**Non-Preferred Agents**

allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1

allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1

allergy relief indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1

childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1

chlor-pheniramine (generic for WAL-FINATE) - Tier 1; AL

chlorpheniramine maleate oral (generic for WAL-FINATE) - Tier 1; AL

chlortabs (generic for WAL-FINATE) - Tier 1; AL

CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2

CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2

CLARITIN REDITABS JUNIORS (brand for cvs allergy relief) - Tier 2

CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2

ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY) - Tier 1; AL

fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1

ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1

ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1

ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1

ft allergy relief oral tablet 4 mg (generic for WAL-FINATE) - Tier 1; AL

goodsense allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1

loradamed (generic for KLS ALLERCLEAR) - Tier 1

loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1

Preferred Agents**Non-Preferred Agents**

loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1
 loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1
 loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1
 loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1
 loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1
 pharbecchlor (generic for WAL-FINATE) - Tier 1; AL
 TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL
 nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL
 nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL

| Preferred Agents | Non-Preferred Agents |
|------------------|----------------------|
|------------------|----------------------|

Bronchodilators, Sympathomimetic - Asthma/Lung Drugs

ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; QL

ADVAIR HFA AEROSOL 115-21 MCG/ACT INHALATION (brand for fluticasone-salmeterol) - Tier 2; QL

ADVAIR HFA AEROSOL 230-21 MCG/ACT INHALATION (brand for fluticasone-salmeterol) - Tier 2; PA; QL

ADVAIR HFA AEROSOL 45-21 MCG/ACT INHALATION (brand for fluticasone-salmeterol) - Tier 2; QL

ANORO ELLIPTA - Tier 2; QL

COMBIVENT RESPIMAT - Tier 2; QL

DULERA AEROSOL 200-5 MCG/ACT INHALATION - Tier 2; QL

DULERA INHALATION AEROSOL 100-5 MCG/ACT, 50-5 MCG/ACT - Tier 2

fluticasone-salmeterol inhalation aerosol powder breath activated 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; PA; QL

ipratropium-albuterol - Tier 1; QL

SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2

TRELEGY ELLIPTA - Tier 2; PA; QL

wixela inhub inhalation aerosol powder breath activated 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; PA; QL

ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 500-50 MCG/ACT (brand for fluticasone-salmeterol) - Tier 2; PA; QL

BEVESPI AEROSPHERE - Tier 2; PA; QL

BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT INHALATION (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL

BREO ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-25 MCG/ACT INHALATION (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL

BREZTRI AEROSPHERE - Tier 2; PA; QL

DUAKLIR PRESSAIR - Tier 2; PA; QL

STIOLTO RESPIMAT - Tier 2; PA; QL

Mast Cell Stabilizers - Drugs for the Lungs

cromolyn sodium nasal (generic for NASALCROM) - Tier 1; AL

NASALCROM (brand for cromolyn sodium) - Tier 2; AL

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

Preferred Agents

Non-Preferred Agents

Respiratory Tract Agents, Other - Asthma/Lung Drugs

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

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

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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

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

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

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; AL

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

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

childrens cold & allergy - Tier 1; AL

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

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

Preferred Agents

CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; AL
CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; AL
cold & allergy - Tier 1; AL
cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL
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; AL
cough childrens (generic for DELSYM CGH/CHEST CONG DM
CHILD) - Tier 1; AL
cough dm childrens (generic for DELSYM) - Tier 1
cough dm er (generic for DELSYM) - Tier 1
cough dm oral suspension extended release 30 mg/5ml (generic for
DELSYM) - Tier 1
DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough)
- Tier 2; AL
DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

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

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

dextromethorphan polistirex er (generic for DELSYM) - Tier 1

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

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; AL

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

ft nasal decongestant max str (generic for SUDOGEST) - Tier 1; AL

g tussin ac - Tier 1; QL; AL

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

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

guaifenesin ac - Tier 1; QL; AL

guaifenesin-codeine - Tier 1; QL; AL

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

HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2

Preferred Agents**Non-Preferred Agents**

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
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; AL
lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; AL
loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; AL
loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; AL
loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; AL
loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; AL
maxi-tuss ac - Tier 1; QL; AL
maxi-tuss gmx (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL
meijer allergy relief-d (generic for KLS ALLERCLEAR D-12HR) - Tier 1; AL
MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (brand for childrens cough) - Tier 2; AL
MUCINEX CHILDRENS STUFFY NOSE (brand for 12 hour decongestant) - Tier 2

Preferred Agents**Non-Preferred Agents**

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

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

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

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

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

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; AL

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; AL

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

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

mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL

Preferred Agents**Non-Preferred Agents**

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; AL

mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; AL

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

mucus-d (generic for MUCINEX D) - Tier 1; AL

mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL

nasal decongestant 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; AL

nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; AL

nasal decongestant max st (generic for SUDOGEST) - Tier 1; AL

nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; AL

nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; AL

nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; AL

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

nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1

nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1

Preferred Agents

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
nebulal inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1
no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1
promethazine vcl/codeine - Tier 1; PA
promethazine-codeine - Tier 1; PA; QL; AL
promethazine-dm - Tier 1; QL; AL
pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; AL
pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; AL
pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; AL
pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL
pulmosal (generic for PULMOSAL) - Tier 1

Non-Preferred Agents

Preferred Agents

qc nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1
ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2
ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400
MG/20ML (brand for childrens cough) - Tier 2; AL
rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL
rynex pe - Tier 1; AL
rynex pse - Tier 1; AL
siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR)
- Tier 1; AL
sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) -
Tier 1; AL
sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) -
Tier 1; AL
sinus congestion max strength (generic for SUDOGEST) - Tier 1; AL
sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1
sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1
sodium chloride inhalation nebulization solution 3 % (generic for
NEBUSAL) - Tier 1
sodium chloride inhalation nebulization solution 7 % (generic for
PULMOSAL) - Tier 1
SUDAFED (brand for cvs nasal decongestant) - Tier 2; AL
SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant)
- Tier 2; AL
SUDAFED SINUS CONGESTION 12HR (brand for 12 hour
decongestant) - Tier 2; AL
sudogest 12 hour (generic for SUDAFED SINUS CONGESTION
12HR) - Tier 1; AL

Non-Preferred Agents

Preferred Agents

sudogest maximum strength (generic for SUDOGEST) - Tier 1; AL
sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; AL
suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; AL
suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; AL
suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; AL
suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1; AL
tussin cf oral liquid 30-10-100 mg/5ml - Tier 1
tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; AL
tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; AL
tussin cough/chest dm max (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; AL
tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; AL
tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; AL
tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; AL
tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; AL
tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; AL
tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; AL
tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1; AL
tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; AL

Non-Preferred Agents

| Preferred Agents | Non-Preferred Agents |
|---|--|
| Sedatives/Hypnotics - Drugs for Sedation and Sleep | |
| Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs | |
| XYWAV - Tier 2; QL; AL | |
| Skeletal Muscle Relaxants | |
| <i>chlorzoxazone oral tablet 375 mg, 750 mg (generic for LORZONE) - Tier 1</i> <i>chlorzoxazone oral tablet 500 mg - Tier 1</i> <i>cyclobenzaprine hcl oral (generic for FEXMID) - Tier 1</i> <i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1</i> <i>orphenadrine citrate er - Tier 1</i> | <i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA</i> <i>LORZONE (brand for chlorzoxazone) - Tier 2; PA</i> |
| Sleep Disorder Agents | |
| Sleep Promoting Agents | |
| <i>BELSOMRA - Tier 2; QL; AL</i> <i>DAYVIGO - Tier 2; QL; AL</i> <i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; QL</i> <i>EDLUAR - Tier 2; QL</i> <i>estazolam - Tier 1; QL</i> <i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>flurazepam hcl - Tier 1; QL</i> <i>HETLIOZ LQ - Tier 2; PA; QL; AL</i> <i>ramelteon (generic for ROZEREM) - Tier 1; QL</i> <i>tasimelteon (generic for HETLIOZ) - Tier 1; PA; QL; AL</i> <i>temazepam (generic for RESTORIL) - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1; QL</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1; QL</i> | <i>AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL</i> <i>AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA; QL</i> <i>HALCION (brand for triazolam) - Tier 2; PA; QL</i> <i>LUNESTA (brand for eszopiclone) - Tier 2; PA; QL</i> <i>RESTORIL (brand for temazepam) - Tier 2; PA; QL</i> <i>ROZEREM (brand for ramelteon) - Tier 2; PA; QL</i> <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL</i> |

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

| Preferred Agents | Non-Preferred Agents |
|--|----------------------|
| <p>ZOLPIDEM TARTRATE ORAL CAPSULE - Tier 2; QL <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i> <i>zolpidem tartrate sublingual - Tier 1; QL</i></p> | |
| <p>Wakefulness Promoting Agents</p> | |
| <p><i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL; AL</i> <i>modafinil (generic for PROVIGIL) - Tier 1; DX2RX; QL; AL</i> <i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; DX2RX; QL; AL</i> SUNOSI - Tier 2; DX2RX; QL; AL WAKIX - Tier 2; DX2RX; QL; AL <i>XYREM (brand for sodium oxybate) - Tier 2; DX2RX; QL; AL</i></p> | |
| <p>Sleep Disorder Agents - Drugs for Sedation and Sleep</p> | |
| <p>Sleep Disorders, Other - Drugs for Sleeping</p> | |
| <p><i>night time sleep aid (generic for NYTOL QUICKCAPS) - Tier 1</i> <i>nighttime sleep aid max st (generic for UNISOM SLEEPGELS) - Tier 1</i> <i>nighttime sleep aid oral capsule 25 mg (generic for UNISOM SLEEPMINIS) - Tier 1</i> <i>nighttime sleep aid oral tablet 25 mg (generic for NYTOL QUICKCAPS) - Tier 1</i> <i>NYTOL QUICKCAPS (brand for cvs sleep aid) - Tier 2</i> <i>rest simply (generic for NYTOL QUICKCAPS) - Tier 1</i> <i>SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2</i> <i>sleep aid (diphenhydramine) (generic for NYTOL QUICKCAPS) - Tier 1</i> <i>sleep aid max st (generic for UNISOM SLEEPGELS) - Tier 1</i> <i>sleep aid nighttime (generic for NYTOL QUICKCAPS) - Tier 1</i></p> | |

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

| Preferred Agents | Non-Preferred Agents |
|---|----------------------|
| <p><i>sleep aid oral capsule 50 mg (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>sleep aid oral tablet 25 mg (generic for NYTOL QUICKCAPS) - Tier 1</i></p> <p><i>sleep tabs (generic for NYTOL QUICKCAPS) - Tier 1</i></p> <p><i>sleep-aid max st (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>sleep-aid nighttime oral capsule 25 mg (generic for UNISOM SLEEPMINIS) - Tier 1</i></p> <p><i>sleep-aid nighttime oral capsule 50 mg (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>sleep-aid oral capsule (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>sleeptime oral capsule (generic for UNISOM SLEEPMINIS) - Tier 1</i></p> <p><i>SOMINEX (brand for cvs sleep aid) - Tier 2</i></p> <p><i>SOMINEX MAX ST (brand for diphenhydramine hcl (sleep)) - Tier 2</i></p> | |
| <p>Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies</p> | |
| <p>Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs</p> | |
| <p><i>airshield (generic for CVS AIRSHIELD) - Tier 1; AL</i></p> <p><i>AIRSHIELD IMMUNITY SUPPORT (brand for cvs daily gummies) - Tier 2; AL</i></p> <p><i>animal shapes complete (generic for CEROVITE JR) - Tier 1; AL</i></p> <p><i>animal shapes kids first (generic for CULTURELLE KIDS COMPLETE) - Tier 1</i></p> <p><i>ascorbic acid oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; AL</i></p> <p><i>BACMIN (brand for b-plex plus) - Tier 2; AL</i></p> <p><i>biocel (generic for LYSIPLEX PLUS) - Tier 1; AL</i></p> <p><i>biotin oral capsule 5000 mcg (generic for MERIBIN) - Tier 1; AL</i></p> <p><i>b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; AL</i></p> <p><i>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant & toddler) - Tier 2; AL</i></p> | |

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

Preferred Agents**Non-Preferred Agents**

BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - Tier 2; AL

BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL

calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; QL

calcium 600+d oral tablet 600-5 mg-mcg - Tier 1

calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL

calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1

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

calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1

CENTRUM ADULTS ORAL TABLET CHEWABLE (brand for cvs daily gummies) - Tier 2; AL

CENTRUM FLAVOR BURST (brand for cvs daily gummies) - Tier 2; AL

CENTRUM FLAVOR BURST ADULT (brand for cvs daily gummies) - Tier 2; AL

CENTRUM FRESH/FRUITY 50+ (brand for cvs daily gummies) - Tier 2; AL

CENTRUM FRESH/FRUITY ADULT (brand for cvs daily gummies) - Tier 2; AL

CENTRUM MULTI + OMEGA 3 (brand for cvs daily gummies) - Tier 2; AL

CENTRUM SILVER ORAL TABLET CHEWABLE (brand for cvs daily gummies) - Tier 2; AL

Preferred Agents**Non-Preferred Agents**

CENTRUM VITAMINTS (brand for cvs daily gummies) - Tier 2; AL
cerovite jr (generic for CEROVITE JR) - Tier 1; AL
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; AL
childrens animal shapes (generic for CEROVITE JR) - Tier 1; AL
childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1
childrens chewables/lex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1
childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; AL
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; AL
childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; AL
CHOICEFUL MULTIVITAMIN ORAL TABLET CHEWABLE (brand for cvs daily gummies) - Tier 2; AL
CORVITA (brand for b-plex plus) - Tier 2; AL
daily gummies (generic for CVS AIRSHIELD) - Tier 1; AL
daily gummies adult (generic for CVS AIRSHIELD) - Tier 1; AL
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; AL
DERMACINRX MULTITAM (brand for b-plex plus) - Tier 2; AL

Preferred Agents

DERMACINRX RIBOTIN-E (brand for b-plex plus) - Tier 2; AL
DIALYVITE SUPREME D (brand for b-plex plus) - Tier 2; AL
effer-k oral tablet effervescent 25 meq - Tier 1; QL
ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL
FLINTSTONES PLUS EXTRA IRON (brand for childrens animal shapes) - Tier 2; AL
FOLAGENT DHA (brand for v-c forte) - Tier 2; AL
FOLAMAX (brand for b-plex plus) - Tier 2; AL
FOLAMED DHA (brand for v-c forte) - Tier 2; AL
FOLIFLEX (brand for b-plex plus) - Tier 2; AL
FOLITIN-Z (brand for b-plex plus) - Tier 2; AL
fruity c - Tier 1; QL
HONEY BEARS W/IRON-ZINC - Tier 2; AL
KEYFOLIC (brand for b-plex plus) - Tier 2; AL
klor-con/ef - Tier 1; QL
k-prime - Tier 1; QL
liquid calcium/vitamin d - Tier 1
little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier 1
lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; AL
mens daily gummies (generic for CVS AIRSHIELD) - Tier 1; AL
MERIBIN (brand for biotin) - Tier 2; AL
multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; AL
MULTIPRO (brand for v-c forte) - Tier 2; AL
multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; AL

Non-Preferred Agents

Preferred Agents**Non-Preferred Agents**

multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; AL
mvw hi-d adek gummies (generic for CVS AIRSHIELD) - Tier 1; AL
NUTRICAP (brand for b-plex plus) - Tier 2; AL
nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; AL
OBTREX - Tier 2
OCUVEL (brand for v-c forte) - Tier 2; AL
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; AL
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; AL
ONEVITE (brand for b-plex plus) - Tier 2; AL
oyster shell calcium oral tablet 500 mg - Tier 1
oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1
oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; AL
POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; AL
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1; AL
SIDEROL (brand for b-plex plus) - Tier 2; AL
spectravite adult 50+ oral tablet chewable (generic for CVS AIRSHIELD) - Tier 1; AL
spectravite women oral tablet chewable (generic for CVS AIRSHIELD) - Tier 1; AL
stress formulaliron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; AL
STROVITE ONE (brand for b-plex plus) - Tier 2; AL
SUPPORT - Tier 2; AL

Preferred Agents**Non-Preferred Agents**

SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (brand for cvs daily gummies) - Tier 2; AL
totalday multiple (generic for ENDUR-VM) - Tier 1; AL
UDAMIN SP (brand for b-plex plus) - Tier 2; AL
ultra-mega (generic for ENDUR-VM) - Tier 1; AL
v-c forte (generic for VIC-FORTE) - Tier 1; AL
VENEXA (brand for b-plex plus) - Tier 2; AL
VENEXA FE (brand for b-plex plus) - Tier 2; AL
vic-forte (generic for VIC-FORTE) - Tier 1; AL
vit c/rose hips - Tier 1; AL
vita s forte (generic for LYSIPLEX PLUS) - Tier 1; AL
vitacel (generic for LYSIPLEX PLUS) - Tier 1; AL
vitachew adult multi vitamin (generic for CVS AIRSHIELD) - Tier 1; AL
vitamin b-2 oral tablet 100 mg - Tier 1; AL
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; AL
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; AL
vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; AL
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 (generic for PUREWAY-C) - Tier 1; AL
vitamin c/rose hips oral tablet 1000 mg - Tier 1; AL
vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; AL

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

Preferred Agents

Non-Preferred Agents

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; AL
VITAROCA PLUS (brand for b-plex plus) - Tier 2; AL
VITRAMYN (brand for b-plex plus) - Tier 2; AL
VITRANOL FE (brand for b-plex plus) - Tier 2; AL
VITREXYL (brand for b-plex plus) - Tier 2; AL
VITREXYL + IRON (brand for b-plex plus) - Tier 2; AL
WELLFOLA (brand for b-plex plus) - Tier 2; AL
womens daily gummies (generic for CVS AIRSHIELD) - Tier 1; AL
zinc oral lozenge - Tier 1; AL
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; AL
b12 oral liquid - Tier 1
b-12 oral liquid 1000 mcg/15ml - Tier 1
b-12 oral tablet 1000 mcg - Tier 1
b6 - Tier 1; AL
cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL
DODEX (brand for cyanocobalamin) - Tier 2; QL
e - Tier 1; AL
e-400-clear - Tier 1; AL
natural vitamin e - Tier 1; AL
pyridoxine hcl oral tablet 25 mg - Tier 1; QL
pyridoxine hcl oral tablet 50 mg - Tier 1; AL
thiamine hcl injection - Tier 1

NASCOBAL - Tier 2; PA; QL

Preferred Agents

Non-Preferred Agents

thiamine hcl oral - Tier 1; AL
vitamin b1 - Tier 1; AL
vitamin b-1 oral tablet 250 mg - Tier 1; AL
vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1
vitamin b12 oral tablet 1000 mcg - Tier 1
vitamin b-12 oral tablet 1000 mcg - Tier 1
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 er - Tier 1; QL
vitamin b-6 oral tablet 100 mg, 50 mg - Tier 1; AL
vitamin b-6 oral tablet 25 mg - Tier 1; QL
vitamin e natural - Tier 1
vitamin e oral capsule 134 mg (200 unit), 180 mg (400 unit), 268 mg (400 unit), 45 mg (100 unit), 90 mg (200 unit) - Tier 1; AL
vitamin e oral capsule 450 mg (1000 ut) - Tier 1

Prior Authorization / Class Criteria

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

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