



# Preferred Drug List (PDL)

## Rhode Island

Effective Date:  
1/1/2024



United  
Healthcare  
Community Plan





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

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

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
**UHC\_Civil\_Rights@uhc.com**

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

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 6:00 p.m.

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

**Online:**

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

Complaint forms are available at

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

**Phone:**

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

**Mail:**

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

If you need help with your complaint, please call the toll-free member phone number listed on your member ID card.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, Monday through Friday, 8:00 a.m. to 6:00 p.m.



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

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad o 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 número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, de lunes a viernes, de 8:00 a.m. a 6:00 p.m.

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

**Internet:**

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

Formas para las quejas se encuentran disponibles en:

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

**Teléfono:**

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

**Correo:**

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

Si necesita ayuda para presentar su queja, por favor llame al número gratuito para miembros anotado en su tarjeta de identificación como miembro.

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, de lunes a viernes, de 8:00 a.m. a 6:00 p.m.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-587-5187, TTY 711.

### **Spanish**

ATENCIÓN: Los servicios de asistencia de idiomas están a su disposición sin cargo. Llame al 1-800-587-5187, TTY 711.

### **Portuguese**

ATENÇÃO: Encontram-se disponíveis serviços de assistência de idioma. Contacte 1-800-587-5187, TTY 711.

### **Chinese**

注意：我們提供免費的語言協助服務。請致電 1-800-587-5187 或聽障專線 (TTY) 711。

### **French Creole (Haitian Creole)**

ATANSYON: Gen sèvis èd pou lang, gratis, ki disponib pou ou. Rele 1-800-587-5187, TTY 711.

### **Mon-Khmer, Cambodian**

សូមយកចិត្តទុកដាក់៖ សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក ។  
សូមទូរស័ព្ទទៅលេខ 1-800-587-5187, TTY 711 ។

### **French**

ATTENTION : vous pouvez profiter d'une assistance linguistique sans frais en appelant le 1-800-587-5187, TTY 711.

### **Italian**

ATTENZIONE: È disponibile un servizio gratuito di assistenza linguistica. Chiamare il numero 1-800-587-5187, TTY 711.

### **Laotian**

ໝາຍເຫດ: ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າແມ່ນມີໃຫ້ແກ່ທ່ານ. ໂທຫາ 1-800-587-5187, TTY 711.

### **Arabic**

تنبيه: تتوفر لك خدمات المساعدة اللغوية مجاناً. اتصل على الرقم 1-800-587-5187. الهاتف النصي: 711.

### **Russian**

ВНИМАНИЕ! Языковые услуги предоставляются вам бесплатно. Звоните по телефону 1-800-587-5187, TTY 711.

### **Vietnamese**

LƯU Ý: Dịch vụ hỗ trợ ngôn ngữ, miễn phí, dành cho bạn. Hãy gọi 1-800-587-5187, TTY 711.

### **Kru (Bassa)**

TÒ ĐÙỦ NÒMÒ DYÍIN CÁO: À bédé gbo-kpá-kpá bó wudu-dù kò-kò po-nyò bě bìi nō à gbo bó pídyi. M̄ dyi gbo-kpá-kpá m̄wín, dá nòbà nìà ke: 1-800-587-5187, TTY 711.

### **Igbo**

NRỤBAMA: Ọrụ enyemaka asụsụ, n'efu, dijiri gi. Kpọọ 1-800-587-5187, TTY 711.

### **Yoruba**

AKIYESI: Iranlowo siso ede, o wa ni ofe fun o. Pe 1-800-587-5187, TTY 711.

### **Polish**

UWAGA: Zapewniamy bezpłatne wsparcie tłumaczeniowe. Prosimy o kontakt telefoniczny: 1-800-587-5187, TTY 711.



# Preferred Drug List

## INTRODUCTION

UnitedHealthcare Community Plan is pleased to provide this Preferred Drug List (*PDL*) to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. This PDL is in compliance with the final and approved legislative action to Article 10, Substitute A as amended which modified Section 40-21-1 of the General Laws in Chapter 40-21 entitled "Medical Assistance - Prescription Drugs". This action would mandate the dispensing of generic-only drugs with the exception of limited brand drug coverage for certain therapeutic classes as approved by the Department of Human Services.

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

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

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

## NOTICE

The information contained in this PDL and its appendices is provided by UnitedHealthcare Community Plan, solely for

the convenience of medical providers. UnitedHealthcare Community Plan does not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature.

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

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

## PREFACE

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

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

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

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

physicians who have received the PDL. PDL decisions are also communicated quarterly on the UnitedHealthcare Community Plan internet site.

## OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

## PRODUCT SELECTION CRITERIA

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

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

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

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

## PDL PRODUCT DESCRIPTIONS

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

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

carvedilol

Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin  
Hydrocortisone

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

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

citalopram 40 mg tabs

Celexa tabs

## DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

## GENERIC SUBSTITUTION

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

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

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

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

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

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

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

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

## **DRUG EFFICACY STUDY IMPLEMENTATION (DESI) DRUGS**

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

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

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

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

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

#### **PRIOR AUTHORIZATION OF EXCLUDED BRAND MEDICATIONS**

It is also recognized that there may be occasions where an excluded brand drug is desired for the proper medical management of a specific patient. In those infrequent instances, the prior authorization process reviews requests for these medications the physician may consider medically necessary for patient management.

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

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

#### **NON-PDL DRUGS 3-DAY OVERRIDES**

To ensure the use of PDL drugs, all non-PDL drugs should be discussed with the prescribing physician. **If you cannot speak to the physician immediately, and there is an immediate need for the medication, the claim processing**

**system will accept an override to permit a one-time dispensing of a 3-day supply of the newly prescribed non-PDL drug.** The pharmacy should submit a claim for a 3 day supply, with a PA Type of 8 and Prior Authorization number of "00000000120". Please note that non-preferred drugs are available for a 3-day supply, however availability is subject to the benefit design. For assistance, pharmacies may call 800-310-6826.

**PRIOR AUTHORIZATION REQUIRED. CALL DOCTOR FOR ALTERNATIVE. MAY SUB OVER 5 DS.**

#### **QUANTITY LIMITATIONS (QL)**

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

#### **Quantity limits based on Efficient Medication Dosing**

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

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

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

#### **Specialty Pharmaceutical Management Program**

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

To obtain authorization, the provider must submit the appropriate Prior Authorization form to the UnitedHealthcare Community Plan 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.

### MEDICATIONS REQUIRING DIAGNOSIS

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

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

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

### Gender dysphoria benefits

Drug therapy for gender Dysphoria is a covered benefit for UnitedHealthcare Community Plan members. For members with a Gender Dysphoria diagnosis requiring higher than the FDA approved dose can get their medications by providing the appropriate diagnosis at point of sale. The diagnosis will be verified at the point-of-sale by the pharmacy claims processing system. The pharmacist may contact the prescriber to verify the diagnosis and submit it on the claim.

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

### STEP THERAPY (ST)

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)
<b>Amerge</b>	Trial at a minimum dose of 50mg of sumatriptan tablets.
<b>Aricept 23mg</b>	90 day trial of Aricept 10mg daily
<b>calcipotriene cream &amp; oint 0.005%</b>	Trial of two medium to high potency corticosteroids

<b>calcitriol 3mcg/gm</b>	Trial of two medium to high potency corticosteroids
<b>DPP4 Inhibitors (Nesina, Kazano, Oseni)</b>	At least a 90 day trial of 1500mg/day of metformin.
<b>Elidel</b>	Minimum age of 2. Trial of two generic topical corticosteroids.
<b>GLP-1 Agonists (Victoza 2 pen pack)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>lubiprostone</b>	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
<b>Motegrity</b>	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Movantik</b>	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Optivar</b>	14 day trial of ketotifen within previous 90 days required first.
<b>Renvela</b>	8 week trial of calcium acetate
<b>tacrolimus 0.03%</b>	Minimum age of 2. Trial of two topical corticosteroids.
<b>tacrolimus 0.1%</b>	Minimum age of 16. Trial of two topical corticosteroids.
<b>tolterodine</b>	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>trospium</b>	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>Trulance</b>	For chronic idiopathic constipation or irritable bowel syndrome- constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Uloric</b>	8 week trial of up to 600mg of allopurinol required first.

**Xopenex Respules** 30 day trial of Albuterol .083% or .5% respules.

QL Quantity Limits apply  
ST Step Therapy, see pages V for details  
SP Specialty Pharmaceuticals, see pages IV-V for details

### **PDL SUGGESTIONS**

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

Attn: Director of Pharmacy Services  
UnitedHealthcare Community Plan  
2 Allegheny Center  
Suite 600  
Pittsburgh, PA 15212  
Fax: 866-940-7328  
Email: [pdl\\_management@uhc.com](mailto: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  
Director of Pharmacy Services  
2 Allegheny Center  
Suite 600  
Pittsburgh, PA 15212  
Phone: 800-310-6826

### **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.

### **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

# UnitedHealthcare Community Plan of Rhode Island

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Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
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**Preferred Agents****Non-Preferred Agents**

*ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1*  
*ibuprofen oral capsule 200 mg (generic for ADVIL) - Tier 1*  
*ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL*  
*ibuprofen oral tablet 200 mg (generic for MEDI-FIRST IBUPROFEN) - Tier 1*  
*ibuprofen oral tablet 400 mg (generic for IBU) - Tier 1*  
*ibuprofen oral tablet 600 mg, 800 mg (generic for IBU) - Tier 1; QL*  
*indomethacin oral - Tier 1*  
*INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2*  
*infants ibuprofen (generic for INFANTS ADVIL) - Tier 1*  
*ketoprofen oral capsule 50 mg - Tier 1*  
*ketorolac tromethamine oral - Tier 1; QL*  
*medi-first ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1*  
*mediproxen (generic for MEDIPROXEN) - Tier 1; QL*  
*meloxicam oral tablet - Tier 1; QL*  
*mm ibuprofen (generic for MEDI-FIRST IBUPROFEN) - Tier 1*  
*MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2*  
*MOTRIN IB (brand for cvs ibuprofen) - Tier 2*  
*MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2*  
*nabumetone oral tablet 500 mg - Tier 1*  
*nabumetone oral tablet 750 mg - Tier 1; QL*  
*naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL*  
*naproxen oral suspension (generic for NAPROSYN) - Tier 1; QL; AL*  
*naproxen oral tablet 250 mg, 375 mg - Tier 1*  
*naproxen oral tablet 500 mg (generic for NAPROSYN) - Tier 1; QL*  
*naproxen oral tablet delayed release (generic for EC-NAPROSYN) - Tier 1; QL*  
*naproxen sodium oral tablet 220 mg (generic for MEDIPROXEN) - Tier 1; QL*  
*oxaprozin (generic for DAYPRO) - Tier 1; QL*  
*piroxicam oral (generic for FELDENE) - Tier 1; QL*  
*sulindac oral tablet 150 mg - Tier 1; QL*  
*sulindac oral tablet 200 mg - Tier 1*

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Preferred Agents	Non-Preferred Agents
<p>Opioid Analgesics, Long-acting</p> <p><i>buprenorphine (generic for BUTRANS) - Tier 1; PA; QL</i>  <i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL</i>  <i>morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL</i>  <i>oxymorphone hcl er - Tier 1; PA; QL</i></p>	<p>BELBUCA - Tier 2; PA; QL            BUTRANS (brand for buprenorphine) - Tier 2; PA; QL            HYSINGLA ER (brand for hydrocodone bitartrate) - Tier 2; PA; QL  <i>morphine sulfate er beads - Tier 1; PA; QL</i>            NUCYNTA ER - Tier 2; PA; QL  <i>OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL</i>            ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA; QL            XTAMPZA ER - Tier 2; PA; QL</p>
<p>Opioid Analgesics, Short-acting</p> <p><i>acetaminophen-codeine - Tier 1; QL</i>  <i>ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i>  <i>bac (generic for BAC) - Tier 1</i>  <i>butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1</i>  <i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL</i>  <i>butalbital-apap-caffeine oral capsule 50-325-40 mg (generic for ESGIC) - Tier 1</i>  <i>butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1</i>  <i>butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL</i>  <i>butalbital-aspirin-caffeine - Tier 1</i>  <i>butorphanol tartrate nasal - Tier 1; QL</i>  <i>codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL</i>  <i>endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i>  <i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml - Tier 1; QL</i>  <i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL</i>  <i>hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL</i>  <i>hydromorphone hcl rectal - Tier 1; QL</i>  <i>morphine sulfate (concentrate) - Tier 1; QL</i>  <i>morphine sulfate oral - Tier 1; QL</i></p>	<p><i>apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL</i>            NUCYNTA - Tier 2; PA; QL            SEGLENTIS - Tier 2; PA; QL  <i>TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p><i>morphine sulfate rectal - Tier 1; QL</i>  <i>oxycodone hcl oral concentrate 100 mg/5ml - Tier 1; QL</i>  <i>oxycodone hcl oral solution - Tier 1; QL</i>            OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL  <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i>  <i>pentazocine-naloxone hcl - Tier 1; QL</i>  <i>TENCON (brand for butalbital-acetaminophen) - Tier 2</i>  <i>tramadol hcl oral tablet 50 mg - Tier 1; QL</i></p>	
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
<p><i>buprenorphine hcl sublingual - Tier 1; QL</i></p>	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
Analgesics - Miscellaneous Analgesics	
<p><i>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>8hr muscle aches &amp; pain (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1</i>  <i>acetaminophen childrens oral solution - Tier 1</i>  <i>acetaminophen childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1; QL</i>  <i>acetaminophen childrens oral tablet chewable (generic for MAPAP CHILDRENS) - Tier 1</i></p>	

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## Preferred Agents

acetaminophen er (generic for *TYLENOL 8 HOUR*) - Tier 1  
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; QL  
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; QL  
acetaminophen oral tablet 325 mg (generic for *PHARBETOL*) - Tier 1; QL  
acetaminophen oral tablet 500 mg (generic for *MM ACETAMINOPHEN EX STR*) - Tier 1  
acetaminophen oral tablet chewable 160 mg (generic for *MAPAP CHILDRENS*) - Tier 1  
acetaminophen rectal suppository 120 mg (generic for *FEVERALL CHILDRENS*) - Tier 1  
acetaminophen rectal suppository 650 mg (generic for *FEVERALL ADULTS*) - Tier 1  
apra (generic for *MAX RELIEF JUNIOR*) - Tier 1  
arthritis pain oral tablet extended release 650 mg (generic for *TYLENOL 8 HOUR*) - Tier 1  
arthritis pain relief oral tablet extended release 650 mg (generic for *TYLENOL 8 HOUR*) - Tier 1  
arthritis pain reliever oral (generic for *TYLENOL 8 HOUR*) - Tier 1  
betatemp childrens (generic for *PANADOL CHILDRENS*) - Tier 1; QL  
childrens acetaminophen (generic for *PANADOL CHILDRENS*) - Tier 1; QL  
childrens apap (generic for *MAPAP CHILDRENS*) - Tier 1  
childrens non-aspirin oral suspension (generic for *PANADOL CHILDRENS*) - Tier 1; QL

## 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

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

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**Preferred Agents****Non-Preferred Agents**

migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1  
migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1  
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1  
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1  
m-pap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1  
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1  
non-aspirin childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL  
non-aspirin childrens oral tablet chewable 160 mg, 80 mg (generic for MAPAP CHILDRENS) - Tier 1  
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1  
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1  
non-aspirin oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL  
non-aspirin oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1  
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL  
pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; QL  
pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL  
pain & fever childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1  
pain & fever infants (generic for PANADOL CHILDRENS) - Tier 1; QL  
pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1  
pain relief childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1; QL  
pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1  
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

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**Preferred Agents****Non-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; QL*

*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*

*pain relief regular strength (generic for PHARBETOL) - Tier 1; QL*

*pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*

*pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL*

*pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*

*pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1*

*pain reliever extra strength (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1*

*pain reliever oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL*

*pain reliever oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1*

*pain reliever plus (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1*

*pain-off (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1*

*PANADOL CHILDRENS (brand for acetaminophen) - Tier 2; QL*

*PANADOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2*

*PANADOL INFANTS (brand for acetaminophen) - Tier 2; QL*

*PHARBETOL (brand for acetaminophen) - Tier 2; QL*

*PHARBETOL EXTRA STRENGTH (brand for acetaminophen) - Tier 2*

*sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1*

*sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; QL*

*TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL*

*TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL*

*TYLENOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; QL*

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Preferred Agents	Non-Preferred Agents
<p><i>TYLENOL ORAL TABLET 500 MG (brand for acetaminophen) - Tier 2</i>  <i>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2</i>  <i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2</i></p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p>	
<p><i>salsalate oral - Tier 1</i></p>	
<p>Opioid Analgesics, Short-acting</p>	
<p><i>oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL</i>  <i>oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; QL</i></p>	
<p>Anesthetics</p>	
<p>Local Anesthetics</p>	
<p><i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i>  <i>ASPERFLEX LIDOCAINE 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 LIDOCAN) - Tier 1; DX2RX; QL</i>  <i>lidocaine hcl external cream 3 % - Tier 1; QL</i>  <i>lidocaine hcl mouth/throat - Tier 1</i>  <i>lidocaine viscous hcl - Tier 1; QL</i>  <i>lidocaine-prilocaine external cream - Tier 1; QL</i>  <i>lidopin external cream 3 % - Tier 1; QL</i>  <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i></p>	
<p>Anti-Addiction/Substance Abuse Treatment Agents</p>	
<p>Alcohol Deterrents/Anti-craving</p>	

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Preferred Agents	Non-Preferred Agents
<p><i>acamprosate calcium - Tier 1</i>  <i>disulfiram oral - Tier 1</i>  <i>naltrexone hcl oral - Tier 1</i>  VIVITROL - Tier 2; QL</p>	
<b>Opioid Dependence</b>	
<p><i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg (generic for SUBOXONE) - Tier 1; QL</i>  <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; QL</i></p>	<p>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL  ZUBSOLV - Tier 2; PA; QL</p>
<b>Opioid Reversal Agents</b>	
<p><i>naloxone hcl injection - Tier 1; QL</i>  <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i>  NARCAN (brand for naloxone hcl) - Tier 2; QL</p>	<p>KLOXXADO - Tier 2; PA; QL  ZIMHI - Tier 2; PA; QL</p>
<b>Smoking Cessation Agents</b>	
<p><i>habitrol (generic for HABITROL) - Tier 1; QL</i>  NICODERM CQ (brand for cvs nicotine) - Tier 2; QL  <i>nicotine step 1 (generic for HABITROL) - Tier 1; QL</i>  <i>nicotine step 2 (generic for NICODERM CQ) - Tier 1; QL</i>  <i>nicotine step 3 (generic for NICODERM CQ) - Tier 1; QL</i>  <i>nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr (generic for NICODERM CQ) - Tier 1; QL</i>  <i>nicotine transdermal patch 24 hour 21 mg/24hr (generic for HABITROL) - Tier 1; QL</i>  <i>nicotine transdermal system (generic for HABITROL) - Tier 1; QL</i>  <i>varenicline tartrate - Tier 1; PA; QL</i>  <i>varenicline tartrate (starter) - Tier 1; PA; QL</i>  <i>varenicline tartrate(continue) - Tier 1; PA; QL</i></p>	
<b>Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence</b>	

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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Smoking Cessation Agents - Deterrents

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

Antiandrogens - Hormone Suppressants

Antineoplastics - Drugs to Treat Cancer

ORGOVYX - Tier 2; PA; SP; QL

Antibacterials

Aminoglycosides

*HUMATIN - Tier 2; QL*  
*neomycin sulfate oral - Tier 1*

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Preferred Agents	Non-Preferred Agents
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Antibacterials, Other

*clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL*  
*clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL*  
*clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL*  
*FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL*  
*linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL*  
*linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX*  
*methenamine hippurate (generic for HIPREX) - Tier 1; QL*  
*metronidazole external (generic for METROCREAM) - Tier 1; QL*  
*metronidazole oral tablet - Tier 1*  
*metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL*  
*nitrofurantoin macrocrystal oral capsule 100 mg, 50 mg (generic for MACRODANTIN) - Tier 1*  
*nitrofurantoin macrocrystal oral capsule 25 mg (generic for MACRODANTIN) - Tier 1; QL*  
*nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1*  
*nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL*  
*tinidazole oral tablet 250 mg - Tier 1*  
*tinidazole oral tablet 500 mg - Tier 1; QL*  
*trimethoprim oral - Tier 1*  
*vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ) - Tier 1; DX2RX; QL*  
*VANDAZOLE (brand for metronidazole) - Tier 2; QL*

CLINDESSE - Tier 2; PA; QL  
 FLAGYL (brand for metronidazole) - Tier 2; PA; QL  
 METROGEL (brand for metronidazole) - Tier 2; PA; QL  
 NORITATE - Tier 2; PA  
 NUVESSA - Tier 2; PA; QL  
 SOLOSEC - Tier 2; PA; QL  
 VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL  
 XENLETA ORAL - Tier 2; PA; QL  
 XIFAXAN - Tier 2; PA; QL

Beta-lactam, Cephalosporins

*cefaclor oral capsule - Tier 1*  
*cefadroxil - Tier 1*  
*cefdinir oral capsule - Tier 1*  
*cefdinir oral suspension reconstituted - Tier 1; QL*  
*cefepodoxime proxetil oral tablet - Tier 1*  
*cefprozil - Tier 1; QL*

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

Preferred Agents	Non-Preferred Agents
<p> <i>cefuroxime axetil - Tier 1</i>  <i>cephalexin oral capsule 250 mg - Tier 1</i>  <i>cephalexin oral capsule 500 mg - Tier 1; QL</i>  <i>cephalexin oral suspension reconstituted 125 mg/5ml - Tier 1</i>  <i>cephalexin oral suspension reconstituted 250 mg/5ml - Tier 1; QL</i> </p>	
Beta-lactam, Penicillins	
<p> <i>amoxicillin oral capsule - Tier 1</i>  <i>amoxicillin oral suspension reconstituted - Tier 1; QL</i>  <i>amoxicillin oral tablet - Tier 1; QL</i>  <i>amoxicillin oral tablet chewable - Tier 1</i>  <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i>  <i>ampicillin - Tier 1; QL</i>  <i>dicloxacillin sodium - Tier 1</i>  <i>penicillin v potassium - Tier 1</i> </p>	
Macrolides	
<p> <i>azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL</i>  <i>azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL</i>  <i>clarithromycin er - Tier 1; QL</i>  <i>clarithromycin oral - Tier 1</i>  <i>DIFICID - Tier 2; PA; QL</i>  <i>E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL</i>  <i>erythromycin base oral capsule delayed release particles - Tier 1</i>  <i>erythromycin base oral tablet 250 mg - Tier 1; QL</i>  <i>erythromycin base oral tablet 500 mg - Tier 1</i>  <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i> </p>	
Quinolones	
<p> <i>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL</i>  <i>ciprofloxacin hcl oral tablet 100 mg - Tier 1; QL</i>  <i>ciprofloxacin hcl oral tablet 250 mg, 500 mg (generic for CIPRO) - 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>ciprofloxacin hcl oral tablet 750 mg - Tier 1</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</i></p>	
<b>Sulfonamides</b>	
<p><i>sulfamethoxazole-trimethoprim oral suspension (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i>  <i>sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1</i>  <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i></p>	
<b>Tetracyclines</b>	
<p><i>doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL; AL</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; AL</i>  <i>mondoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL</i>  <i>NUZYRA ORAL - Tier 2; PA; QL</i></p>	<p><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></p>
<b>Antibacterials - Drugs to Treat Bacterial Infections</b>	
<b>Antibacterials, Other - Antibiotics</b>	
<p><i>antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i>  <i>antiseptic (generic for BETADINE) - Tier 1</i>  <i>BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2</i>  <i>first aid antibiotic external ointment 3.5-400-5000 , 3.5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i>  <i>first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1</i></p>	<p><i>SUTAB - Tier 2; PA</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>medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p> <p><i>NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL</i></p> <p><i>povidone iodine (generic for BETADINE) - Tier 1</i></p> <p><i>povidone-iodine external solution (generic for BETADINE) - Tier 1</i></p> <p><i>SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2</i></p> <p><i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p> <p><i>triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p>	
<b>Anticonvulsants</b>	
<b>Anticonvulsants, Other</b>	
<p><i>felbamate oral suspension - Tier 1; Members &gt;= 8 years of age will require PA  Available for an extended day(s) supply; QL; AL</i></p> <p><i>felbamate oral tablet (generic for FELBATOL) - Tier 1; QL</i></p> <p><i>lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL</i></p> <p><i>lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members &gt;= 8 years of age will require PA  Available for an extended day(s) supply; QL; AL</i></p> <p><i>lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL</i></p> <p><i>lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL</i></p> <p><i>lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</i></p> <p><i>levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution  Available for an extended day(s) supply; QL; AL</i></p> <p><i>levetiracetam oral tablet (generic for KEPPRA) - Tier 1; PA; QL</i></p> <p><i>roweepra (generic for ROWEEPRA) - Tier 1; PA; QL</i></p> <p><i>subvenite (generic for SUBVENITE) - Tier 1; QL</i></p> <p><i>subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL</i></p>	<p><i>BRIVIACT ORAL - Tier 2; PA; QL</i></p> <p><i>EPIDIOLEX - Tier 2; PA; SP; QL</i></p> <p><i>FINTEPLA - Tier 2; PA; QL</i></p> <p><i>FYCOMPA - Tier 2; PA; QL</i></p> <p><i>TOPAMAX (brand for topiramate) - Tier 2; PA; QL</i></p> <p><i>TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members &gt;= 8 years of age will require PA  Available for an extended day(s) supply; QL; AL</i></p> <p><i>TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL</i></p> <p><i>XCOPRI - Tier 2; PA; QL</i></p> <p><i>XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL</i></p> <p><i>XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p>subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL</p> <p>subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL</p> <p>topiramate oral capsule sprinkle (generic for TOPAMAX SPRINKLE) - Tier 1; Members &gt;= 8 years of age will require PA  Available for an extended day(s) supply; QL; AL</p> <p>topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL</p> <p>valproic acid oral capsule - Tier 1; QL; AL</p> <p>valproic acid oral solution - Tier 1; QL</p>	
<b>Calcium Channel Modifying Agents</b>	
<p>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</p> <p>methsuximide (generic for CELONTIN) - Tier 1; QL</p>	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>	
<p>clobazam (generic for ONFI) - Tier 1; DX2RX; QL</p> <p>diazepam rectal (generic for DIASTAT ACUDIAL) - Tier 1; QL</p> <p>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</p> <p>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</p> <p>NAYZILAM - Tier 2; PA; QL</p> <p>phenobarbital oral - Tier 1; QL</p> <p>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</p> <p>tiagabine hcl - Tier 1; PA; QL; AL</p> <p>vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL</p> <p>vigadrone oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL</p>	<p>gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL</p> <p>NEURONTIN (brand for gabapentin) - Tier 2; PA; QL</p> <p>SYMPAZAN - Tier 2; PA; QL</p> <p>VALTOCO 10 MG DOSE - Tier 2; PA; QL</p> <p>VALTOCO 15 MG DOSE - Tier 2; PA; QL</p> <p>VALTOCO 20 MG DOSE - Tier 2; PA; QL</p> <p>VALTOCO 5 MG DOSE - Tier 2; PA; QL</p>
<b>Sodium Channel Agents</b>	
<p>carbamazepine er (generic for CARBATROL) - Tier 1; QL</p> <p>carbamazepine oral (generic for EPITOL) - Tier 1; QL</p> <p>DILANTIN ORAL CAPSULE 30 MG - Tier 2</p> <p>epitol (generic for EPITOL) - Tier 1; QL</p>	<p>APTIOM - Tier 2; PA; QL</p> <p>OXTELLAR XR - Tier 2; PA; QL</p> <p>VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL</p> <p>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
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*lacosamide oral tablet (generic for VIMPAT) - Tier 1; PA; QL; AL*  
*oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution||Available for an extended day(s) supply; QL; AL*  
*oxcarbazepine oral tablet (generic for TRILEPTAL) - Tier 1; QL*  
*phenytek (generic for PHENYTEK) - Tier 1; QL*  
*phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL*  
*phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL*  
*phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL*  
*phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL*  
*rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL*  
*zonisamide oral (generic for ZONEGRAN) - Tier 1; QL*

Anticonvulsants - Drugs to Treat Seizures	
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Anticonvulsants, Other	DIACOMIT - Tier 2; PA; SP; QL
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Antidementia Agents	
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Antidementia Agents, Other	NAMZARIC - Tier 2; PA; QL; AL
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Cholinesterase Inhibitors	
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<i>donepezil hcl oral tablet 10 mg (generic for ARICEPT) - Tier 1; Members &lt;18 years of age will require PA  Available for an extended day(s) supply; QL; AL</i> <i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members &lt;18 years of age will require PA  Available for an extended day(s) supply; QL; AL</i>	<i>EXELON (brand for rivastigmine) - Tier 2; PA; Members &lt;18 years of age will require PA  Available for an extended day(s) supply; QL; AL</i>
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Preferred Agents	Non-Preferred Agents
<p><i>donepezil hcl oral tablet 5 mg (generic for ARICEPT) - Tier 1; Members &lt;18 years of age will require PA  Available for an extended day(s) supply; AL</i></p> <p><i>donepezil hcl oral tablet dispersible 10 mg - Tier 1; QL</i></p> <p><i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL</i></p> <p><i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members &lt;18 years of age will require PA  Available for an extended day(s) supply; QL; AL</i></p> <p><i>rivastigmine (generic for EXELON) - Tier 1; Members &lt;18 years of age will require PA  Available for an extended day(s) supply; QL; AL</i></p> <p><i>rivastigmine tartrate - Tier 1; QL; AL</i></p>	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>	
<p><i>memantine hcl oral solution - Tier 1; QL</i></p> <p><i>memantine hcl oral tablet (generic for NAMENDA) - Tier 1; Members &lt;18 years of age will require PA  Available for an extended day(s) supply; QL; AL</i></p>	
<b>Antidepressants</b>	
<b>Antidepressants, Other</b>	
<p><i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i></p> <p><i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; QL</i></p> <p><i>bupropion hcl oral - Tier 1; QL</i></p> <p><i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs)  Available for an extended day(s) supply; QL</i></p> <p><i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i></p> <p><i>perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1</i></p> <p><i>perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL</i></p>	<p><i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i></p> <p><i>SPRAVATO (84 MG DOSE) - Tier 2; PA; QL</i></p> <p><i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; QL</i></p>
<b>Monoamine Oxidase Inhibitors</b>	
<p><i>tranylcypromine sulfate (generic for PARNATE) - Tier 1</i></p>	

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

*citalopram hydrobromide oral solution - Tier 1; QL*  
*citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL*  
*escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL*  
*fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL*  
*fluoxetine hcl oral solution - Tier 1; QL*  
*fluvoxamine maleate - Tier 1; QL*  
*nefazodone hcl - Tier 1; QL*  
*paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL*  
*sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL*  
*sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL*  
*trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL*  
*venlafaxine hcl - Tier 1; QL*  
*venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL*

*CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL*  
*FETZIMA - Tier 2; PA; QL*  
*PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL*  
*PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL*  
*TRINTELLIX - Tier 2; PA; QL*  
*VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL*  
*VIIBRYD STARTER PACK - Tier 2; PA; QL*

Tricyclics

*amitriptyline hcl oral - Tier 1*  
*amoxapine oral tablet 100 mg, 25 mg, 50 mg - Tier 1*  
*amoxapine oral tablet 150 mg - Tier 1; QL*  
*clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL*  
*desipramine hcl oral (generic for NORPRAMIN) - Tier 1*  
*doxepin hcl oral capsule 10 mg, 150 mg, 25 mg, 50 mg, 75 mg - Tier 1*  
*doxepin hcl oral capsule 100 mg - Tier 1; QL*  
*doxepin hcl oral concentrate - Tier 1*  
*imipramine hcl oral - Tier 1*  
*nortriptyline hcl oral (generic for PAMELOR) - Tier 1*

Antiemetics

Antiemetics, Other

*BONINE (brand for cvs motion sickness relief) - Tier 2*

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Preferred Agents	Non-Preferred Agents
<p> <i>compro (generic for COMPRO) - Tier 1</i>  <i>driminate (generic for DRIMINATE) - Tier 1</i>  <i>ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i>  <i>meclizine hcl oral tablet 12.5 mg - Tier 1</i>  <i>meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1</i>  <i>meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1</i>  <i>metoclopramide hcl oral solution - Tier 1</i>  <i>metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1</i>  <i>motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i>  <i>motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i>  <i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i>  <i>motion-time (generic for BONINE) - Tier 1</i>  <i>perphenazine oral tablet 16 mg, 2 mg - Tier 1</i>  <i>perphenazine oral tablet 4 mg, 8 mg - Tier 1; QL</i>  <i>prochlorperazine (generic for COMPRO) - Tier 1</i>  <i>prochlorperazine maleate oral - Tier 1</i>  <i>promethazine hcl oral - Tier 1</i>  <i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i>  <i>promethegan (generic for PROMETHEGAN) - Tier 1; QL</i>  <i>travel ease (generic for BONINE) - Tier 1</i>  <i>trimethobenzamide hcl oral - Tier 1</i> </p>	
<b>Emetogenic Therapy Adjuncts</b>	
<p> <i>aprepitant (generic for EMEND) - Tier 1; QL</i>  <i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i>  <i>ondansetron hcl oral solution - Tier 1; QL</i>  <i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i>  <i>ondansetron odt - Tier 1; QL</i> </p>	<p> AKYNZEO ORAL - Tier 2; PA; QL  EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL  SANCUSO - Tier 2; PA </p>
<b>Antiemetics - Drugs to Treat Nausea and Vomiting</b>	
<b>Antiemetics, Other - Nausea and Vomiting Drugs</b>	
<p> <i>anti-nausea (generic for EMETROL) - Tier 1</i> </p>	

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Preferred Agents	Non-Preferred Agents
<p>anti-nausea relief (generic for EMETROL) - Tier 1  EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2  nausea control (generic for EMETROL) - Tier 1  nausea relief (generic for EMETROL) - Tier 1</p>	
<b>Antifungals</b>	
<p>3 day (generic for MONISTAT 3) - Tier 1  clotrimazole mouth/throat troche 10 mg - Tier 1  fluconazole oral (generic for DIFLUCAN) - Tier 1; QL  griseofulvin microsize oral - Tier 1; QL  griseofulvin ultramicrosize - Tier 1; QL  itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL  ketoconazole oral - Tier 1  miconazole 3 - Tier 1; QL  miconazole 3 applicator vaginal kit 200 &amp; 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL  miconazole 3 combo pack app (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL  miconazole 3 combo pack vaginal kit 200 &amp; 2 mg-% (9gm) (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL  miconazole 7 day treatment (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL  miconazole 7 vaginal cream 2 % (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL  miconazole 7 vaginal suppository 100 mg - Tier 1  miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL  nystatin mouth/throat - Tier 1  nystatin oral - Tier 1; QL  terbinafine hcl oral - Tier 1; QL  terconazole vaginal cream 0.4 % - Tier 1; QL  terconazole vaginal cream 0.8 % - Tier 1  voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL</p>	<p>CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL  DIFLUCAN (brand for fluconazole) - Tier 2; PA; QL  GYNAZOLE-1 - Tier 2; PA; QL  NOXAFIL ORAL PACKET - Tier 2; PA; QL; AL  NOXAFIL ORAL SUSPENSION (brand for posaconazole) - Tier 2; PA  NOXAFIL ORAL TABLET DELAYED RELEASE (brand for posaconazole) - Tier 2; PA; QL  VFEND (brand for voriconazole) - Tier 2; PA; QL</p>
<b>Antifungals - Drugs to Treat Fungal Infections</b>	

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**Preferred Agents**

**Non-Preferred Agents**

**Antifungals - Fungal Infection Drugs**

*3 day vaginal - Tier 1*  
*3-day vaginal vaginal cream 2 % - Tier 1*  
*antifungal external cream (generic for MICATIN) - Tier 1*  
*antifungal external powder (generic for DESENEX) - Tier 1; QL*  
*antifungal foot care (generic for LAMISIL AT) - Tier 1; QL*  
*antifungal miconazole (generic for MICATIN) - Tier 1*  
*athletes foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1*  
*athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL*  
*athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1*  
*athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL*  
*athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL*  
*athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1*  
*baza antifungal (generic for MICATIN) - Tier 1*  
*clotrimazole 3 vaginal cream 2 % - 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 athletes foot powder spray) - Tier 2*  
*DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL*  
*DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2*  
*foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL*  
*ft antifungal external cream 2 % (generic for MICATIN) - Tier 1*  
*ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL*  
*jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL*  
*LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL*  
*LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL*  
*micaderm (generic for MICATIN) - Tier 1*  
*MICATIN (brand for antifungal) - Tier 2*

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Preferred Agents	Non-Preferred Agents
<p><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; QL</i>  <i>terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL</i>  <i>terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i>  <i>ZEASORB-AF (brand for antifungal) - Tier 2; QL</i></p>	
<b>Antigout Agents</b>	
<p><i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i>  <i>colchicine oral tablet (generic for COLCRYS) - Tier 1; QL</i>  <i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i>  <i>probenecid - Tier 1; QL</i></p>	<p><i>colchicine capsule 0.6 mg oral (generic for MITIGARE) - Tier 1; PA; QL</i>  <i>COLCHICINE CAPSULE 0.6 MG ORAL (brand for colchicine) - Tier 2; PA; QL</i>  <i>COLCRYS (brand for colchicine) - Tier 2; PA; QL</i>  <i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i></p>
<b>Antimigraine Agents</b>	
<b>Ergot Alkaloids</b>	
<p><i>dihydroergotamine mesylate injection - Tier 1</i></p>	<p><i>MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL</i>  <i>QULIPTA - Tier 2; PA; QL</i></p>
<b>Prophylactic</b>	
<p><i>AIMOVIG - Tier 2; PA; QL</i>  <i>EMGALITY - Tier 2; PA; QL</i>  <i>EMGALITY (300 MG DOSE) - Tier 2; PA; QL</i></p>	<p><i>AJOVY - Tier 2; PA; QL</i></p>
<b>Antimigraine Agents - Drugs to Treat Migraines</b>	
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs</b>	
<p><i>NURTEC - Tier 2; PA; QL</i></p>	<p><i>UBRELVY - Tier 2; PA; QL</i></p>
<b>Serotonin (5-HT) Receptor Agonists - Migraine Drugs</b>	

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Preferred Agents	Non-Preferred Agents
<p><i>naratriptan hcl</i> - Tier 1; ST; QL  <i>rizatriptan benzoate</i> (generic for MAXALT) - Tier 1; QL  <i>sumatriptan nasal</i> (generic for IMITREX) - Tier 1; QL  <i>sumatriptan succinate oral</i> (generic for IMITREX) - Tier 1; QL  <i>sumatriptan succinate refill</i> (generic for IMITREX STATDOSE REFILL) - Tier 1; QL  <i>sumatriptan succinate subcutaneous</i> (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</p>	<p><i>FROVA</i> (brand for frovatriptan succinate) - Tier 2; PA; QL  <i>IMITREX</i> (brand for sumatriptan) - Tier 2; PA; QL  <i>MAXALT</i> (brand for rizatriptan benzoate) - Tier 2; PA; QL  <i>RELPAX</i> (brand for eletriptan hydrobromide) - Tier 2; PA; QL  <i>REYVOW</i> - Tier 2; PA; QL  <i>TREXIMET</i> (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL  <i>ZOMIG NASAL</i> (brand for zolmitriptan) - Tier 2; PA; QL</p>
Antimyasthenic Agents	
Parasympathomimetics	
<p><i>pyridostigmine bromide er</i> (generic for MESTINON) - Tier 1; QL  <i>pyridostigmine bromide oral solution</i> (generic for MESTINON) - Tier 1; QL  <i>pyridostigmine bromide oral tablet 60 mg</i> (generic for MESTINON) - Tier 1; QL</p>	
Antimycobacterials	
Antimycobacterials, Other	
<p><i>dapsone oral</i> - Tier 1  <i>rifabutin</i> (generic for MYCOBUTIN) - Tier 1; QL</p>	
Antituberculars	
<p><i>cycloserine oral</i> - Tier 1; QL  <i>ethambutol hcl oral</i> (generic for MYAMBUTOL) - Tier 1  <i>isoniazid oral</i> - Tier 1  <i>PRIFTIN</i> - Tier 2; QL  <i>pyrazinamide oral</i> - Tier 1  <i>rifampin oral capsule 150 mg</i> - Tier 1  <i>rifampin oral capsule 300 mg</i> - Tier 1; QL  <i>SIRTURO</i> - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
Antineoplastics	
Alkylating Agents	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 LEUKERAN - Tier 2 MATULANE - Tier 2; SP MYLERAN - Tier 2 <i>temozolomide - Tier 1; PA; SP</i>	
Antiandrogens	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2 NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>
Antiangiogenic Agents	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - Tier 2; PA; SP	
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</i> <i>mercaptopurine oral - Tier 1; QL</i> TABLOID - Tier 2; SP	PURIXAN - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<b>Antineoplastics, Other</b>	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP	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
<b>Aromatase Inhibitors, 3rd Generation</b>	
<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>	
<b>Enzyme Inhibitors</b>	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP	
<b>Molecular Target Inhibitors</b>	
BALVERSA - Tier 2; PA; SP; QL COTELLIC - Tier 2; PA; SP; QL DAURISMO - Tier 2; PA; SP; QL ERIVEDGE - Tier 2; PA; SP; QL <i>everolimus oral tablet 10 mg, 2.5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP</i> <i>everolimus oral tablet 5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL</i> <i>everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL</i> 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	<i>AFINITOR ORAL TABLET 10 MG, 2.5 MG, 7.5 MG (brand for everolimus) - Tier 2; PA; SP</i> <i>AFINITOR ORAL TABLET 5 MG (brand for everolimus) - Tier 2; PA; SP; QL</i> 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

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Preferred Agents	Non-Preferred Agents
PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL RUBRACA - Tier 2; PA; SP; QL RYDAPT - Tier 2; PA; SP; QL <i>sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP</i> STIVARGA - Tier 2; PA; SP; QL <i>sunitinib malate (generic for SUTENT) - Tier 1; PA; SP</i> TAFINLAR - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL 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	<i>NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP</i> <i>SUTENT (brand for sunitinib malate) - Tier 2; PA; SP</i> 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
<b>Retinoids</b>	
<i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP</i> <i>tretinoin oral - Tier 1; SP; QL</i>	<i>TARGRETIN (brand for bexarotene) - Tier 2; PA; SP</i>
<b>Treatment Adjuncts</b>	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 5 mg - Tier 1</i> <i>leucovorin calcium oral tablet 25 mg - Tier 1; QL</i> MESNEX ORAL - Tier 2; SP	
<b>Antineoplastics - Drugs to Treat Cancer</b>	
<b>Alkylating Agents - Chemotherapy Agents</b>	
<i>melphalan - Tier 1</i>	
<b>Antimetabolites - Chemotherapy Agents</b>	

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Preferred Agents	Non-Preferred Agents
<i>capecitabine (generic for XELODA) - Tier 1; SP</i>	
<b>Molecular Target Inhibitors - Chemotherapy Agents</b>	
	SCEMBLIX - Tier 2; PA; SP; QL
<b>Antineoplastics, Other - Chemotherapy Agents</b>	
<b>Antineoplastics - Drugs to Treat Cancer</b>	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
<b>Antiparasitics</b>	
<b>Anthelmintics</b>	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>ivermectin oral (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL
<b>Antiprotozoals</b>	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i> BENZNIDAZOLE - Tier 2; DX2RX; 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; DX2RX; 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; PA; SP</i>	
<b>Antiparasitics - Drugs to Treat Parasitic Infections</b>	

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Preferred Agents	Non-Preferred Agents
<b>Pediculicides/Scabicides - Scabies and Lice Drugs</b>	
<i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max st external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice treatment external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>	
<b>Antiparkinson Agents</b>	
<b>Anticholinergics</b>	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - Tier 1; QL</i>	
<b>Antiparkinson Agents, Other</b>	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</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>
<b>Dopamine Agonists</b>	
<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>

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Preferred Agents	Non-Preferred Agents
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>	
<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> DUOPA - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>	
<i>selegiline hcl oral - Tier 1; QL</i>	
<b>Antipsychotics</b>	
<b>1st Generation/Typical</b>	
<i>chlorpromazine hcl oral tablet 10 mg - Tier 1</i> <i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 25 mg, 50 mg - Tier 1; QL</i> <i>fluphenazine decanoate injection - Tier 1; QL</i> <i>fluphenazine hcl injection - Tier 1</i> <i>fluphenazine hcl oral concentrate - Tier 1</i> <i>fluphenazine hcl oral elixir - Tier 1</i> <i>fluphenazine hcl oral tablet 1 mg - Tier 1</i> <i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg - Tier 1; QL</i> <i>haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL</i> <i>haloperidol oral - Tier 1</i> <i>loxapine succinate - Tier 1</i> <i>pimozide - Tier 1; QL; AL</i> <i>thioridazine hcl oral - Tier 1; QL</i> <i>thiothixene oral capsule 1 mg, 2 mg - Tier 1</i>	

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Preferred Agents	Non-Preferred Agents
<p><i>thiothixene oral capsule 10 mg, 5 mg - Tier 1; QL</i>  <i>trifluoperazine hcl - Tier 1</i></p>	
<b>2nd Generation/Atypical</b>	
<p><i>ABILIFY MAINTENA - Tier 2; ST; QL; AL</i>  <i>aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL</i>  <i>ARISTADA - Tier 2; ST; QL; AL</i>  <i>INVEGA HAFYERA - Tier 2; PA; QL; AL</i>  <i>INVEGA SUSTENNA - Tier 2; ST; QL; AL</i>  <i>INVEGA TRINZA - Tier 2; PA; QL; AL</i>  <i>lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL</i>  <i>olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL</i>  <i>PERSERIS - Tier 2; ST; QL; AL</i>  <i>quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL</i>  <i>quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL</i>  <i>RISPERDAL CONSTA - Tier 2; ST; QL; AL</i>  <i>risperidone oral solution (generic for RISPERDAL) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL</i>  <i>ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL</i></p>	<p><i>ABILIFY (brand for aripiprazole) - Tier 2; PA; QL; AL</i>  <i>aripiprazole oral solution - Tier 1; PA; QL; AL</i>  <i>aripiprazole oral tablet dispersible - Tier 1; PA; QL; AL</i>  <i>ARISTADA INITIO - Tier 2; PA; QL; AL</i>  <i>CAPLYTA - Tier 2; PA; QL; AL</i>  <i>FANAPT - Tier 2; PA; QL; AL</i>  <i>FANAPT TITRATION PACK - Tier 2; PA; QL; AL</i>  <i>GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL</i>  <i>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG (brand for paliperidone er) - Tier 2; PA; AL</i>  <i>INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (brand for paliperidone er) - Tier 2; PA; QL; AL</i>  <i>LATUDA (brand for lurasidone hcl) - Tier 2; PA; QL; AL</i>  <i>LYBALVI - Tier 2; PA; QL; AL</i>  <i>olanzapine oral tablet dispersible 10 mg, 20 mg (generic for ZYPREXA ZYDIS) - Tier 1; PA; QL; AL</i>  <i>olanzapine oral tablet dispersible 15 mg, 5 mg (generic for ZYPREXA ZYDIS) - Tier 1; PA; AL</i>  <i>paliperidone er oral tablet extended release 24 hour 1.5 mg - Tier 1; PA; AL</i>  <i>paliperidone er oral tablet extended release 24 hour 3 mg, 9 mg (generic for INVEGA) - Tier 1; PA; AL</i>  <i>paliperidone er oral tablet extended release 24 hour 6 mg (generic for INVEGA) - Tier 1; PA; QL; AL</i>  <i>REXULTI - Tier 2; PA; QL; AL</i>  <i>RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; PA; QL; AL</i>  <i>risperidone oral tablet dispersible - Tier 1; PA; QL; AL</i>  <i>SAPHRIS (brand for asenapine maleate) - Tier 2; PA; QL; AL</i>  <i>SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL</i>  <i>SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; PA; QL; AL</i>  <i>VRAYLAR - Tier 2; PA; QL; AL</i></p>

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Preferred Agents	Non-Preferred Agents
	ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 20 MG (brand for olanzapine) - Tier 2; PA; QL; AL ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG, 5 MG (brand for olanzapine) - Tier 2; PA; AL
Treatment-Resistant	
clozapine oral tablet 100 mg, 200 mg, 25 mg (generic for CLOZARIL) - Tier 1; QL; AL clozapine oral tablet 50 mg (generic for CLOZARIL) - Tier 1; AL	CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG (brand for clozapine) - Tier 2; PA; QL; AL CLOZARIL ORAL TABLET 50 MG (brand for clozapine) - Tier 2; PA; AL VERSACLOZ - Tier 2; PA; QL; AL
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	GEMTESA - Tier 2; PA; QL
Antispasticity Agents	
baclofen oral tablet - Tier 1; QL dantrolene sodium oral capsule 100 mg - Tier 1 dantrolene sodium oral capsule 25 mg (generic for DANTRIUM) - Tier 1; QL dantrolene sodium oral capsule 50 mg - Tier 1; QL tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL	ZANAFLEX ORAL CAPSULE 2 MG (brand for tizanidine hcl) - Tier 2; PA; QL ZANAFLEX ORAL CAPSULE 4 MG, 6 MG (brand for tizanidine hcl) - Tier 2; PA ZANAFLEX ORAL TABLET (brand for tizanidine hcl) - Tier 2; PA; QL
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL	
Anti-hepatitis B (HBV) Agents	

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Preferred Agents	Non-Preferred Agents
BARACLUDE ORAL SOLUTION - Tier 2; SP <i>entecavir (generic for BARACLUDE) - Tier 1; SP</i> <i>lamivudine oral tablet 100 mg - Tier 1; SP; QL</i>	VEMLIDY - Tier 2; PA; SP; QL
<b>Anti-hepatitis C (HCV) Agents</b>	
MAVYRET ORAL PACKET - Tier 2; SP; QL; AL MAVYRET ORAL TABLET - Tier 2; If RI PAR prescriber, PA does not apply; SP; QL; AL <i>ribavirin oral - Tier 1; QL</i> VOSEVI - Tier 2; If RI PAR prescriber, ST applies; SP; QL	<i>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <i>HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> SOVALDI - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL
<b>Antitherpetic Agents</b>	
<i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>	
BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; PA BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; PA; 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)	
<p>COMPLERA - Tier 2; PA; QL            DELSTRIGO - Tier 2; QL            EDURANT - Tier 2; QL  <i>efavirenz (generic for SUSTIVA) - Tier 1; QL</i>  <i>efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; QL</i>  <i>efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL</i>  <i>etravirine (generic for INTELENCE) - Tier 1; QL</i>            INTELENCE ORAL TABLET 25 MG - Tier 2; QL  <i>nevirapine - Tier 1; QL</i>  <i>nevirapine er - Tier 1; QL</i></p>	<p>PIFELTRO - Tier 2; PA; QL  <i>SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL</i>  <i>SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL</i></p>
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
<p><i>abacavir sulfate (generic for ZIAGEN) - Tier 1; QL</i>  <i>abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; QL</i>  <i>emtricitabine (generic for EMTRIVA) - Tier 1; QL</i>  <i>emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL</i>            EMTRIVA ORAL SOLUTION - Tier 2; QL  <i>lamivudine oral solution (generic for EPIVIR) - Tier 1; QL</i>  <i>lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL</i>  <i>lamivudine-zidovudine (generic for COMBIVIR) - Tier 1; QL</i>            ODEFSEY - Tier 2; QL  <i>tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL</i>            TRIUMEQ - Tier 2; QL            TRIUMEQ PD - Tier 2; DX2RX; QL            TRIZIVIR - Tier 2; QL            VIREAD ORAL POWDER - Tier 2; QL            VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL  <i>zidovudine (generic for RETROVIR) - Tier 1; QL</i></p>	<p>CIMDUO - Tier 2; PA; QL            DESCOVY - Tier 2; PA; QL  <i>TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL</i></p>
Anti-HIV Agents, Other	
FUZEON - Tier 2; QL	RUKOBIA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p><i>maraviroc (generic for SELZENTRY) - Tier 1; QL</i>  SELZENTRY ORAL SOLUTION - Tier 2; QL  SELZENTRY ORAL TABLET 25 MG, 75 MG - Tier 2; QL  TYBOST - Tier 2; QL</p>	
<p>Anti-HIV Agents, Protease Inhibitors (PI)</p>	
<p>APTIVUS - Tier 2; QL  <i>atazanavir sulfate (generic for REYATAZ) - Tier 1; QL</i>  EVOTAZ - Tier 2; QL  <i>fosamprenavir calcium (generic for LEXIVA) - Tier 1; QL</i>  LEXIVA ORAL SUSPENSION - Tier 2; QL  <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL</i>  NORVIR ORAL PACKET - Tier 2; QL  PREZCOBIX - Tier 2; QL  REYATAZ ORAL PACKET - Tier 2; Members &gt;= 8 years of age will require PA; QL; AL  <i>ritonavir (generic for NORVIR) - Tier 1; QL</i>  VIRACEPT - Tier 2; QL</p>	<p><i>KALETRA (brand for lopinavir-ritonavir) - Tier 2; PA; QL</i>  <i>REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; PA; QL</i>  SYMTUZA - Tier 2; PA; QL</p>
<p>Anti-influenza Agents</p>	
<p><i>oseltamivir phosphate oral capsule (generic for TAMIFLU) - Tier 1; QL</i>  <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU) - Tier 1; QL; AL</i>  RELENZA DISKHALER - Tier 2; QL  <i>rimantadine hcl - Tier 1</i></p>	<p><i>TAMIFLU ORAL CAPSULE (brand for oseltamivir phosphate) - Tier 2; PA; QL</i>  <i>TAMIFLU ORAL SUSPENSION RECONSTITUTED (brand for oseltamivir phosphate) - Tier 2; PA; QL; AL</i>  XOFLUZA (40 MG DOSE) - Tier 2; PA; QL  XOFLUZA (80 MG DOSE) - Tier 2; PA; QL</p>
<p>Antivirals - Drugs to Treat Viral Infections</p>	
<p>Antivirals</p>	
<p>LAGEVRIO - Tier 2; QL  PAXLOVID (150/100) - Tier 2; QL  PAXLOVID (300/100) - Tier 2; QL</p>	

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Preferred Agents	Non-Preferred Agents
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral - Tier 1</i> <i>hydroxyzine hcl oral syrup - Tier 1; QL</i> <i>hydroxyzine hcl oral tablet 10 mg, 25 mg - Tier 1; QL</i> <i>hydroxyzine hcl oral tablet 50 mg - Tier 1</i> <i>hydroxyzine pamoate oral capsule 100 mg, 50 mg - Tier 1</i> <i>hydroxyzine pamoate oral capsule 25 mg (generic for VISTARIL) - Tier 1; QL</i>	
Benzodiazepines	
<i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium oral tablet 15 mg - Tier 1</i> <i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam intensol (generic for LORAZEPAM INTENSOL) - Tier 1</i> <i>lorazepam oral concentrate 2 mg/ml (generic for LORAZEPAM INTENSOL) - Tier 1</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1</i> <i>oxazepam - Tier 1</i>	LOREEV XR - Tier 2; PA; QL
Anxiolytics - Drugs to Treat Anxiety	
Benzodiazepines - Anxiety Drugs	
	<i>DORAL (brand for quazepam) - Tier 2; PA; QL</i> <i>quazepam (generic for DORAL) - Tier 1; PA; QL</i>
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	

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Preferred Agents	Non-Preferred Agents
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Central Nervous System Agents - Drugs to Treat Nerve Conditions

QELBREE - Tier 2; PA; QL; AL

Bipolar Agents

Mood Stabilizers

*divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; QL*  
*divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL; AL*  
*divalproex sodium oral tablet delayed release 125 mg, 500 mg (generic for DEPAKOTE) - Tier 1; Available for an extended day(s) supply||Minimum age of 2 years; AL*  
*divalproex sodium oral tablet delayed release 250 mg (generic for DEPAKOTE) - Tier 1; Available for an extended day(s) supply||Minimum age of 2 years; QL; AL*  
*lithium - Tier 1; QL*  
*lithium carbonate er oral tablet extended release 300 mg (generic for LITHOBID) - Tier 1; QL*  
*lithium carbonate er oral tablet extended release 450 mg - Tier 1*  
*lithium carbonate oral - Tier 1*

Blood Glucose Regulators

Antidiabetic Agents

*acarbose oral - Tier 1; QL*  
*ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; ST; QL*  
*ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; ST; QL*  
*ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; ST; QL*  
*FARXIGA - Tier 2; PA; QL*  
*glimepiride - Tier 1; QL*  
*glipizide er (generic for GLUCOTROL XL) - Tier 1; QL*

BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL  
 BYETTA 10 MCG PEN - Tier 2; PA; QL  
 BYETTA 5 MCG PEN - Tier 2; PA; QL  
 GLYXAMBI - Tier 2; PA  
 INVOKAMET - Tier 2; PA; QL  
 INVOKAMET XR - Tier 2; PA  
 INVOKANA - Tier 2; PA; QL  
 JANUMET - Tier 2; PA; QL  
 JANUMET XR - Tier 2; PA; QL  
 JANUVIA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<p> <i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i>  <i>glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL</i>  <i>glyburide micronized (generic for GLYNASE) - Tier 1; QL</i>  <i>glyburide oral - Tier 1; QL</i>  <i>glyburide-metformin - Tier 1; QL</i>  <i>metformin hcl er (osm) - Tier 1; PA; QL</i>  <i>metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL</i>  <i>metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1</i>  <i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i>  <i>nateglinide - Tier 1; QL</i>  OZEMPIC - Tier 2; PA; QL  OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL  <i>pioglitazone hcl (generic for ACTOS) - Tier 1; QL</i>  <i>repaglinide - Tier 1; QL</i>  RYBELSUS - Tier 2; PA; QL  <i>saxagliptin hcl (generic for ONGLYZA) - Tier 1; QL</i>  SEGLUROMET - Tier 2; PA; ST; QL  SOLIQUA - Tier 2; PA; ST; QL  STEGLATRO - Tier 2; PA; ST; QL  VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; QL  VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; ST; QL </p>	<p> JARDIANCE - Tier 2; PA; QL  JENTADUETO - Tier 2; PA; QL  JENTADUETO XR - Tier 2; PA; QL  KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; ST; QL  KOMBIGLYZE XR (brand for saxagliptin-metformin er) - Tier 2; PA; QL  NESINA (brand for alogliptin benzoate) - Tier 2; PA; ST; QL  ONGLYZA (brand for saxagliptin hcl) - Tier 2; PA; QL  OSENII (brand for alogliptin-pioglitazone) - Tier 2; PA; ST; QL  QTERN - Tier 2; PA; QL  STEGLUJAN - Tier 2; PA; QL  SYMLINPEN 120 - Tier 2; PA; QL  SYMLINPEN 60 - Tier 2; PA; QL  SYNJARDY - Tier 2; PA; QL  SYNJARDY XR - Tier 2; PA; QL  TRADJENTA - Tier 2; PA; QL  TRIJARDY XR - Tier 2; PA; QL  TRULICITY - Tier 2; PA; QL  XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG - Tier 2; PA  XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG - Tier 2; PA; QL  XULTOPHY - Tier 2; PA; QL </p>

**Glycemic Agents**

<p> BAQSIMI ONE PACK - Tier 2; QL  BAQSIMI TWO PACK - Tier 2; QL  GLUCAGEN HYPOKIT - Tier 2; QL  GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL  <i>glucagon emergency kit 1 mg injection - Tier 1; QL</i>  GVOKE HYPOPEN 1-PACK - Tier 2; QL  GVOKE HYPOPEN 2-PACK - Tier 2; QL  GVOKE KIT - Tier 2; QL  GVOKE PFS - Tier 2; QL </p>	<p> GLUCAGON EMERGENCY KIT 1 MG INJECTION - Tier 2; PA; QL </p>
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Preferred Agents	Non-Preferred Agents
Insulins	
<p>HUMALOG MIX 50/50 - Tier 2; QL  HUMULIN 70/30 VIAL - Tier 2; QL  HUMULIN N VIAL - Tier 2; QL  HUMULIN R VIAL - Tier 2; QL  INSULIN ASPART PROT &amp; ASPART (brand for insulin aspart prot &amp; aspart) - Tier 2; QL  INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL  INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL  INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; ST; QL  INSULIN LISPRO PROT &amp; LISPRO (brand for insulin lispro prot &amp; lispro) - Tier 2; QL  LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL  LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL  NOVOLIN 70/30 RELION - Tier 2; QL  NOVOLIN 70/30 VIAL - Tier 2; QL  NOVOLIN N RELION - Tier 2; QL  NOVOLIN N VIAL - Tier 2; QL  NOVOLIN R RELION - Tier 2; QL  NOVOLIN R VIAL - Tier 2; QL  NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL  NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL</p>	<p>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL  ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL  AFREZZA - Tier 2; PA; QL  APIDRA SOLOSTAR - Tier 2; PA; QL  APIDRA VIAL - Tier 2; PA; QL  BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; PA; QL  FIASP - Tier 2; PA; QL  FIASP FLEXTOUCH - Tier 2; PA; QL  FIASP PENFILL - Tier 2; PA; QL  HUMALOG (brand for insulin lispro) - Tier 2; PA; QL  HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; ST; QL  HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL  HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL  HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL  HUMALOG MIX 75/25 - Tier 2; PA; QL  HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot &amp; lispro) - Tier 2; PA; QL  HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL  HUMULIN N KWIKPEN - Tier 2; PA; QL  HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL  HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL  INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL  INSULIN GLARGINE (brand for insulin glargine) - Tier 2; PA; QL  INSULIN GLARGINE SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL  INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL  LEVEMIR FLEXPEN - Tier 2; PA; QL  LEVEMIR U-100 VIAL - Tier 2; PA; QL  LYUMJEV - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
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LYUMJEV KWIKPEN - Tier 2; PA; QL  
 NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL  
 NOVOLIN N FLEXPEN - Tier 2; PA; QL  
 NOVOLIN R FLEXPEN - Tier 2; PA; QL  
 NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL  
 NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL  
 NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL  
 NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL  
 NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL  
 SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL  
 TOUJEO MAX SOLOSTAR - Tier 2; PA; QL  
 TOUJEO SOLOSTAR - Tier 2; PA; QL  
 TRESIBA (brand for insulin degludec) - Tier 2; PA; QL  
 TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL

Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
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Glycemic Agents - Diabetic Drugs	
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*GLUCO TO GO (brand for cvs glucose) - Tier 2*  
*glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1*  
*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	
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*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*

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Preferred Agents	Non-Preferred Agents
REZVOGLAR KWIKPEN - Tier 2; QL	
Blood Products and Modifiers	
Anticoagulants	
<p>ELIQUIS - Tier 2; QL  ELIQUIS DVT/PE STARTER PACK - Tier 2; DX2RX; QL  enoxaparin sodium (generic for LOVENOX) - Tier 1; QL  FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 5000 UNIT/0.2ML - Tier 2; QL  heparin sodium (porcine) - Tier 1; QL  heparin sodium (porcine) pf - Tier 1; QL  jantoven oral tablet 1 mg, 10 mg, 2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (generic for JANTOVEN) - Tier 1  jantoven oral tablet 2.5 mg (generic for JANTOVEN) - Tier 1; QL  SAVAYSA - Tier 2; QL  warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg (generic for JANTOVEN) - Tier 1  warfarin sodium oral tablet 2.5 mg (generic for JANTOVEN) - Tier 1; QL</p>	<p>PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL  PRADAXA ORAL PACKET - Tier 2; PA; QL; AL  XARELTO - Tier 2; PA; QL  XARELTO STARTER PACK - Tier 2; PA; QL</p>
Blood Products and Modifiers, Other	
<p>anagrelide hcl (generic for AGRYLIN) - Tier 1  ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP  ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL  ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP  DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2  DROXIA ORAL CAPSULE 400 MG - Tier 2; QL  LEUKINE - Tier 2; PA; SP  MULPLETA - Tier 2; PA; SP; QL  NEULASTA - Tier 2; PA; SP  NEULASTA ONPRO - Tier 2; PA; SP</p>	<p>EPOGEN - Tier 2; PA; SP  FULPHILA - Tier 2; PA; SP  GRANIX - Tier 2; PA; SP  NEUPOGEN - Tier 2; PA; SP  NIVESTYM - Tier 2; PA; SP  NYVEPRIA - Tier 2; PA; SP  OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL  OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; SP; QL  OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL  PROCRT - Tier 2; PA; SP  SIKLOS - Tier 2; PA; QL  UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP</p>

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Preferred Agents	Non-Preferred Agents
<p><i>plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL</i>            PROMACTA - Tier 2; PA; SP; QL            RETACRIT - Tier 2; PA; SP            ZARXIO - Tier 2; PA; SP            ZIEXTENZO - Tier 2; PA; SP</p>	
Hemostasis Agents	
<p><i>aminocaproic acid oral - Tier 1; QL</i>  <i>tranexamic acid oral - Tier 1; DX2RX; QL</i></p>	
Platelet Modifying Agents	
<p>CABLIVI - Tier 2; PA; SP; QL  <i>cilostazol - Tier 1; QL</i>  <i>clopidogrel bisulfate oral tablet 300 mg - Tier 1</i>  <i>clopidogrel bisulfate oral tablet 75 mg (generic for PLAVIX) - Tier 1; QL</i>  <i>dipyridamole oral - Tier 1; QL</i>  <i>prasugrel hcl (generic for EFFIENT) - Tier 1; DX2RX; QL</i></p>	<p>BRILINTA - Tier 2; PA; QL            DOPTELET - Tier 2; PA; SP; QL  <i>EFFIENT (brand for prasugrel hcl) - Tier 2; DX2RX; QL</i>            TAVALISSE - Tier 2; PA; SP; QL</p>
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
<p>HEMLIBRA - Tier 2; PA; SP; QL</p>	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<p><i>clonidine hcl oral - Tier 1; QL</i>  <i>guanfacine hcl - Tier 1; QL</i>            METHYLDOPA - Tier 2; QL  <i>midodrine hcl - Tier 1</i></p>	<p><i>droxidopa oral capsule 100 mg (generic for NORTHERA) - Tier 1; PA; SP; QL</i></p>
Alpha-adrenergic Blocking Agents	

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Preferred Agents	Non-Preferred Agents
<p><i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i>  <i>prazosin hcl oral (generic for MINIPRESS) - Tier 1; QL</i></p>	
<b>Angiotensin II Receptor Antagonists</b>	
<p><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</i>  <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i></p>	<p>EDARBI - Tier 2; PA; QL</p>
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>	
<p><i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i>  <i>captopril oral - Tier 1; QL</i>  <i>enalapril maleate oral solution (generic for EPANED) - Tier 1; QL; AL</i>  <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i>  <i>fosinopril sodium - Tier 1; QL</i>  <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i>  <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i>  <i>ramipril (generic for ALTACE) - Tier 1; QL</i>  <i>trandolapril - Tier 1; QL</i></p>	
<b>Antiarrhythmics</b>	
<p><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>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; QL</i>  <i>sotalol hcl oral (generic for BETAPACE) - Tier 1; QL</i></p>	<p><i>BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL</i>  <i>BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL</i>  <i>MULTAQ - Tier 2; PA; QL</i>  <i>PACERONE (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></p>

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Preferred Agents	Non-Preferred Agents
<b>Beta-adrenergic Blocking Agents</b>	
<p><i>acebutolol hcl oral - Tier 1; QL</i>  <i>atenolol oral (generic for TENORMIN) - Tier 1; QL</i>  <i>betaxolol hcl oral - Tier 1; QL</i>  <i>bisoprolol fumarate oral - Tier 1; QL</i>  <i>carvedilol (generic for COREG) - Tier 1; QL</i>  <i>labetalol hcl oral - Tier 1; QL</i>  <i>metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL</i>  <i>metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL</i>  <i>metoprolol tartrate oral tablet 25 mg - Tier 1; QL</i>  <i>metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1</i>  <i>nadolol oral tablet 20 mg (generic for CORGARD) - Tier 1</i>  <i>nadolol oral tablet 40 mg (generic for CORGARD) - Tier 1; QL</i>  <i>nadolol oral tablet 80 mg - Tier 1</i>  <i>propranolol hcl er (generic for INDERAL LA) - Tier 1; QL</i>  <i>propranolol hcl oral solution 20 mg/5ml - Tier 1; QL</i>  <i>propranolol hcl oral solution 40 mg/5ml - Tier 1</i>  <i>propranolol hcl oral tablet - Tier 1; QL</i></p>	<p>HEMANGEOL - Tier 2; PA; QL</p>
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	
<p><i>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL</i>  <i>felodipine er - Tier 1; QL</i>  <i>nifedipine er - Tier 1; QL</i>  <i>nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL</i>  <i>nifedipine oral - Tier 1; QL</i>  <i>nimodipine oral - Tier 1; QL</i></p>	<p>KATERZIA - Tier 2; PA; QL  NORLIQVA - Tier 2; PA; QL</p>
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>	
<p><i>cartia xt (generic for CARTIA XT) - Tier 1; QL</i>  <i>diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL</i>  <i>diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
<p>diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL  diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg (generic for MATZIM LA) - Tier 1  diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL  dilt-xr - Tier 1; QL  matzim la (generic for MATZIM LA) - Tier 1  taztia xt (generic for TAZTIA XT) - Tier 1; QL  tiadylt er (generic for TAZTIA XT) - Tier 1; QL  verapamil hcl er (generic for VERELAN) - Tier 1; QL  verapamil hcl oral - Tier 1; QL</p>	

Cardiovascular Agents, Other

<p>ACCURETIC ORAL TABLET 10-12.5 MG - Tier 2; QL  acetazolamide er - Tier 1; QL  acetazolamide oral - Tier 1; QL  amiloride-hydrochlorothiazide - Tier 1; QL  atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL  benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL  bisoprolol-hydrochlorothiazide - Tier 1; QL  captopril-hydrochlorothiazide - Tier 1; QL  digoxin oral solution - Tier 1  digoxin oral tablet 125 mcg (generic for DIGOX) - Tier 1  digoxin oral tablet 250 mcg (generic for DIGOX) - Tier 1; QL  enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL  ENTRESTO - Tier 2; PA; QL  fosinopril sodium-hctz - Tier 1; QL  lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL  losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL  pentoxifylline er - Tier 1; QL  quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL  ranolazine er - Tier 1; QL  spironolactone-hctz - Tier 1; QL  triamterene-hctz (generic for MAXZIDE) - Tier 1; QL</p>	<p>BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL  CORLANOR - Tier 2; PA; QL  EDARBYCLOR - Tier 2; PA; QL  KERENDIA - Tier 2; PA; QL  TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA</p>
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Preferred Agents	Non-Preferred Agents
<b>Diuretics, Loop</b>	
<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 oral tablet 10 mg, 100 mg, 5 mg - Tier 1</i> <i>torsemide oral tablet 20 mg (generic for SOAANZ) - Tier 1; QL</i>	FUROSCIX - Tier 2; PA; QL
<b>Diuretics, Potassium-sparing</b>	
<i>amiloride hcl oral - Tier 1; QL</i> <i>spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL</i>	
<b>Diuretics, Thiazide</b>	
<i>chlorthalidone - Tier 1; QL</i> <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>	
<b>Dyslipidemics, Fibric Acid Derivatives</b>	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i> <i>fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL</i> <i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL</i> <i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i>	<i>FENOGLIDE (brand for fenofibrate) - Tier 2; PA</i> <i>LIPOFEN (brand for fenofibrate) - Tier 2; PA</i> <i>TRICOR (brand for fenofibrate) - Tier 2; PA; QL</i> <i>TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL</i>
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium (generic for CRESTOR) - Tier 1; QL</i>	ALTOPREV - Tier 2; PA; QL ATORVALIQ - Tier 2; PA; QL CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA

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Preferred Agents	Non-Preferred Agents
<i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i>	<i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL</i> <i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA</i> <i>ZOCOR (brand for simvastatin) - Tier 2; PA; QL</i> <i>ZYPITAMAG - Tier 2; PA; QL</i>
<b>Dyslipidemics, Other</b>	
<i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Available for an extended day(s) supply  Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin (antihyperlipidemic) (generic for NIACOR) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>niacor (generic for NIACOR) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1</i> <i>REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</i>	<i>LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL</i> <i>NEXLETOL - Tier 2; PA; QL</i> <i>NEXLIZET - Tier 2; PA; QL</i> <i>PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL</i> <i>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</i> <i>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</i>
<b>Vasodilators, Direct-acting Arterial</b>	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	
<b>Vasodilators, Direct-acting Arterial/Venous</b>	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg - Tier 1; QL</i> <i>isosorbide dinitrate oral tablet 5 mg (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; 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</i> <i>RECTIV - Tier 2; DX2RX; QL</i>	

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Preferred Agents	Non-Preferred Agents
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
<p><i>atomoxetine hcl (generic for STRATTERA) - Tier 1; QL; Dx required for 18 years and older; AL</i></p> <p><i>CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; QL; Dx required for 18 years and older;AL</i></p> <p><i>dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; QL; Dx required for 18 years and older; AL</i></p> <p><i>dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; QL; Dx required for 18 years and older; AL</i></p> <p><i>guanfacine hcl er (generic for INTUNIV) - Tier 1; QL; Dx required for 18 years and older; AL</i></p> <p><i>methylphenidate hcl er (cd) - Tier 1; QL; Dx required for 18 years and older; AL</i></p> <p><i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; QL; Dx required for 18 years and older; AL</i></p> <p><i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; QL; Dx required for 18 years and older; AL</i></p> <p><i>methylphenidate hcl er oral tablet extended release - Tier 1; QL; Dx required for 18 years and older; AL</i></p> <p><i>methylphenidate hcl er oral tablet extended release 24 hour - Tier 1; Mallinckrodt and Kremers Urban labelers; QL; Dx required for 18 years and older; AL</i></p> <p><i>methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; QL; Dx required for 18 years and older; AL</i></p>	<p><i>APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; PA; QL; AL</i></p> <p><i>DAYTRANA (brand for methylphenidate) - Tier 2; PA; QL; AL</i></p> <p><i>FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; PA; QL; AL</i></p> <p><i>INTUNIV (brand for guanfacine hcl er) - Tier 2; PA; QL; AL</i></p> <p><i>JORNAY PM - Tier 2; PA; QL; AL</i></p> <p><i>KAPVAY (brand for clonidine hcl er) - Tier 2; PA; QL; AL</i></p> <p><i>METHYLIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL</i></p> <p><i>RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL</i></p> <p><i>RITALIN (brand for methylphenidate hcl) - Tier 2; PA; QL; AL</i></p> <p><i>STRATTERA (brand for atomoxetine hcl) - Tier 2; PA; QL; AL</i></p>

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Preferred Agents	Non-Preferred Agents
<p>RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; QL; Dx required for 18 years and older; AL</p>	
<p>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</p>	
<p>amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; QL; Dx required for 18 years and older; AL  amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; QL; Dx required for 18 years and older; AL  dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; QL; Dx required for 18 years and older; AL  dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; QL; Dx required for 18 years and older; AL  lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 60 mg, 70 mg (generic for VYVANSE) - Tier 1; DX2RX; Dx required for 18 years and older; ST; QL; AL  lisdexamfetamine dimesylate oral capsule 50 mg (generic for VYVANSE) - Tier 1; DX2RX; Dx required for 18 years and older; ST; AL  lisdexamfetamine dimesylate oral tablet chewable (generic for VYVANSE) - Tier 1; DX2RX; Dx required for 18 years and older; ST; QL; AL  VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 60 MG, 70 MG (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; Dx required for 18 years and older; ST; QL; AL  VYVANSE ORAL CAPSULE 50 MG (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; Dx required for 18 years and older; ST; AL  VYVANSE ORAL TABLET CHEWABLE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; Dx required for 18 years and older; ST; QL; AL</p>	<p>ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; PA; QL; AL  AZSTARYS - Tier 2; PA; QL; AL  DYANAVEL XR - Tier 2; PA; QL; AL  EVEKEO (brand for amphetamine sulfate) - Tier 2; PA; QL; AL  EVEKEO ODT - Tier 2; PA; QL; AL  MYDAYIS (brand for amphet-dextroamphet 3-bead er) - Tier 2; PA; QL; AL  ZENZEDI (brand for dextroamphetamine sulfate) - Tier 2; PA; QL; AL</p>
<p>Central Nervous System, Other</p>	
<p>AUSTEDO - Tier 2; PA; SP; QL  caffeine citrate oral - Tier 1; QL; AL  INGREZZA - Tier 2; PA; SP; QL  riluzole (generic for RILUTEK) - Tier 1; QL</p>	<p>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</p>

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Preferred Agents	Non-Preferred Agents
<p>tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL</p>	<p>TIGLUTIK - Tier 2; PA; QL  XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; QL</p>
<b>Fibromyalgia Agents</b>	
<p>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL  pregabalin (generic for LYRICA) - Tier 1; QL</p>	<p>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL  LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL</p>
<b>Multiple Sclerosis Agents</b>	
<p>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL  dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL  dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL  fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL  glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL  glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL  MAYZENT - Tier 2; PA; SP; QL  MAYZENT STARTER PACK - Tier 2; PA; SP; QL  PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL  PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL  teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL</p>	<p>AMPYRA (brand for dalfampridine er) - Tier 2; DX2RX; SP; QL  AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; QL  AVONEX PEN - Tier 2; PA; SP; QL  AVONEX PREFILLED - Tier 2; PA; SP; QL  BAFIERTAM - Tier 2; PA; SP; QL  BETASERON - Tier 2; PA; SP  COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL  EXTAVIA - Tier 2; PA; SP  GILENYA (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL  KESIMPTA - Tier 2; PA; SP; QL  MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL  MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL  PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL  REBIF - Tier 2; PA; SP  REBIF REBIDOSE - Tier 2; PA; SP  REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP  REBIF TITRATION PACK - Tier 2; PA; SP  TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL  VUMERITY - Tier 2; PA; SP; QL  ZEPOSIA - Tier 2; PA; SP; QL</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
	ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
Central Nervous System, Other - Miscellaneous Central Nervous System Drugs	
<i>phentermine hcl oral (generic for ADIPEX-P) - Tier 1; PA</i>	CONTRACE - Tier 2; PA SAXENDA - Tier 2; PA
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
<i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>kourzeq (generic for KOURZEQ) - Tier 1; QL</i> <i>oralone (generic for KOURZEQ) - Tier 1; QL</i> <i>periogard (generic for PERIOGARD) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL</i> <i>pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1</i> <i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i>	
Dermatological Agents	
Acne and Rosacea Agents	
<i>accutane (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>acitretin - Tier 1; PA; QL</i> <i>amnesteem (generic for ACCUTANE) - Tier 1; PA; QL</i> <i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i> <i>claravis (generic for ACCUTANE) - Tier 1; PA; QL</i>	<i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i> <i>ABSORICA LD - Tier 2; PA; QL</i> <i>ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i> <i>ALTRENO - Tier 2; PA; QL; AL</i> <i>ARAZLO - 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><i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i>  <i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL</i>  <i>tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL</i>  <i>zenatane (generic for ACCUTANE) - Tier 1; PA; QL</i></p>	<p><i>ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL</i>  <i>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL</i>  <i>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL</i>  <i>DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL</i>  <i>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i>  <i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i>  <i>FINACEA (brand for azelaic acid) - Tier 2; PA; QL</i>  <i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i>  <i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i>  <i>RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL</i>  <i>RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL</i>  <i>RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</i>  <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL</i>  <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere pump) - Tier 2; PA; QL; AL</i>  <i>RHOFADE - Tier 2; PA; QL</i>  <i>TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL; AL</i>  <i>TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL; AL</i>  <i>VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i>  <i>ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL</i></p>

**Dermatitis and Pruitus Agents**

<p><i>ala-cort (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i>  <i>alclometasone dipropionate external ointment - Tier 1; QL</i>  <i>amcinonide external ointment - Tier 1</i>  <i>ammonium lactate external (generic for AL12) - Tier 1; QL</i>  <i>anti-itch aloe (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i>  <i>anti-itch intensive heal (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i>  <i>anti-itch max str external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i>  <i>anti-itch maximum strength external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL</i>  <i>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL</i></p>	<p><i>BRYHALI - Tier 2; PA; QL</i>  <i>CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL</i>  <i>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL</i>  <i>doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL</i>  <i>EUCRISA - Tier 2; PA; QL</i>  <i>OLUX-E (brand for clobetasol propionate emulsion) - 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

## Non-Preferred Agents

*betamethasone dipropionate external lotion - Tier 1*  
*betamethasone dipropionate external ointment - Tier 1; QL*  
*betamethasone valerate external cream - Tier 1; QL*  
*betamethasone valerate external lotion - Tier 1; QL*  
*betamethasone valerate external ointment - Tier 1; QL*  
*clobetasol prop emollient base - Tier 1; QL; AL*  
*clobetasol propionate e - Tier 1; QL; AL*  
*clobetasol propionate external cream - Tier 1; QL; AL*  
*clobetasol propionate external ointment - Tier 1; QL*  
*clobetasol propionate external solution - Tier 1; QL*  
*cortisone maximum strength external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*fluocinolone acetonide body (generic for DERMA-SMOOTH/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-SMOOTH/FS SCALP) - Tier 1; QL*  
*fluocinonide emulsified base - Tier 1; QL*  
*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*  
*halobetasol propionate external cream - Tier 1; QL*  
*hydrocortisone anti-itch (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone butyrate external ointment - Tier 1; QL*  
*hydrocortisone butyrate external solution - Tier 1; QL*  
*hydrocortisone external cream 0.5 %, 2.5 % - Tier 1; QL*  
*hydrocortisone external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone external lotion 2.5 % - Tier 1; QL*  
*hydrocortisone external ointment 0.5 % - 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

*hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL*  
*hydrocortisone external ointment 2.5 % - Tier 1; QL*  
*hydrocortisone max st external cream (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone max st/12 moist (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone plus 12 (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone plus external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone ultra-moisture (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone/aloe (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone/aloe max str (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone-aloe max st external cream 1 % (generic for MEDPURA HYDROCORTISONE) - Tier 1; QL*  
*instacort 5 - Tier 1; QL*  
 LAC-HYDRIN FIVE - Tier 2  
*MEDPURA HYDROCORTISONE (brand for ala-cort) - Tier 2; QL*  
*mometasone furoate external - Tier 1; QL*  
*pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL*  
*PREPARATION H EXTERNAL CREAM 1 % (brand for ala-cort) - Tier 2; QL*  
*selenium sulfide external lotion - Tier 1; QL*  
*tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL*  
*tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL*  
*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*

## 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
<p>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL triderm (generic for TRIDERM) - Tier 1; QL</p>	
Dermatological Agents, Other	
<p>calcipotriene external cream - Tier 1; ST; QL calcipotriene external ointment (generic for CALCITRENE) - Tier 1; ST; QL calcipotriene external solution - Tier 1; QL calcitriol external (generic for VECTICAL) - Tier 1; ST; QL clotrimazole-betamethasone - Tier 1; QL fluorouracil external cream 5 % (generic for EFUDEX) - Tier 1; QL fluorouracil external solution - Tier 1 imiquimod external cream 5 % - Tier 1; QL methoxsalen rapid - Tier 1 podofilox external - Tier 1; QL silver sulfadiazine external (generic for SSD) - Tier 1; QL ssd (generic for SSD) - Tier 1; QL</p>	<p>CARAC (brand for fluorouracil) - Tier 2; PA; QL DUOBRII - Tier 2; PA; QL EFUDEX (brand for fluorouracil) - Tier 2; PA; QL ENSTILAR - Tier 2; PA; QL PROCTOFOAM HC - Tier 2; PA QBREXZA - Tier 2; PA; QL SORILUX (brand for calcipotriene) - Tier 2; PA; QL TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL ZYCLARA (brand for imiquimod) - Tier 2; PA; QL</p>
Pediculicides/Scabicides	
<p>CROTAN - Tier 2; QL lice killing (generic for NIX CREME RINSE) - Tier 1 lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1 lice treatment external lotion 1 % - Tier 1 malathion (generic for OVIDE) - Tier 1; QL permethrin external - Tier 1; QL spinosad (generic for NATROBA) - Tier 1; QL</p>	<p>SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL</p>
Topical Anti-infectives	
<p>ciclodan (generic for CICLODAN) - Tier 1; QL ciclopirox external solution (generic for CICLODAN) - Tier 1; QL ciclopirox olamine external suspension - Tier 1; QL clindacin etz external swab (generic for CLINDACIN ETZ) - Tier 1; QL</p>	<p>AMZEEQ - Tier 2; PA; QL JUBLIA - Tier 2; PA; QL KERYDIN (brand for tavaborole) - Tier 2; PA; QL XEPI - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p><i>clindacin-p (generic for CLINDACIN ETZ) - Tier 1; QL</i></p> <p><i>clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL</i></p> <p><i>clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL</i></p> <p><i>clindamycin phosphate external solution - Tier 1; QL</i></p> <p><i>clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL</i></p> <p><i>clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL</i></p> <p><i>clotrimazole external solution 1 % - Tier 1; QL</i></p> <p><i>erythromycin external (generic for ERYGEL) - Tier 1; QL</i></p> <p><i>gentamicin sulfate external - Tier 1; QL</i></p> <p><i>ketoconazole external cream - Tier 1</i></p> <p><i>ketoconazole external shampoo - Tier 1; QL</i></p> <p><i>mupirocin external - Tier 1; QL</i></p> <p><i>nyamyc (generic for NYAMYC) - Tier 1; QL</i></p> <p><i>nystatin external cream - Tier 1</i></p> <p><i>nystatin external ointment - Tier 1; QL</i></p> <p><i>nystatin external powder (generic for NYAMYC) - Tier 1; QL</i></p> <p><i>nystop (generic for NYAMYC) - Tier 1; QL</i></p>	
<b>Dermatological Agents - Drugs to Treat Skin Conditions</b>	
<p><i>advanced healing external ointment (generic for HYDROLATUM) - Tier 1</i></p> <p><i>astringent solution (generic for DOMEBORO) - Tier 1</i></p> <p><i>AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2</i></p> <p><i>AVAR-E GREEN (brand for sss 10-5) - Tier 2</i></p> <p><i>baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i></p> <p><i>beauty 360 pure glycerin - Tier 1</i></p> <p><i>beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1</i></p> <p><i>boro-packs (generic for DOMEBORO) - Tier 1</i></p> <p><i>boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
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BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL  
 bp 10-1 - Tier 1  
 diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL  
 DR SMITHS ADULT BARRIER - Tier 2; QL  
 DR SMITHS DIAPER - Tier 2; QL  
 glycerin external - Tier 1  
 glycerin external liquid 99.5 % - Tier 1  
 hydrolatum (generic for HYDROLATUM) - Tier 1  
 hydrophor (generic for HYDROLATUM) - Tier 1  
 ointment base (generic for HYDROLATUM) - Tier 1  
 renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1  
 sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1  
 sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1  
 sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL  
 sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL  
 sulfamez wash - Tier 1  
 SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL  
 zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

**Dermatological Agents - Skin Agents**

ABREVA (brand for docosanol) - Tier 2; QL  
 calamine external lotion , 8-8 % - Tier 1  
 calamine-zinc oxide external lotion - Tier 1  
 cerovel (generic for CEROVEL) - Tier 1; QL  
 docosanol external (generic for ABREVA) - Tier 1; QL  
 ft docosanol (generic for ABREVA) - Tier 1; QL  
 gormel - Tier 1; QL  
 gormel 10 (generic for NUTRAPLUS) - Tier 1; QL

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

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Preferred Agents	Non-Preferred Agents
<p>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1  NUTRAPLUS (brand for gormel 10) - Tier 2; QL  urea 20 intensive hydrating - Tier 1; QL  urea external cream 10 % (generic for NUTRAPLUS) - Tier 1; QL  urea external cream 20 % - Tier 1; QL  urea external lotion (generic for CEROVEL) - Tier 1; QL  ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL  ureacin-20 - Tier 1; QL  XERAC AC - Tier 2</p>	
Diabetes - Glucose Monitoring	
<p>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 SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL  ACCUTREND 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  BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL  CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL  CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL  CHEMSTRIP 10 MD - Tier 2  CHEMSTRIP 10/SG - Tier 2  CHEMSTRIP 2 GP - Tier 2  CHEMSTRIP 5 OB - Tier 2  CHEMSTRIP 7 - Tier 2  CHEMSTRIP 9 - Tier 2  CHEMSTRIP K (brand for ketone test) - Tier 2  CHEMSTRIP UGK - Tier 2</p>	<p>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 W/DEVICE (brand for blood glucose monitor system) - 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  BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL  BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL  CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL  CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL  CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL  CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL  CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p>

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## Preferred Agents

DEXCOM G6 RECEIVER - Tier 2; PA; QL  
 DEXCOM G6 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
 DEXCOM G7 RECEIVER - Tier 2; PA; QL  
 DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
 EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL  
 EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL  
 GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL  
 FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL  
 FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
 FREESTYLE LIBRE 2 READER - Tier 2; PA; QL  
 FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
 FREESTYLE LIBRE READER - Tier 2; PA; QL  
 KETO-DIASTIX - Tier 2  
 KETONE CARE - Tier 2  
 KETONE TEST (brand for ketone test) - Tier 2  
 KETOSTIX (brand for ketone test) - Tier 2  
 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 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL  
 ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL  
 ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing||Available for an extended day(s) supply; QL  
 ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL

## Non-Preferred Agents

CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL  
 FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
 FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL  
 FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL  
 GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL  
 GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL  
 INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL  
 INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL  
 ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL  
 ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL  
 ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL  
 ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL  
 ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL  
 PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL  
 RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - 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>ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL</p> <p>ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing  Available for an extended day(s) supply; QL</p> <p>PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</p> <p>PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL</p> <p>QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL</p> <p>TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL</p> <p>TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL</p>	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
	ACCRUFER - Tier 2; PA; QL
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<p>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP</p> <p>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</p> <p>DENTAGEL (brand for sf) - Tier 2</p> <p>easygel - Tier 1</p> <p>fluoridex daily renewal - Tier 1</p> <p>klor-con (generic for KLOR-CON) - Tier 1; QL</p> <p>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</p>	ENDARI - Tier 2; PA; QL

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**Preferred Agents****Non-Preferred Agents**

*klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL*  
*klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL*  
*potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL*  
*potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL*  
*potassium chloride er oral capsule extended release 10 meq - Tier 1; QL*  
*potassium chloride er oral tablet extended release 10 meq (generic for KLOR-CON 10) - Tier 1; QL*  
*potassium chloride er oral tablet extended release 20 meq (generic for K-TAB) - Tier 1; QL*  
*potassium chloride er oral tablet extended release 8 meq (generic for KLOR-CON) - Tier 1; QL*  
*potassium chloride oral (generic for KLOR-CON) - Tier 1; QL*  
*potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL*  
*potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1*  
*potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1*  
*PREVIDENT (brand for sf) - Tier 2*  
*PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2*  
*PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL*  
*sf (generic for DENTAGEL) - Tier 1*  
*sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium chloride oral tablet 1 gm - Tier 1*  
*sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride dental gel (generic for DENTAGEL) - Tier 1*  
*sodium fluoride oral solution - Tier 1*  
*sodium fluoride oral tablet chewable - Tier 1*

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**Preferred Agents**

**Non-Preferred Agents**

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

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

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

**Preferred Agents****Non-Preferred Agents**

calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1  
citrus calcium/vitamin d (generic for CITRACAL PETITES/VITAMIN D) - Tier 1  
electrolyte solution (generic for BIOLYTE) - Tier 1; QL  
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL  
EZFE 200 - Tier 2  
ferate (generic for FERATE) - Tier 1  
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL  
ferocon (generic for TRICON) - Tier 1  
ferosul (generic for FEROSUL) - Tier 1  
ferotrinsic (generic for TRICON) - 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; QL  
ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1  
ferrous sulfate oral tablet delayed release - Tier 1  
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL  
foltrin (generic for TRICON) - Tier 1  
hi cal (generic for OYSCO 500+D) - Tier 1; QL  
iferex 150 (generic for FERREX 150) - Tier 1  
iferex 150 forte (generic for IFEREX 150 FORTE) - Tier 1; QL  
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL  
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL  
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1  
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1

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**

*iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL*  
*K-PHOS - Tier 2; QL*  
*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*  
*mag-oxide (generic for MAG-OXIDE) - Tier 1*  
*mag-oxide magnesium (generic for MAG-OXIDE) - Tier 1*  
*NU-IRON (brand for polysaccharide iron complex) - 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/d oral tablet 250-6.25 mg-mcg - Tier 1*  
*oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL*  
*oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL*  
*oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL*  
*oyster shell calcium-vit d - Tier 1*  
*ped electrolyte freeze pop (generic for BIOLYTE) - 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 BIOLYTE) - 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*  
*poly-iron 150 forte (generic for IFEREX 150 FORTE) - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
<p> <i>polysaccharide iron complex (generic for FERREX 150) - Tier 1</i>  <i>polysaccharide iron forte (generic for IFEREX 150 FORTE) - Tier 1; QL</i>  <i>polysaccharide-iron complex (generic for FERREX 150) - Tier 1</i>  <i>potassium citrate-citric acid - Tier 1</i>  <i>REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL</i>  <i>sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1</i>  <i>TRICON (brand for ferocon) - Tier 2</i>  <i>wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</i>  <i>zinc gluconate oral tablet 50 mg - Tier 1; QL</i>  <i>zinc oral tablet 50 mg - Tier 1; QL</i> </p>	
<b>Electrolyte/Mineral/Metal Modifiers</b>	
<p> CHEMET - Tier 2; QL  <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i>  <i>deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i>  <i>deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL</i>  <i>deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP</i> </p>	<p> FERRIPROX TWICE-A-DAY - Tier 2; PA; SP; QL  JYNARQUE ORAL TABLET THERAPY PACK 15 MG - Tier 2; PA; SP; QL  <i>tolvaptan oral tablet 15 mg (generic for JYNARQUE) - Tier 1; PA; SP</i> </p>
<b>Phosphate Binders</b>	
<p> <i>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL</i>  <i>calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL</i>  <i>sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</i> </p>	<p> AURYXIA - Tier 2; PA; QL  VELPHORO - Tier 2; PA; QL </p>
<b>Potassium Binders</b>	
<p> LOKELMA - Tier 2; PA; QL  <i>sps - Tier 1; QL</i>  VELTASSA - Tier 2; PA; QL </p>	
<b>Vitamins</b>	

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## Preferred Agents

*a-25 - Tier 1; QL*  
*aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL*  
*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; QL*  
*CENTRUM SPECIALIST PRENATAL - Tier 2*  
*classic prenatal - Tier 1*  
*COMPLETE NATAL DHA - Tier 2; QL*  
*CO-NATAL FA (brand for neonatal complete) - Tier 2*  
*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; QL*  
*d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1*  
*d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1*  
*d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1*  
*d3-50 (generic for D3-50) - Tier 1; QL*  
*DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL*  
*DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2*  
*DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL*  
*DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2*  
*D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL*  
*d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL*  
*ENFAMIL EXPECTA - Tier 2; QL*  
*full spectrum b/vitamin c (generic for DIALYVITE 800) - Tier 1; QL*  
*M-NATAL PLUS (brand for prenatal) - Tier 2; QL*  
*multi-vitamin/fluoride oral solution 0.25 mg/ml (generic for FLORIVA PLUS) - Tier 1; QL*

## Non-Preferred Agents

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**Preferred Agents****Non-Preferred Agents**

multi-vitamin/fluoride oral solution 0.5 mg/ml (generic for QUFLORA PEDIATRIC) - Tier 1  
multi-vitamin/fluoride/iron - Tier 1  
mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1  
MYNEPHRON (brand for triphrocaps) - Tier 2  
NEONATAL PLUS (brand for prenatal) - Tier 2; QL  
nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL  
NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL  
niacin er oral capsule extended release 250 mg - Tier 1; QL  
NIVA-PLUS (brand for prenatal) - Tier 2; QL  
OBSTETRIX DHA - Tier 2; QL  
ONE VITE WOMENS - Tier 2; QL  
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL  
phytonadione oral - Tier 1; QL  
prenatal formula oral tablet 28-0.8 mg - Tier 1  
prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL  
prenatal multi+dha - Tier 1; QL  
prenatal multivitamins - Tier 1  
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL  
prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL  
prenatal oral tablet 28-0.8 mg - Tier 1  
prenatal vitamins oral tablet 28-0.8 mg - Tier 1  
prenatal/iron oral tablet - Tier 1; QL  
prenatal/iron oral tablet 28-0.8 mg - Tier 1  
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2  
QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2  
radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1  
RENAL (brand for triphrocaps) - Tier 2  
rena-vite (generic for DIALYVITE 800) - Tier 1; QL  
STUART ONE - Tier 2  
thiamine mononitrate oral - Tier 1; QL  
THRIVITE RX - Tier 2; QL  
triphrocaps (generic for MYNEPHRON) - Tier 1

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**Preferred Agents****Non-Preferred Agents**

*tri-vite pediatric* - Tier 1; QL  
*virt-caps (generic for MYNEPHRON)* - Tier 1  
*vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES)* - Tier 1  
*vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut)* - Tier 1; QL  
*vitamin b complex oral capsule* - Tier 1; QL  
*vitamin b-1 oral tablet 100 mg* - Tier 1; QL  
*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; QL  
*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; QL  
*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; QL  
*vitamin d-3 oral capsule 50 mcg (2000 ut)* - Tier 1; QL  
*vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE)* - Tier 1; QL  
*vitamin d3 oral tablet 10 mcg (400 unit)* - Tier 1  
*vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3)* - Tier 1  
*vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST)* - Tier 1  
*vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST)* - Tier 1

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Preferred Agents	Non-Preferred Agents
<p><i>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL</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</i></p> <p><i>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1</i></p> <p><i>vitamin-b complex - Tier 1</i></p> <p><i>weekly-d (generic for D3-50) - Tier 1; QL</i></p> <p><i>wescaps (generic for MYNEPHRON) - Tier 1</i></p> <p><i>WESNATAL DHA COMPLETE - Tier 2; QL</i></p> <p><i>WESTAB PLUS (brand for prenatal) - Tier 2; QL</i></p> <p><i>womens prenatal+dha - Tier 1; QL</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</i></p> <p><i>NEXTSTELLIS - Tier 2; PA; QL; GE</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>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; DX2RX; QL</i></p> <p><i>lubiprostone capsule 24 mcg oral (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i></p> <p><i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; DX2RX; QL</i></p>	<p><i>AMITIZA (brand for lubiprostone) - Tier 2; DX2RX; QL</i></p> <p><i>LINZESS - 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; DX2RX; 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
<i>lubiprostone capsule 8 mcg oral (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i> MOTEGRITY - Tier 2; DX2RX; QL MOVANTI-K - Tier 2; DX2RX; QL	
Anti-Constipation Agents/Other	
	IBSRELA - Tier 2; PA; QL
Anti-Diarrheal Agents	
<i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i> <i>diamode (generic for IMODIUM A-D) - Tier 1</i> <i>diphenoxylate-atropine oral liquid - Tier 1; QL</i> <i>diphenoxylate-atropine oral tablet (generic for LOMOTIL) - Tier 1</i> <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i> <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1</i> <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i> <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i> MYTESI - Tier 2; DX2RX; QL	VIBERZI - Tier 2; PA; QL
Antispasmodics, Gastrointestinal	
<i>dicyclomine hcl oral capsule - Tier 1</i> <i>dicyclomine hcl oral solution - Tier 1; QL</i> <i>dicyclomine hcl oral tablet - Tier 1</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	
ALLI - Tier 2; PA GATTEX - Tier 2; PA; SP; QL <i>gavilyte-c - Tier 1; QL</i> <i>gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL</i> HELIDAC THERAPY - Tier 2; QL ORLISTAT ORAL - Tier 2; PA	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>PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA</i>

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Preferred Agents	Non-Preferred Agents
<p>peg 3350-kcl-na bicarb-nacl - Tier 1; QL  peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL  ursodiol oral capsule 300 mg - Tier 1  ursodiol oral tablet (generic for URSO 250) - Tier 1</p>	<p>SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL  TALICIA - Tier 2; PA; QL</p>
<p>Histamine2 (H2) Receptor Antagonists</p>	
<p>acid controller oral tablet 10 mg (generic for PEPCID AC) - Tier 1  acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1  acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1;  AL  cimetidine oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1;  AL  cimetidine oral tablet 300 mg, 400 mg - Tier 1; AL  cimetidine oral tablet 800 mg - Tier 1; QL; AL  famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1  famotidine oral suspension reconstituted - Tier 1; QL; AL  famotidine oral tablet 10 mg (generic for PEPCID AC) - Tier 1  famotidine oral tablet 20 mg (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL  famotidine oral tablet 40 mg (generic for PEPCID) - Tier 1; QL  famotidine orig st (generic for PEPCID AC) - Tier 1  heartburn prevention oral tablet 10 mg (generic for PEPCID AC) - Tier 1  heartburn relief oral tablet 10 mg (generic for PEPCID AC) - Tier 1  heartburn relief oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; AL  TAGAMET HB 200 (brand for cimetidine) - Tier 2; AL</p>	
<p>Protectants</p>	
<p>misoprostol oral (generic for CYTOTEC) - Tier 1; QL  sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA  Available for an extended day(s) supply; QL  sucralfate oral tablet (generic for CARAFATE) - 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
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Proton Pump Inhibitors

acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL  
 esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA||Available for an extended day(s) supply; QL; AL  
 ft acid reducer (generic for PREVACID 24HR) - Tier 1; QL  
 lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL  
 lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL  
 lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL  
 NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members >= 2 years of age will require PA||Available for an extended day(s) supply; QL; AL  
 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  
 PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL

Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

abatinex (generic for ABATINEX) - Tier 1  
 acid gone (generic for ACID GONE) - Tier 1  
 acidophilus lactobacillus oral (generic for ABATINEX) - Tier 1  
 acidophilus oral capsule , 10 mg (generic for ABATINEX) - Tier 1  
 acidophilus probiotic oral capsule 10 mg (generic for ABATINEX) - Tier 1  
 acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1

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## Preferred Agents

*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*  
*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*  
*antacid extra strength oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*antacid fast relief (generic for MINTOX) - Tier 1*  
*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*  
*antacid liquid (generic for MINTOX) - Tier 1*

## Non-Preferred Agents

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**Preferred Agents****Non-Preferred Agents**

*antacid m (generic for MINTOX) - Tier 1*  
*antacid maximum (generic for TUMS ULTRA 1000) - Tier 1*  
*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*  
*antacid oral suspension (generic for MINTOX) - Tier 1*  
*antacid oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1*  
*antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1*  
*antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1*  
*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 supreme - Tier 1*  
*antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1*  
*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*

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## 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; QL*

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

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

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

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

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

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

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

*childrens soothe - Tier 1*

*comfort gel (generic for MINTOX) - Tier 1*

*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*

*diarrhea relief (generic for SOOTHE) - Tier 1*

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

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

*diotame instydose (generic for SOOTHE) - Tier 1*

*enema (generic for FLEET ENEMA) - Tier 1*

*enema disposable (generic for FLEET ENEMA) - Tier 1*

*enema ready-to-use (generic for FLEET ENEMA) - Tier 1*

*enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1*

*FLEET ENEMA (brand for cvs enema disposable) - Tier 2*

*FLEET PEDIATRIC (brand for enema pediatric) - Tier 2*

*FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL*

*floranex tablet oral (generic for FLORANEX) - Tier 1*

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**Preferred Agents**

**Non-Preferred Agents**

FLORANEX TABLET ORAL (brand for acidophilus/l-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  
 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 oral suspension (generic for SOOTHE) - Tier 1  
 ft stomach relief oral tablet chewable (generic for SOOTHE) - Tier 1; QL  
 gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1  
 gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1  
 gas relief 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

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## Preferred Agents

## Non-Preferred Agents

*gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1*  
*GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2*  
*GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2*  
*GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*  
*GAVISCON - Tier 2*  
*GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2*  
*GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2*  
*GELUSIL - Tier 2*  
*geri-lanta (generic for MINTOX) - Tier 1*  
*geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1*  
*geri-lanta supreme - Tier 1*  
*geri-mox (generic for MINTOX) - Tier 1*  
*heartburn antacid (generic for ACID GONE) - Tier 1*  
*heartburn antacid ex st (generic for ACID GONE) - Tier 1*  
*heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1*  
*heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1*  
*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*  
*KAOPECTATE ORAL SUSPENSION (brand for cvs anti-diarrheal) - Tier 2*  
*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*

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## Preferred Agents

## Non-Preferred Agents

*loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1*  
*MAALOX - Tier 2*  
*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 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*  
*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*  
*PHAZYME (brand for cvs gas relief extra strength) - Tier 2*  
*PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*  
*pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1*  
*pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1*  
*pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL*

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## Preferred Agents

*pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*pink-bismuth (generic for SOOTHE) - Tier 1; QL*  
*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 extra strength (generic for ABATINEX) - Tier 1*  
*probiotic maximum strength (generic for FLORA VANCE) - Tier 1; QL*  
*probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL*  
*probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1*  
*probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL*  
*ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1*  
*REPHRESH PRO-B (brand for acidophilus) - Tier 2*  
*RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL*  
*REVITAFLO (brand for acidophilus) - Tier 2*  
*RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL*  
*RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL*  
*saccharomyces boulardii (generic for FLORASTOR) - Tier 1*  
*saline enema (generic for FLEET ENEMA) - Tier 1*  
*senior probiotic (generic for FLORA VANCE) - Tier 1; QL*  
*simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1*  
*simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1*  
*simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1*  
*simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1*  
*smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*sodium bicarbonate oral tablet - Tier 1*  
*soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*soothe oral suspension (generic for SOOTHE) - Tier 1*

## 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
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*soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL*  
*stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1*  
*stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1*  
*stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL*  
*stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*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*  
*TUMS E-X 750 (brand for antacid) - Tier 2*  
*TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2*  
*TUMS LASTING EFFECTS (brand for antacid) - Tier 2*  
*TUMS SMOOTHIES (brand for antacid) - Tier 2*  
*TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2*  
*VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL*  
*ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL*

**Laxatives - Bowel Treatment Drugs**

*clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*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*  
*fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1*

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**Preferred Agents**

fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1  
fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL  
fiber oral powder 48.57 % (generic for REGULOID) - Tier 1  
fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1  
fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1  
fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL  
FLEET OIL (brand for cvs mineral oil enema) - Tier 2  
ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
ft mineral oil - Tier 1  
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL  
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
mineral oil enema (generic for FLEET OIL) - Tier 1  
mineral oil heavy oral - Tier 1  
mineral oil oral oil - Tier 1  
mineral oil rectal enema (generic for FLEET OIL) - Tier 1  
MIRALAX ORAL POWDER (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL  
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
natural daily fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1  
natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1  
natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL  
natural fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1  
natural fiber supplement (generic for EVAC) - Tier 1  
natural vegetable (generic for HYDROCIL) - Tier 1

**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
<p><i>natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i>  <i>peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i>  <i>polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i>  <i>polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i>  <i>psyldex - Tier 1</i>  <i>purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i>  <i>smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i>  <i>sorbitol oral - Tier 1</i></p>	
<b>Laxatives - Drugs to treat Constipation</b>	
<p><i>AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2</i>  <i>citroma (generic for CITROMA) - Tier 1</i>  <i>CITRUCCEL ORAL POWDER - Tier 2</i>  <i>COLACE (brand for cvs stool softener) - Tier 2</i>  <i>col-rite oral capsule 250 mg - Tier 1</i>  <i>docusate calcium (generic for SURFAK) - Tier 1</i>  <i>docusate mini (generic for DOCUSOL MINI) - Tier 1; QL</i>  <i>docusate sodium oral capsule (generic for COLACE) - Tier 1</i>  <i>docusate sodium oral liquid (generic for ONELAX DOCUSATE SODIUM) - Tier 1; QL</i>  <i>docusate sodium oral syrup - Tier 1</i>  <i>DOCUSOL MINI (brand for docusate mini) - Tier 2; QL</i>  <i>docuzen (generic for SENEXON-S) - Tier 1</i>  <i>dss (generic for COLACE) - Tier 1</i>  <i>easy-lax plus (generic for SENEXON-S) - Tier 1</i>  <i>ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL</i>  <i>EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2</i>  <i>fiber laxative + calcium (generic for FIBERCON) - Tier 1</i>  <i>fiber laxative oral tablet 500 mg (generic for CITRUCCEL) - Tier 1</i>  <i>fiber oral tablet 500 mg (generic for CITRUCCEL) - Tier 1</i></p>	

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**Preferred Agents**

*fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1*  
*fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1*  
*fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1*  
*fiber-caps (generic for FIBERCON) - Tier 1*  
*fiber-lax (generic for FIBERCON) - Tier 1*  
*ft fiber laxative (generic for CITRUCCEL) - Tier 1*  
*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 (generic for COLACE) - Tier 1*  
*ft stool softener oral tablet 50-8.6 mg (generic for SENEXON-S) - Tier 1*  
*geri-kot (generic for SENOKOT) - Tier 1; QL*  
*glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1*  
*glycerin (infants & children) rectal suppository 1 gm - Tier 1*  
*glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1*  
*glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1*  
*glycerin childrens - Tier 1*  
*glycerin pediatric rectal suppository 1.2 gm - Tier 1*  
*laxacin (generic for 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; QL*

**Non-Preferred Agents**

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**Preferred Agents****Non-Preferred Agents**

ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2  
ONELAX SENNA (brand for senna) - Tier 2  
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  
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  
senna oral syrup (generic for ONELAX SENNA) - Tier 1  
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-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  
SENOKOT (brand for cvs senna) - Tier 2; QL  
SENOKOT S (brand for cvs senna plus) - Tier 2  
soluble fiber therapy (generic for CITRUCEL) - 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  
stool softener oral capsule 250 mg - Tier 1  
stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1  
stool softener pls laxative (generic for SENEXON-S) - Tier 1  
stool softener plus laxative (generic for SENEXON-S) - Tier 1

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Preferred Agents	Non-Preferred Agents
<p><i>stool softener/laxative (generic for SENEXON-S) - Tier 1</i>  <i>stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1</i>  <i>vegetable lax+stool softener (generic for SENEXON-S) - Tier 1</i>  <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            CREON - Tier 2            CYSTAGON - Tier 2; SP; QL            NITYR - Tier 2; DX2RX; SP; QL            RAVICTI - Tier 2; PA; SP; QL  <i>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL</i>  <i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL</i>            STRENSIQ - Tier 2; PA; SP            TEGSEDI - Tier 2; PA; SP; QL            VYNDAMAX - Tier 2; PA; SP; QL            VYNDAQEL - Tier 2; PA; SP; QL</p>	<p><i>betaine (generic for CYSTADANE) - Tier 1; PA; SP</i>            CERDELGA - Tier 2; PA; SP; QL  <i>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL</i>            PERTZYE - Tier 2; PA            VIOKACE - Tier 2; PA  <i>ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL</i>            ZENPEP - Tier 2; PA</p>
<p>Genitourinary Agents</p>	
<p>Antispasmodics, Urinary</p>	
<p><i>flavoxate hcl - Tier 1</i>  <i>oxybutynin chloride er - Tier 1; QL</i>  <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i>            OXYTROL FOR WOMEN - Tier 2; QL  <i>tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL</i>  <i>trospium chloride - Tier 1; ST; QL</i></p>	<p><i>DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL</i>  <i>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG (brand for tolterodine tartrate er) - Tier 2; PA</i>  <i>DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 4 MG (brand for tolterodine tartrate er) - Tier 2; PA; QL</i>            MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL            MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL  <i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
	<p>VESICARE ORAL TABLET 10 MG (brand for solifenacin succinate) - Tier 2; PA</p> <p>VESICARE ORAL TABLET 5 MG (brand for solifenacin succinate) - Tier 2; PA; QL</p>
<b>Benign Prostatic Hypertrophy Agents</b>	
<p>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</p> <p>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</p> <p>tamsulosin hcl (generic for FLOMAX) - Tier 1; QL</p> <p>terazosin hcl - Tier 1; QL</p>	
<b>Genitourinary Agents, Other</b>	
<p>bethanechol chloride oral - Tier 1</p> <p>ELMIRON - Tier 2; DX2RX; QL</p> <p>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</p>	<p>CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP</p> <p>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL</p> <p>THIOLA (brand for tiopronin) - Tier 2; PA; SP</p> <p>THIOLA EC - Tier 2; PA; SP; QL</p>
<b>Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions</b>	
<b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs</b>	
<p>azo (generic for PHENAZO) - Tier 1</p> <p>phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</p> <p>phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1</p> <p>phenazopyridine hcl oral tablet 100 mg (generic for PYRIDIUM) - Tier 1</p> <p>phenazopyridine hcl oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL</p> <p>PYRIDIUM ORAL TABLET 100 MG (brand for phenazopyridine hcl) - Tier 2</p> <p>PYRIDIUM ORAL TABLET 200 MG (brand for phenazopyridine hcl) - Tier 2; QL</p> <p>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</p>	

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Preferred Agents	Non-Preferred Agents
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p><i>dexamethasone intensol - Tier 1</i>  <i>dexamethasone oral elixir - Tier 1</i>  <i>dexamethasone oral solution - Tier 1</i>  <i>dexamethasone oral tablet - Tier 1</i>  <i>fludrocortisone acetate oral - Tier 1</i>  <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1</i>  <i>methylprednisolone oral tablet 16 mg, 4 mg (generic for MEDROL) - Tier 1</i>  <i>methylprednisolone oral tablet 32 mg - Tier 1; QL</i>  <i>methylprednisolone oral tablet 8 mg (generic for MEDROL) - Tier 1; QL</i>  <i>methylprednisolone oral tablet therapy pack (generic for MEDROL) - Tier 1</i>  <i>prednisolone oral solution - Tier 1; QL</i>  <i>prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1</i>  <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</i>  <i>prednisone intensol - Tier 1</i>  <i>prednisone oral solution - Tier 1; QL</i>  <i>prednisone oral tablet 1 mg, 2.5 mg, 5 mg, 50 mg - Tier 1</i>  <i>prednisone oral tablet 10 mg, 20 mg - 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></p>	<p>ACTHAR - Tier 2; PA; QL  CORTROPHIN - Tier 2; PA; QL  EMFLAZA ORAL SUSPENSION - 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>
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX	GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP

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Preferred Agents	Non-Preferred Agents
<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> INCRELEX - Tier 2; PA; SP NOCDURNA - Tier 2; PA; QL NORDITROPIN FLEXPRO - Tier 2; PA; SP NOVAREL (brand for chorionic gonadotropin) - Tier 2; DX2RX NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX	HUMATROPE - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP SAIZEN - Tier 2; PA; SP ZOMACTON - Tier 2; PA; SP
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; DX2RX	SKYTROFA SUBCUTANEOUS CARTRIDGE 4.3 MG - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
KORLYM - Tier 2; PA; SP; QL <i>methergine (generic for METHERGINE) - Tier 1; QL</i> <i>methylergonovine 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; Coverage based on benefit</i>	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>danazol oral - Tier 1</i></p> <p><i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL</i></p> <p><i>testosterone enanthate intramuscular - Tier 1</i></p> <p><i>testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 25 mg/2.5gm (1%) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</i></p>	<p>ANDRODERM - Tier 2; PA; QL</p> <p>FORTESTA (brand for testosterone) - Tier 2; PA</p> <p>NATESTO - Tier 2; PA; QL</p> <p>TESTIM (brand for testosterone) - Tier 2; PA; QL</p> <p>VOGELXO (brand for testosterone) - Tier 2; PA; QL</p> <p>XYOSTED - Tier 2; PA; QL</p>
Estrogens	
<p><i>afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>ALORA (brand for estradiol) - Tier 2; QL</i></p> <p><i>altavera (generic for ALTAVERA) - Tier 1; QL; GE</i></p> <p><i>alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE</i></p> <p><i>alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE</i></p> <p><i>amethia (generic for AMETHIA) - Tier 1; QL; GE</i></p> <p><i>apri - Tier 1; QL; GE</i></p> <p><i>aranelle - Tier 1; QL; GE</i></p> <p><i>ashlyna (generic for AMETHIA) - Tier 1; QL; GE</i></p> <p><i>aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE</i></p> <p><i>aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE</i></p> <p><i>aurovela 24 fe - Tier 1; QL; GE</i></p> <p><i>aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE</i></p> <p><i>aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE</i></p> <p><i>aviane (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>ayuna (generic for ALTAVERA) - Tier 1; QL; GE</i></p> <p><i>azurette (generic for AZURETTE) - Tier 1; QL; GE</i></p> <p><i>balziva (generic for BALZIVA) - Tier 1; QL; GE</i></p> <p><i>blisovi 24 fe - Tier 1; QL; GE</i></p>	<p>ACTIVEVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA</p> <p>ANGELIQ - Tier 2; PA</p> <p>ANNOVERA - Tier 2; PA; QL; GE</p> <p>BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL; GE</p> <p>BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL; GE</p> <p>BIJUVA - Tier 2; PA; QL</p> <p>CLIMARA (brand for estradiol) - Tier 2; PA; QL</p> <p>CLIMARA PRO - Tier 2; PA</p> <p>COMBIPATCH - Tier 2; PA; QL</p> <p>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL</p> <p>DIVIGEL TRANSDERMAL GEL 0.5 MG/0.5GM, 1 MG/GM (brand for estradiol) - Tier 2; PA</p> <p>ELESTRIN - Tier 2; PA</p> <p>ESTRACE (brand for estradiol) - Tier 2; PA; QL</p> <p>estradiol transdermal gel 0.25 mg/0.25gm, 0.75 mg/0.75gm, 1.25 mg/1.25gm (generic for DIVIGEL) - Tier 1; PA; QL</p> <p>estradiol transdermal gel 0.5 mg/0.5gm, 1 mg/gm (generic for DIVIGEL) - Tier 1; PA</p> <p>EVAMIST - Tier 2; PA</p>

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## Preferred Agents

*blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*  
*briellyn (generic for BALZIVA) - Tier 1; QL; GE*  
*camrese (generic for AMETHIA) - Tier 1; QL; GE*  
*camrese lo (generic for CAMRESE LO) - Tier 1; QL; GE*  
*charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE*  
*chateal eq (generic for ALTAVERA) - Tier 1; QL; GE*  
*cryselle-28 - Tier 1; QL; GE*  
*cyred eq - Tier 1; QL; GE*  
*dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE*  
*dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE*  
*daysee (generic for AMETHIA) - Tier 1; QL; GE*  
*delyla (generic for AFIRMELLE) - Tier 1; QL; GE*  
*desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) (generic for AZURETTE) - Tier 1; QL; GE*  
*dotti (generic for DOTTI) - Tier 1; QL*  
*drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL; GE*  
*DUAVEE - Tier 2; DX2RX*  
*elinest - Tier 1; QL; GE*  
*eluryng (generic for ELURYNG) - Tier 1; QL; GE*  
*enilloring (generic for ELURYNG) - Tier 1; QL; GE*  
*enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL; GE*  
*enskyce - Tier 1; QL; GE*  
*estarylla (generic for ESTARYLLA) - Tier 1; QL; GE*  
*estradiol oral (generic for ESTRACE) - Tier 1; QL*  
*estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL*  
*estradiol transdermal patch weekly (generic for CLIMARA) - Tier 1; QL*  
*estradiol vaginal (generic for ESTRACE) - Tier 1; QL*  
*ethynodiol diac-eth estradiol (generic for KELNOR 1/35) - Tier 1; QL; GE*  
*etonogestrel-ethinyl estradiol (generic for ELURYNG) - Tier 1; QL; GE*  
*falmina (generic for AFIRMELLE) - Tier 1; QL; GE*  
*finzala (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE*  
*hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*hailey 24 fe - Tier 1; QL; GE*  
*hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*

## Non-Preferred Agents

*FEMRING - Tier 2; PA; QL*  
*fyavolv oral tablet 0.5-2.5 mg-mcg - Tier 1; PA*  
*fyavolv oral tablet 1-5 mg-mcg - Tier 1; PA; QL*  
*jinteli - Tier 1; PA; QL*  
*LO LOESTRIN FE - Tier 2; PA; QL; GE*  
*MENEST - Tier 2; PA; QL*  
*mimvey - Tier 1; PA*  
*MINIVELLE (brand for estradiol) - Tier 2; PA; QL*  
*NATAZIA - Tier 2; PA; QL; GE*  
*NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE*  
*PREMARIN VAGINAL - Tier 2; PA; QL*  
*SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL; GE*  
*VAGIFEM (brand for estradiol) - Tier 2; PA; QL*  
*VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL*  
*YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL; GE*  
*YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL; GE*

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## Preferred Agents

*haloette (generic for ELURYNG) - Tier 1; QL; GE*  
*iclevia (generic for ICLEVIA) - Tier 1; QL; GE*  
*introvale (generic for ICLEVIA) - Tier 1; QL; GE*  
*isibloom - Tier 1; QL; GE*  
*jaimiess (generic for AMETHIA) - Tier 1; QL; GE*  
*jasmiel (generic for JASMIEL) - Tier 1; QL; GE*  
*jolessa (generic for ICLEVIA) - Tier 1; QL; GE*  
*juleber - Tier 1; QL; GE*  
*junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE*  
*junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*kalliga - Tier 1; QL; GE*  
*kariva (generic for AZURETTE) - Tier 1; QL; GE*  
*kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE*  
*kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE*  
*kurvelo (generic for ALTAVERA) - Tier 1; QL; GE*  
*larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE*  
*larin 24 fe - Tier 1; QL; GE*  
*larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*  
*leena - Tier 1; QL; GE*  
*lessina (generic for AFIRMELLE) - Tier 1; QL; GE*  
*levonest (generic for ENPRESSE-28) - Tier 1; QL; GE*  
*levonorgest-eth estrad 91-day (generic for AMETHIA) - Tier 1; QL; GE*  
*levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE*  
*levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE*  
*levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE*  
*levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE*  
*lojaimiess (generic for CAMRESE LO) - Tier 1; QL; GE*  
*loryna (generic for JASMIEL) - Tier 1; QL; GE*  
*low-ogestrel - Tier 1; QL; GE*  
*lo-zumandimine (generic for JASMIEL) - Tier 1; QL; GE*  
*luteru (generic for AFIRMELLE) - Tier 1; QL; GE*

## Non-Preferred Agents

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## Preferred Agents

*lyllana* (generic for DOTTI) - Tier 1; QL  
*marlissa* (generic for ALTAVERA) - Tier 1; QL; GE  
*mibelas 24 fe* (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE  
*microgestin 1.5/30* (generic for AUROVELA 1.5/30) - Tier 1; QL; GE  
*microgestin 1/20* (generic for AUROVELA 1/20) - Tier 1; QL; GE  
*microgestin 24 fe* - Tier 1; QL; GE  
*microgestin fe 1.5/30* (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
*microgestin fe 1/20* (generic for AUROVELA FE 1/20) - Tier 1; QL; GE  
*mili* (generic for ESTARYLLA) - Tier 1; QL; GE  
*mono-lynyah* (generic for ESTARYLLA) - Tier 1; QL; GE  
*necon 0.5/35 (28)* - Tier 1; QL; GE  
*nikki* (generic for JASMIEL) - Tier 1; QL; GE  
*norethin ace-eth estrad-fe oral tablet* (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
*norethin ace-eth estrad-fe oral tablet chewable* (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE  
*norethindrone acet-ethinyl est* (generic for AUROVELA 1.5/30) - Tier 1; QL; GE  
*norethindron-ethinyl estrad-fe* (generic for TILIA FE) - Tier 1; QL; GE  
*norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg* (generic for WYMZYA FE) - Tier 1; QL; GE  
*norgestimate-eth estradiol* (generic for ESTARYLLA) - Tier 1; QL; GE  
*norgestimate-ethinyl estradiol triphasic* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*nortrel 0.5/35 (28)* - Tier 1; QL; GE  
*nortrel 1/35 (21)* (generic for DASETTA 1/35) - Tier 1; QL; GE  
*nortrel 1/35 (28)* (generic for DASETTA 1/35) - Tier 1; QL; GE  
*nortrel 7/7/7* (generic for DASETTA 7/7/7) - Tier 1; QL; GE  
*nylia 1/35* (generic for DASETTA 1/35) - Tier 1; QL; GE  
*nylia 7/7/7* (generic for DASETTA 7/7/7) - Tier 1; QL; GE  
*nymyo* (generic for ESTARYLLA) - Tier 1; QL; GE  
*ocella* (generic for OCELLA) - Tier 1; QL; GE  
*philith* (generic for BALZIVA) - Tier 1; QL; GE  
*pimtrea* (generic for AZURETTE) - Tier 1; QL; GE  
*portia-28* (generic for ALTAVERA) - Tier 1; QL; GE  
 PREMARIN ORAL - Tier 2; QL

## 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**

PREMPHASE - Tier 2; QL  
PREMPRO - Tier 2; QL  
*reclipsen* - Tier 1; QL; GE  
*setlakin* (generic for ICLEVIA) - Tier 1; QL; GE  
*simliya* (generic for AZURETTE) - Tier 1; QL; GE  
*simpesse* (generic for AMETHIA) - Tier 1; QL; GE  
*sprintec 28* (generic for ESTARYLLA) - Tier 1; QL; GE  
*sronyx* (generic for AFIRMELLE) - Tier 1; QL; GE  
*syeda* (generic for OCELLA) - Tier 1; QL; GE  
*tarina 24 fe* - Tier 1; QL; GE  
*tarina fe 1/20 eq* (generic for AUROVELA FE 1/20) - Tier 1; QL; GE  
*tilia fe* (generic for TILIA FE) - Tier 1; QL; GE  
*tri-estarylla* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*tri-legest fe* (generic for TILIA FE) - Tier 1; QL; GE  
*tri-linyah* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*tri-lo-estarylla* (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE  
*tri-lo-marzia* (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE  
*tri-mili* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*tri-nymyo* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*tri-sprintec* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*trivora (28)* (generic for ENPRESSE-28) - Tier 1; QL; GE  
*tri-vylibra* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*tri-vylibra lo* (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE  
*turqoz* - Tier 1; QL; GE  
*tyblume* - Tier 1; QL; GE  
*velivet* - Tier 1; QL; GE  
*vestura* (generic for JASMIEL) - Tier 1; QL; GE  
*vienva* (generic for AFIRMELLE) - Tier 1; QL; GE  
*viorele* (generic for AZURETTE) - Tier 1; QL; GE  
*volnea* (generic for AZURETTE) - Tier 1; QL; GE  
*vyfemla* (generic for BALZIVA) - Tier 1; QL; GE  
*vylibra* (generic for ESTARYLLA) - Tier 1; QL; GE  
*wera* - Tier 1; QL; GE  
*wymzya fe* (generic for WYMZYA FE) - Tier 1; QL; GE  
*xulane* - Tier 1; QL; GE  
*yuvaferm* (generic for YUVAFEM) - Tier 1; QL  
*zafemy* - Tier 1; QL; GE

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Preferred Agents	Non-Preferred Agents
<p><i>zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE</i>  <i>zumandimine (generic for OCELLA) - Tier 1; QL; GE</i></p>	
<b>Progestins</b>	
<p><i>camila (generic for CAMILA) - Tier 1; QL; GE</i>  <i>deblitane (generic for CAMILA) - Tier 1; QL; GE</i>  <i>ELLA - Tier 2; QL; GE</i>  <i>errin (generic for CAMILA) - Tier 1; QL; GE</i>  <i>heather (generic for CAMILA) - Tier 1; QL; GE</i>  <i>incassia (generic for CAMILA) - Tier 1; QL; GE</i>  <i>jencycla (generic for CAMILA) - Tier 1; QL; GE</i>  <i>lyleq (generic for CAMILA) - Tier 1; QL; GE</i>  <i>lyza (generic for CAMILA) - Tier 1; QL; GE</i>  <i>medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE</i>  <i>medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL</i>  <i>megestrol acetate oral suspension 40 mg/ml - Tier 1; QL</i>  <i>megestrol acetate oral tablet 20 mg - Tier 1</i>  <i>megestrol acetate oral tablet 40 mg - Tier 1; QL</i>  <i>nora-be (generic for CAMILA) - Tier 1; QL; GE</i>  <i>norethindrone acetate oral - Tier 1; QL</i>  <i>norethindrone oral (generic for CAMILA) - Tier 1; QL; GE</i>  <i>norlyroc (generic for CAMILA) - Tier 1; QL; GE</i>  <i>progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL</i>  <i>sharobel (generic for CAMILA) - Tier 1; QL; GE</i></p>	<p>DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL; GE</p>
<b>Selective Estrogen Receptor Modifying Agents</b>	
<p><i>raloxifene hcl (generic for EVISTA) - Tier 1; QL</i></p>	<p><i>EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL</i>  <i>OSPHENA - Tier 2; PA; QL; GE</i></p>
<p>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</p>	
<p>Progestins - Hormone Replacement/Modifying Drugs</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>aftera (generic for AFTERA) - Tier 1; QL; GE</i>  <i>curae (generic for AFTERA) - Tier 1; QL; GE</i>  <i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i>  <i>her style (generic for AFTERA) - Tier 1; QL; GE</i>  <i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i>  <i>my choice (generic for AFTERA) - Tier 1; QL; GE</i>  <i>my way (generic for AFTERA) - Tier 1; QL; GE</i>  <i>new day (generic for AFTERA) - Tier 1; QL; GE</i>  <i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i>  <i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i>  <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i>  <i>react (generic for AFTERA) - Tier 1; QL; GE</i>  <i>take action (generic for AFTERA) - Tier 1; QL; GE</i></p>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<p><i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i>  <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i>  <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i>  <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i>  <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i>  <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i></p>	<p>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</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<p>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</p>
Hormonal Agents, Suppressant (Adrenal)	
<p>LYSODREN - Tier 2</p>	
Hormonal Agents, Suppressant (pituitary)	

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Preferred Agents	Non-Preferred Agents
<p><i>cabergoline</i> - Tier 1; QL  ELIGARD SUBCUTANEOUS KIT 22.5 MG, 30 MG, 7.5 MG - Tier 2; SP  <i>leuprolide acetate injection</i> - Tier 1; PA; SP  LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP  LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP  LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP  LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL  LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP  LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP  LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL  <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml, 500 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 subcutaneous</i> - Tier 1; SP  ORILISSA - Tier 2; PA; QL  SIGNIFOR - Tier 2; PA; SP; QL  SOMAVERT - Tier 2; PA; SP; QL</p>	<p>FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL  ORIAHNN - Tier 2; PA; 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>	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	

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Preferred Agents	Non-Preferred Agents
<b>Angioedema Agents</b>	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL <i>sajazir (generic for SAJAZIR)</i> - Tier 1; PA; SP; QL	BERINERT - Tier 2; PA; SP TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL
<b>Immunological Agents, Other</b>	
COSENTYX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML - Tier 2; PA; SP; QL COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML - Tier 2; PA; SP; QL COSENTYX UNOREADY - Tier 2; PA; QL ILARIS - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP OTEZLA - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP XOLAIR - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL DUPIXENT - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL TALTZ - Tier 2; PA; SP; QL TREMFYA - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL
<b>Immunostimulants</b>	
ACTIMMUNE - Tier 2; PA; SP PEGASYS SUBCUTANEOUS SOLUTION - Tier 2; PA; SP PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL	

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Preferred Agents	Non-Preferred Agents
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**Immunosuppressants**

<p><i>azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL</i>  <i>CIMZIA VIAL KIT - Tier 2; PA; SP; QL</i>  <i>CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML - Tier 2; PA; SP; QL</i>  <i>cyclosporine modified oral capsule (generic for GENGRAF) - Tier 1; QL</i>  <i>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL</i>  <i>ENBREL - Tier 2; PA; SP; QL</i>  <i>gengraf oral capsule (generic for GENGRAF) - Tier 1; QL</i>  <i>leflunomide oral (generic for ARAVA) - Tier 1; QL</i>  <i>methotrexate sodium - Tier 1</i>  <i>methotrexate sodium (pf) - Tier 1</i>  <i>mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL</i>  <i>mycophenolate sodium (generic for MYFORTIC) - Tier 1</i>  <i>sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL</i>  <i>sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL</i>  <i>sirolimus oral tablet 2 mg (generic for RAPAMUNE) - Tier 1</i>  <i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1</i>  <i>tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL</i></p>	<p>ENSPRYNG - Tier 2; PA; SP; QL  HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP; QL  HUMIRA PEN-PSOR/UEVIT STARTER - Tier 2; PA; SP; QL  HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL  HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL  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 &amp; 40MG/0.4ML - Tier 2; PA; SP; QL  OTREXUP - Tier 2; PA; QL  RASUVO - Tier 2; PA; QL  SIMPONI - Tier 2; PA; SP; QL  TREXALL - Tier 2; PA</p>
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**Vaccines**

<p>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</p>	
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Preferred Agents	Non-Preferred Agents
<p>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  ROTARIX - Tier 2; AL  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</p>	

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

Vaccines

<p>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</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
FLUZONE QUADRIVALENT - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL HYPERTET - Tier 2; QL NOVAVAX COVID-19 VACCINE - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL PREVNAR 13 - Tier 2; QL PREVNAR 20 - Tier 2; QL	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> SFROWASA - Tier 2; QL <i>sulfasalazine oral tablet (generic for AZULFIDINE) - Tier 1; AL</i> <i>sulfasalazine oral tablet delayed release (generic for AZULFIDINE ENTABS) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> <i>CANASA (brand for mesalamine) - Tier 2; PA; QL</i> <i>COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL</i> <i>DELZICOL (brand for mesalamine) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL <i>LIALDA (brand for mesalamine) - Tier 2; PA; QL</i> PENTASA - Tier 2; PA; QL
Glucocorticoids	
<i>budesonide oral - Tier 1; DX2RX; QL</i> <i>hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL</i> <i>hydrocortisone rectal enema 100 mg/60ml (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 <i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i>
Metabolic Bone Disease Agents	
<i>alendronate sodium oral solution - Tier 1; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i>	<i>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA</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><i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i></p> <p><i>calcitriol oral capsule 0.25 mcg (generic for ROCALTROL) - Tier 1</i></p> <p><i>calcitriol oral capsule 0.5 mcg (generic for ROCALTROL) - Tier 1; QL</i></p> <p><i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members &gt;= 8 years of age will require PA  Available for an extended day(s) supply; AL</i></p> <p><i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i></p> <p><i>TYMLOS - Tier 2; PA; SP; QL</i></p>	<p><i>ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL</i></p> <p><i>ATELVIA (brand for risedronate sodium) - Tier 2; PA</i></p> <p><i>FORTEO (brand for teriparatide (recombinant)) - Tier 2; PA; SP; QL</i></p> <p><i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i></p> <p><i>FOSAMAX PLUS D - Tier 2; PA</i></p> <p><i>RAYALDEE - Tier 2; PA; QL</i></p> <p><i>TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</i></p>
Miscellaneous Therapeutic Agents	
<p><i>ABRYSVO - Tier 2; QL</i></p> <p><i>acne control cleanser (generic for CLEARSKIN) - Tier 1</i></p> <p><i>acne medication 10 external lotion - Tier 1; QL</i></p> <p><i>acne medication 5 external lotion - Tier 1</i></p> <p><i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i></p> <p><i>adv acne spot treatment (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1</i></p> <p><i>advanced acne spot treat (generic for CLEAN &amp; CLEAR ACNE SCRUB) - Tier 1</i></p> <p><i>AEROCHAMBER PLS FLOVU MTHPIECE (brand for breathe comfort chamber/adult) - Tier 2; QL</i></p> <p><i>AEROCHAMBER PLUS FLO-VU (brand for breathe comfort chamber/adult) - Tier 2; QL</i></p> <p><i>AEROCHAMBER PLUS FLO-VU LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL</i></p> <p><i>AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (brand for breathe comfort chamber/adult) - Tier 2; QL</i></p> <p><i>AEROCHAMBER PLUS FLO-VU SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL</i></p> <p><i>AEROCHAMBER PLUS FLO-VU W/MASK (brand for breathe comfort chamber/adult) - Tier 2; QL</i></p> <p><i>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</i></p> <p><i>antibiotic (generic for BACITRAYCIN PLUS) - Tier 1</i></p>	<p><i>AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; NDC(s) starting w/72511 Preferred w/PA; SP; QL</i></p> <p><i>AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL</i></p> <p><i>ARMONAIR DIGIHALER - Tier 2; PA; QL</i></p> <p><i>AUVELITY - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES (brand for careone insulin syringe) - Tier 2; PA; QL</i></p> <p><i>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; PA; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p> <p><i>EMPAVELI - Tier 2; PA; SP; QL</i></p> <p><i>GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL</i></p> <p><i>GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL</i></p> <p><i>HYFTOR - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p>AREXVY - Tier 2; QL  arthritis pain relieving - Tier 1; QL  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; QL  aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL  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  aspirin oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL  aspirin oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL  ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG (brand for adult aspirin regimen) - Tier 2; QL  aspirin rectal suppository 300 mg - Tier 1  aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL  athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1  athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1  athletes foot relief (generic for TINACTIN) - Tier 1  bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1  bacitracin external ointment 500 unit/gm - Tier 1; QL  bacitracin zinc external - Tier 1; QL  bacitracin zinc first aid - Tier 1; QL  bacitracin zinc-aloe - Tier 1; QL  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</p>	<p>INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL  INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (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  OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL  OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL  ORLADEYO - Tier 2; PA; SP; QL  PREZISTA ORAL TABLET 600 MG, 800 MG (brand for darunavir) - Tier 2; PA; QL  QUVIVIQ - Tier 2; PA; QL  RELYVRIO - Tier 2; PA; SP; QL  RYALTRIS - Tier 2; PA; QL; AL  SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL  SOTYKTU - Tier 2; PA; SP; QL  STIMUFEND - Tier 2; PA; SP  SUNLENCA ORAL - Tier 2; PA; QL; AL  VIVJOA - Tier 2; PA; QL  VTAMA - Tier 2; PA; QL  WEGOVIY - Tier 2; PA; QL  WINLEVI - Tier 2; PA; QL  YONSA - Tier 2; PA; SP; QL  ZORYVE - Tier 2; PA; QL; AL</p>

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**Preferred Agents****Non-Preferred Agents**

BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL  
BD ULTRA-FINE PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; QL  
BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL  
BETASEPT SURGICAL SCRUB - Tier 2  
BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2  
bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL  
bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL  
bisacodyl oral (generic for EX-LAX ULTRA) - Tier 1; QL  
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  
calamine external lotion - Tier 1  
CALQUENCE - Tier 2; PA; SP; QL  
capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL  
capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL  
capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL  
capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL  
CAPZASIN-HP (brand for capsaicin) - Tier 2; QL  
capzix (generic for CAPZASIN-HP) - Tier 1; QL  
CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL  
CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL  
CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2  
CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL  
CAYA - Tier 2; QL; GE

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**Preferred Agents****Non-Preferred Agents**

*CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL; AL*  
*CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL; AL*  
*childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1*  
*c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL*  
*CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2*  
*clearskin (generic for CLEARSKIN) - Tier 1*  
*CLINITEST RAPID COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2*  
*COMIRNATY - Tier 2; QL*  
*CONDOMS - Tier 2*  
*COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL*  
*COOL MIST HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL*  
*corn & callus remover (generic for COMPOUND W) - Tier 1*  
*corn and callus remover (generic for COMPOUND W) - Tier 1*  
*COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2*  
*COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2*  
*COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2*  
*daily acne wash (generic for NEUTROGENA OIL-FREE ACNE WASH) - Tier 1*  
*darunavir (generic for PREZISTA) - Tier 1; QL*  
*DERMELEVE ANTI-ITCH SCALP (brand for aluminum acetate) - Tier 2*  
*DEXCOM G6 TRANSMITTER - Tier 2; PA; QL*  
*DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2*  
*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*

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## Preferred Agents

## Non-Preferred Agents

*EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL*  
*EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL*  
*EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL*  
*ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2*  
*enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL*  
*EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL*  
*fa-8 - Tier 1*  
*fast relief laxative (generic for THE MAGIC BULLET) - Tier 1*  
*FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2*  
*FEMCAP VAGINAL DEVICE 22 MM, 26 MM - Tier 2*  
*FLEET BISACODYL - Tier 2; QL*  
*FLEXICHAMBER (brand for breathe comfort chamber/adult) - Tier 2; QL*  
*FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (brand for cvs gummy dinos) - Tier 2; QL; AL*  
*FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2*  
*folic acid oral capsule 20 mg, 5 mg - Tier 1*  
*folic acid oral tablet - 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 aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1*  
*ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*  
*ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL*  
*ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1*  
*ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL*  
*gentle laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL*  
*gentle laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1*

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## Preferred Agents

## Non-Preferred Agents

*gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL*  
*genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1*  
*gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL; AL*  
*gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL; AL*  
*HADLIMA - Tier 2; PA; SP; QL*  
*HADLIMA PUSHTOUCH - Tier 2; PA; SP; QL*  
*h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*  
*HIBICLENS - Tier 2*  
*hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL; AL*  
*hydromet (generic for HYCODAN) - Tier 1; QL; AL*  
*hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL*  
*hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL*  
*hyoscyamine sulfate 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 antigen test) - Tier 2*  
*INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2*  
*INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL*  
*INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2*  
*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*  
*laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL*  
*laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1*  
*LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL*  
*liquid corn & callus rem (generic for COMPOUND W) - Tier 1*  
*liquid wart remover max st (generic for COMPOUND W) - Tier 1*  
*magnesium oxide oral tablet 400 mg - Tier 1*  
*magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1*

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## Preferred Agents

## Non-Preferred Agents

MAOX (brand for magnesium oxide) - Tier 2  
 MASK VORTEX/CHILD/FROG - Tier 2; QL  
 MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL  
 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  
 MICROCHAMBER (brand for breathe comfort chamber/adult) - Tier 2;  
 QL  
 mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL  
 MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL  
 MOUNJARO - Tier 2; PA; QL  
 MYCOZYL AL (brand for tinaspore) - Tier 2; QL  
 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; GE  
 ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen  
 test) - Tier 2  
 ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home  
 antigen test) - Tier 2  
 ONELAX (brand for bisacodyl) - Tier 2  
 OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium  
 sulfacetamide wash) - Tier 2  
 OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2  
 PANOXYL (brand for bp wash) - Tier 2  
 PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL  
 PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL  
 PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen  
 test) - Tier 2  
 poly bacitracin (generic for POLYSPORIN) - Tier 1  
 POLYSPORIN (brand for cvs poly bacitracin) - Tier 2  
 PREZISTA ORAL SUSPENSION - Tier 2; QL  
 PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL  
 QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home  
 antigen test) - Tier 2

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**Preferred Agents****Non-Preferred Agents**

*scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1*  
*sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1*  
*SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2*  
 SPIKEVAX - Tier 2; QL  
*ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2*  
*sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1*  
*sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL*  
*the magic bullet (generic for THE MAGIC BULLET) - Tier 1*  
*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 external powder (generic for LOTRIMIN AF) - Tier 1*  
 VAPORIZER WARM STEAM - Tier 2; QL  
 VAXELIS - Tier 2; QL  
*vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL; AL*  
*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; GE  
 WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL; GE  
 WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL; GE  
 WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL; GE  
 WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL; GE  
 WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL; GE  
 WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL; GE  
 WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL; GE

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Preferred Agents	Non-Preferred Agents
<p>womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL  womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL  womens laxative (generic for EX-LAX ULTRA) - Tier 1; QL  ZOSTRIX HP (brand for capsaicin) - Tier 2; QL</p>	
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p>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; PA; SP; QL  CAPRELSA - Tier 2; PA; SP; QL  COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL  COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL  COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL  erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP  gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL  GILOTRIF - Tier 2; PA; SP; QL  ICLUSIG - Tier 2; PA; SP; QL  imatinib mesylate oral tablet 100 mg (generic for GLEEVEC) - Tier 1; PA; SP  imatinib mesylate oral tablet 400 mg (generic for GLEEVEC) - Tier 1; PA; SP; QL  IMBRUVICA - Tier 2; PA; SP; QL  INLYTA - Tier 2; PA; SP; QL  lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP  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</p>	<p>GAVRETO - Tier 2; PA; SP; QL  GLEEVEC ORAL TABLET 100 MG (brand for imatinib mesylate) - Tier 2; PA; SP  GLEEVEC ORAL TABLET 400 MG (brand for imatinib mesylate) - Tier 2; PA; SP; QL  IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL  LORBRENA - Tier 2; PA; SP; QL  RETEVMO - Tier 2; PA; SP; QL  TABRECTA - Tier 2; PA; SP; QL  TAGRISSO - Tier 2; PA; SP; QL  TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP  VIZIMPRO - Tier 2; PA; SP; QL  VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL</p>

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Preferred Agents	Non-Preferred Agents
<p><i>pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL</i>  <i>SPRYCEL - Tier 2; PA; SP</i>  <i>TASIGNA ORAL CAPSULE 150 MG, 200 MG - Tier 2; PA; SP</i>  <i>TASIGNA ORAL CAPSULE 50 MG - Tier 2; PA; SP; QL</i>  <i>TURALIO - Tier 2; PA; SP; QL; AL</i>  <i>XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL</i></p>	
<p>Monoclonal Antibodies - Chemotherapy Agents</p>	
<p>Antineoplastics - Drugs to Treat Cancer</p>	
	<p>TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG - Tier 2; PA</p>
<p>Multiple Sclerosis Agents - Multiple Sclerosis Drugs</p>	
<p>Central Nervous System Agents - Drugs to Treat Nerve Conditions</p>	
	<p>PONVORY - Tier 2; PA; SP; QL  PONVORY STARTER PACK - Tier 2; PA; SP; QL</p>
<p>Ophthalmic Agents</p>	
<p>Ophthalmic Prostaglandin and Prostanoid Analogs</p>	
<p><i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i></p>	<p>LUMIGAN - Tier 2; PA; QL  TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL  VYZULTA - Tier 2; PA; QL  XALATAN (brand for latanoprost) - Tier 2; PA; QL  XELPROS - Tier 2; PA; QL  ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL</p>
<p>Ophthalmic Agents, Other</p>	
<p><i>altafrin (generic for ALTAFRIN) - Tier 1</i>  <i>atropine sulfate ophthalmic ointment - Tier 1</i>  <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i></p>	<p>CEQUA - Tier 2; PA; QL  COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL  COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL  COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA</p>

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Preferred Agents	Non-Preferred Agents
<p><i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i></p> <p><i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i></p> <p><i>CYSTARAN - Tier 2; DX2RX; SP; QL</i></p> <p><i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i></p> <p><i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1</i></p> <p><i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1</i></p> <p><i>neo-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i></p> <p><i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i></p> <p><i>sulfacetamide-prednisolone - Tier 1</i></p> <p><i>tobramycin-dexamethasone - Tier 1; QL</i></p> <p><i>XIIDRA - Tier 2; PA; QL</i></p>	<p><i>RESTASIS (brand for cyclosporine) - Tier 2; PA; QL</i></p> <p><i>RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL</i></p> <p><i>ROCKLATAN - Tier 2; PA; QL</i></p> <p><i>TOBRADEX ST - Tier 2; PA</i></p> <p><i>TYRVAYA - Tier 2; PA; QL</i></p> <p><i>VERKAZIA - Tier 2; PA; QL</i></p> <p><i>ZYLET - Tier 2; PA; QL</i></p>
<p>Ophthalmic Anti-allergy Agents</p>	
<p><i>azelastine hcl ophthalmic - Tier 1; ST</i></p> <p><i>cromolyn sodium ophthalmic - Tier 1</i></p> <p><i>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL</i></p> <p><i>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</i></p>	
<p>Ophthalmic Anti-Infectives</p>	
<p><i>bacitracin ophthalmic - Tier 1</i></p> <p><i>bacitracin-polymyxin b ophthalmic (generic for POLYCIN) - Tier 1</i></p> <p><i>ciprofloxacin hcl ophthalmic - Tier 1; QL</i></p> <p><i>erythromycin ophthalmic - Tier 1; QL</i></p> <p><i>gentamicin sulfate ophthalmic - Tier 1; QL</i></p> <p><i>neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1; QL</i></p> <p><i>neomycin-polymyxin-gramicidin - Tier 1</i></p> <p><i>neo-polycin (generic for NEO-POLYCIN) - Tier 1; QL</i></p> <p><i>ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL</i></p> <p><i>polycin (generic for POLYCIN) - Tier 1</i></p> <p><i>polymyxin b-trimethoprim - Tier 1</i></p>	<p><i>AZASITE - Tier 2; PA; QL</i></p> <p><i>BESIVANCE - Tier 2; PA; QL</i></p> <p><i>VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL</i></p> <p><i>ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p><i>sulfacetamide sodium ophthalmic ointment - Tier 1; QL</i>  <i>sulfacetamide sodium ophthalmic solution - Tier 1</i>  <i>tobramycin ophthalmic - Tier 1; QL</i>  <i>trifluridine - Tier 1; QL</i></p>	
<b>Ophthalmic Anti-inflammatories</b>	
<p><i>dexamethasone sodium phosphate ophthalmic - Tier 1</i>  <i>diclofenac sodium ophthalmic - Tier 1</i>  <i>fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL</i>  <i>flurbiprofen sodium - Tier 1</i>  <i>ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1</i>  <i>ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL</i>  <i>prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL</i>  <i>PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL</i>  <i>prednisolone sodium phosphate ophthalmic - Tier 1</i></p>	<p><i>ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA</i>  <i>ACUVAIL - Tier 2; PA; QL</i>  <i>BROMSITE - Tier 2; PA; QL</i>  <i>EYSUVIS - Tier 2; PA; QL</i>  <i>FLAREX - Tier 2; PA; QL</i>  <i>FML FORTE - Tier 2; PA; QL</i>  <i>ILEVRO - Tier 2; PA; QL</i>  <i>INVELTYS - Tier 2; PA; QL</i>  <i>LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL</i>  <i>LOTEMAX SM - Tier 2; PA; QL</i>  <i>NEVANAC - Tier 2; PA; QL</i>  <i>PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL</i>  <i>PROLENSA - Tier 2; PA; QL</i></p>
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>	
<p><i>betaxolol hcl ophthalmic - Tier 1; QL</i>  <i>carteolol hcl - Tier 1</i>  <i>levobunolol hcl - Tier 1; QL</i>  <i>timolol maleate ophthalmic solution - Tier 1; QL</i></p>	<p><i>BETIMOL - Tier 2; PA; QL</i>  <i>BETOPTIC-S - Tier 2; PA; QL</i>  <i>ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL</i>  <i>TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL</i></p>
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>	
<p><i>apraclonidine hcl - Tier 1; QL</i>  <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i>  <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i>  <i>DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL</i>  <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i>  <i>methazolamide oral - Tier 1; QL</i></p>	<p><i>ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL</i>  <i>AZOPT (brand for brinzolamide) - Tier 2; PA</i>  <i>RHOPRESSA - Tier 2; PA; QL</i>  <i>SIMBRINZA - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<i>pilocarpine hcl ophthalmic - Tier 1</i>	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
<p><i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i>  <i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i>  <i>altalube (generic for ALTALUBE) - Tier 1; QL</i>  <i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1</i>  <i>artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml (generic for CLEAR EYES NATURAL TEARS) - Tier 1</i>  <i>artificial tears ophthalmic solution 1-0.3 % (generic for MOISTURE EYES) - Tier 1</i>  <i>astringent eye drops (generic for VISINE-AC) - Tier 1; QL</i>  <i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i>  <i>dry eye relief ophthalmic gel 0.4-0.3 % (generic for GENTEAL TEARS SEVERE DAY/NIGHT) - Tier 1</i>  <i>dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL</i>  <i>eye drops advanced relief - Tier 1; QL</i>  <i>eye drops long lasting (generic for SYSTANE) - Tier 1; QL</i>  <i>eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1</i>  <i>eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL</i>  <i>eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL</i>  <i>eye irritation relief drops (generic for VISINE-AC) - Tier 1; QL</i>  <i>eye lubricant (generic for ALTALUBE) - Tier 1; QL</i>  <i>for sty relief (generic for ALTALUBE) - Tier 1; QL</i>  <i>lubricant drops fast act (generic for SYSTANE) - Tier 1; QL</i>  <i>lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL</i>  <i>lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL</i>  <i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL</i></p>	

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**Preferred Agents**

*lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1*  
*lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*  
*lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL*  
*lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL*  
*lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1*  
*lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL*  
*lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*  
*lubricant eye ophthalmic solution 1-0.3 % (generic for MOISTURE EYES) - Tier 1*  
*lubricant pm (generic for ALTALUBE) - Tier 1; QL*  
*lubricating eye drop (generic for BIOLLE TEARS) - Tier 1*  
*lubricating eye drops (generic for SYSTANE) - Tier 1; QL*  
*lubricating eye/overnight (generic for ALTALUBE) - Tier 1; QL*  
*lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1*  
*lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1*  
*lubricating tears ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*  
*lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL*  
*MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2*  
*MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL*  
*natural tears pf (generic for BION TEARS PF) - Tier 1*  
*nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL*  
*nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL*  
*polyvinyl alcohol ophthalmic - Tier 1*  
*pure & gentle lubricant - Tier 1*  
*relief eye drops (generic for VISINE-AC) - Tier 1; QL*  
*restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1*  
*restore pm (generic for ALTALUBE) - Tier 1; QL*  
*sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1*

**Non-Preferred Agents**

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Preferred Agents	Non-Preferred Agents
<p><i>sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i></p> <p><i>sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i></p> <p><i>sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1</i></p> <p><i>sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL</i></p> <p><i>ultra fresh (generic for ULTRA FRESH) - Tier 1; QL</i></p> <p><i>ultra fresh pm (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>ultra lubricant drop (generic for SYSTANE) - Tier 1; QL</i></p> <p><i>ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL</i></p> <p><i>ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL</i></p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p>	
<p><i>NAPHCON-A (brand for allergy eye) - Tier 2</i></p> <p><i>VISINE (brand for allergy eye) - Tier 2</i></p>	
<p>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</p>	
<p><i>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</i></p> <p><i>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</i></p> <p><i>allergy eye drops (generic for ALAWAY) - Tier 1; QL</i></p> <p><i>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL</i></p> <p><i>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL</i></p> <p><i>ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</i></p>	
<p>Otic Agents</p>	
<p><i>acetic acid otic - Tier 1; QL</i></p>	<p><i>CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p><i>hydrocortisone-acetic acid (generic for ACETASOL HC) - Tier 1</i>  <i>neomycin-polymyxin-hc otic - Tier 1; QL</i>  <i>ofloxacin otic - Tier 1; QL</i></p>	<p>CIPRO HC - Tier 2; PA; QL  OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL</p>
Otic Agents - Drugs to Treat Ear Conditions	
Otic Agents - Drugs for the Ear	
<p><i>CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2</i>  <i>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2</i>  <i>ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>  <i>ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>  <i>ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>  <i>ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>  <i>earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>  <i>earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>  <i>earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>  <i>ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i>  <i>ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p>	
Respiratory Tract/Pulmonary Agents	
Antihistamines	
<p><i>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL</i>  <i>allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL</i>  <i>allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL</i></p>	<p><i>DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL</i></p>

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**Preferred Agents****Non-Preferred Agents**

*allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*allergy medication oral capsule 25 mg (generic for BANOPHEN) - Tier 1*  
*allergy medication oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*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*  
*allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1*  
*allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL*  
*allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL*  
*allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1*  
*allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1*  
*allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1*  
*allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1*  
*allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL*  
*allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL*  
*aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL*  
*anti-hist allergy (generic for BANOPHEN) - Tier 1*  
*azelastine hcl nasal solution 137 mcg/spray - Tier 1; QL*  
*azelastine hcl solution 0.1 % nasal - Tier 1; QL*  
*banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1*  
*banophen oral tablet (generic for BANOPHEN) - Tier 1*

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**Preferred Agents****Non-Preferred Agents**

*BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL*  
*BENADRYL ALLERGY EXTRA STR - 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; QL*  
*cetirizine hcl oral solution 1 mg/ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL*  
*cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL*  
*childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*clemastine fumarate oral syrup - Tier 1*  
*clemastine fumarate oral tablet 2.68 mg - Tier 1*  
*complete allergy (generic for BANOPHEN) - Tier 1*  
*complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1*  
*complete allergy relief (generic for BANOPHEN) - Tier 1*  
*cyproheptadine hcl oral syrup - Tier 1; QL*  
*cyproheptadine hcl oral tablet - Tier 1*  
*DAYHIST ALLERGY 12 HOUR RELIEF (brand for clemastine fumarate) - Tier 2*  
*diphenhydramine hcl oral capsule (generic for BANOPHEN) - Tier 1; QL*  
*diphenhydramine hcl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*diphenhydramine hcl oral tablet (generic for BANOPHEN) - Tier 1*  
*diphenhydramine hcl oral tablet chewable (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1*  
*ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL*  
*ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL*  
*ft allergy relief childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*ft allergy relief oral capsule (generic for BANOPHEN) - 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
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*ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1*  
*geri-dryl oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*geri-dryl oral tablet (generic for BANOPHEN) - Tier 1*  
*h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*indoor/outdoor allergy rlf (generic for KLS ALLER-TEC) - Tier 1; QL*  
*levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL*  
*liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*MM ALLER-BEN (brand for allergy relief) - Tier 2*  
*NARAMIN (brand for allergy childrens) - Tier 2; QL*  
*pharbedryl (generic for BANOPHEN) - Tier 1*  
*siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*total allergy (generic for BANOPHEN) - Tier 1*  
*total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL*

**Anti-inflammatories, Inhaled Corticosteroids**

*ASMANEX (120 METERED DOSES) - Tier 2; PA; QL*  
*ASMANEX (14 METERED DOSES) - Tier 2; PA; QL*  
*ASMANEX (30 METERED DOSES) - Tier 2; PA; QL*  
*ASMANEX (60 METERED DOSES) - Tier 2; PA; QL*  
*ASMANEX HFA - Tier 2; PA; Members >= 8 years of age will require PA||Available for an extended day(s) supply; QL*  
*budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA||Available for an extended day(s) supply; QL; AL*  
*FLUTICASONE PROPIONATE HFA (brand for fluticasone propionate hfa) - Tier 2; QL*  
*fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL*

*ALVESCO - Tier 2; PA*  
*ARNUITY ELLIPTA - Tier 2; PA; QL*  
*BECONASE AQ - Tier 2; PA; QL*  
*FLOVENT DISKUS (brand for fluticasone propionate diskus) - Tier 2; PA; QL*  
*FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2; PA; QL*  
*OMNARIS - Tier 2; PA; QL*  
*PULMICORT FLEXHALER - Tier 2; PA; QL*  
*PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA||Available for an extended day(s) supply; QL; AL*  
*QNASL - Tier 2; PA; QL*  
*QNASL CHILDRENS - Tier 2; PA; QL*  
*QVAR REDHALER - Tier 2; PA; QL*  
*XHANCE - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
	ZETONNA - Tier 2; PA; QL
<b>Antileukotrienes</b>	
<i>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</i>	ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL ZYFLO - Tier 2; PA
<b>Bronchodilators, Anticholinergic</b>	
ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i>	SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) - Tier 2; PA; QL SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL
<b>Bronchodilators, Sympathomimetic</b>	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA) - Tier 1; QL</i> ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i> ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% - Tier 2; QL <i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>albuterol sulfate oral syrup - Tier 1</i> <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i> <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i> STRIVERDI RESPIMAT - Tier 2; QL SYMJEPI - Tier 2; QL	AUVI-Q (brand for epinephrine) - Tier 2; PA; QL BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL PROAIR RESPICLICK - Tier 2; PA; QL PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL SEREVENT DISKUS - Tier 2; PA; QL VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL
<b>Cystic Fibrosis Agents</b>	

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Preferred Agents	Non-Preferred Agents
<p>CAYSTON - Tier 2; DX2RX; SP; QL            KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL            KALYDECO ORAL PACKET 5.8 MG - Tier 2; SP; QL            KALYDECO ORAL TABLET - Tier 2; PA; SP; QL            ORKAMBI - Tier 2; PA; SP; QL            PULMOZYME - Tier 2; DX2RX; SP; QL            SYMDEKO - Tier 2; PA; SP; QL  <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL</i>            TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL            TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</p>	<p><i>BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL</i>            TOBI PODHALER - Tier 2; PA; SP; QL</p>
<b>Mast Cell Stabilizers</b>	
<p><i>cromolyn sodium inhalation - Tier 1</i></p>	
<b>Phosphodiesterase Inhibitors, Airways Disease</b>	
<p><i>theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL</i>  <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i>  <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i>  <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i>  <i>theophylline oral solution - Tier 1; QL</i></p>	
<b>Pulmonary Antihypertensives</b>	
<p>ADEMPAS - Tier 2; DX2RX; SP; QL  <i>ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL</i>  <i>bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL</i>            OPSUMIT - Tier 2; DX2RX; SP; QL  <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i></p>	<p><i>ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL</i>  <i>LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL</i>            ORENITRAM MONTH 1 - Tier 2; PA; SP; QL; AL            ORENITRAM MONTH 2 - Tier 2; PA; SP; QL; AL            ORENITRAM MONTH 3 - Tier 2; PA; SP; QL; AL            ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP            ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL  <i>REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL</i></p>

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Preferred Agents	Non-Preferred Agents
	<i>tadalafil (pah) (generic for ADCIRCA) - Tier 1; PA; SP; QL</i> TADLIQ - Tier 2; PA; SP; QL <i>TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL</i> TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL UPTRAVI ORAL TABLET - Tier 2; PA; SP; QL
<b>Pulmonary Fibrosis Agents</b>	
<i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i>	<i>ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL</i> <i>OFEV - Tier 2; PA; SP; QL</i>
<b>Respiratory Tract Agents, Other</b>	
<i>acetylcysteine inhalation solution 10 % - Tier 1; QL</i> <i>acetylcysteine inhalation solution 20 % - Tier 1</i> <i>FASENRA PEN - Tier 2; PA; SP; QL</i> <i>NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</i> <i>NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL</i> <i>promethazine vc - Tier 1; QL; AL</i>	<i>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</i>
<b>Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</b>	
<i>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2</i> <i>4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2</i> <i>AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2</i> <i>altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1</i> <i>altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL</i> <i>AYR (brand for altamist spray) - Tier 2</i> <i>BABY AYR SALINE (brand for altamist spray) - Tier 2</i> <i>BROMFED DM (brand for pseudoeph-bromphen-dm) - Tier 2; QL; AL</i> <i>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL</i>	

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## Preferred Agents

## Non-Preferred Agents

*chest congestion relief child (generic for TUSNEL-EX) - Tier 1; QL; AL*  
*chest congestion relief oral liquid (generic for TUSNEL-EX) - Tier 1; QL; AL*  
*chest congestion relief oral tablet (generic for XPECT) - Tier 1*  
*CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL*  
*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; QL; AL*  
*geri-tussin (generic for TUSNEL-EX) - Tier 1; QL; 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; QL; AL*  
*guaifenesin oral tablet 400 mg (generic for XPECT) - Tier 1*  
*MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL; AL*  
*maxi-tuss pe max - Tier 1; AL*  
*medifin 400 (generic for XPECT) - Tier 1*  
*medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL*  
*MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL; AL*  
*MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL*  
*mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL*

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**Preferred Agents**

*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; QL; 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; QL; AL*  
*mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL*  
*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/ALLRG MILD - Tier 2*  
*NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2*

**Non-Preferred Agents**

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## Preferred Agents

NEO-SYNEPHRINE COLD/ALLRGY REG - 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  
 refenesen 400 (generic for XPECT) - Tier 1  
 ROBITUSSIN CHILD COUGH/COLD LA - Tier 2; AL  
 ROBITUSSIN CHILDRENS COUGH LA - Tier 2; AL  
 ROBITUSSIN NIGHTTIME COUGH - Tier 2; AL  
 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; QL; 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; QL; AL  
 tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL  
 tussin chest congestion oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL  
 tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p><i>tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL</i></p> <p><i>tussin expectorant adult (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL</i></p> <p><i>tussin mucus &amp; chest cong (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus &amp; chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus/chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus/congestion (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus+chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus+chest congest sf (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL</i></p> <p><i>XPECT (brand for chest congestion relief) - Tier 2</i></p>	

**Antihistamines - Allergy Drugs**

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

Antihistamines - Drugs to Treat Allergies

<p><i>12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL</i>  <i>24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL</i>  <i>all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i>  <i>ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL</i>  <i>ALLEGRA ALLERGY CHILDRENS ORAL TABLET DISPERSIBLE - Tier 2; QL</i>  <i>ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL</i>  <i>allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL</i>  <i>aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL</i>  <i>aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL</i>  <i>allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i>  <i>allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i>  <i>allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL</i>  <i>allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i>  <i>allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i>  <i>allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; 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

## Non-Preferred Agents

*allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*  
*allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*  
*allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL*  
*allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL*  
*allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL*  
*allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1*  
*allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1*  
*allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL*  
*childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*  
*chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1*  
*CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2*  
*CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL*  
*CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL*  
*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*  
*fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL*  
*ft all day allergy relief (generic for KLS ALLERCLEAR) - Tier 1; QL*  
*ft allergy relief 12 hour (generic for ALLEGRA ALLERGY) - Tier 1; QL*  
*ft allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL*  
*loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL*  
*loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
<p><i>loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1</i></p> <p><i>loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</i></p> <p><i>loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</i></p> <p><i>loratadine oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1</i></p> <p><i>TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2</i></p>	
<p>Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs</p>	
<p><i>24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>allergy spray 24 hour nasal aerosol (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL</i></p> <p><i>nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>nasal allergy nasal aerosol 55 mcg/act (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p> <p><i>nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p>	
<p>Bronchodilators, Sympathomimetic - Asthma/Lung Drugs</p>	
<p><i>ANORO ELLIPTA - Tier 2; QL</i></p> <p><i>breyna (generic for BREYNA) - Tier 1; ST; QL</i></p> <p><i>budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; ST; QL</i></p> <p><i>COMBIVENT RESPIMAT - Tier 2; QL</i></p> <p><i>FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</i></p> <p><i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL</i></p>	<p><i>ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i></p> <p><i>ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i></p> <p><i>BEVESPI AEROSPHERE - Tier 2; PA; QL</i></p> <p><i>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</i></p> <p><i>BREZTRI AEROSPHERE - Tier 2; PA; QL</i></p> <p><i>DUAKLIR PRESSAIR - Tier 2; PA; QL</i></p> <p><i>DULERA - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL <i>ipratropium-albuterol</i> - Tier 1; QL STIOLTO RESPIMAT - Tier 2; QL <i>wixela inhub</i> (generic for WIXELA INHUB) - Tier 1; QL	SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL TRELEGY ELLIPTA - Tier 2; PA; QL
Mast Cell Stabilizers - Drugs for the Lungs	
<i>cromolyn sodium nasal</i> (generic for NASALCROM) - Tier 1; QL NASALCROM (brand for cromolyn sodium) - Tier 2; QL	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
<i>12 hour decongestant</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 <i>12 hour nasal decongestant</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 <i>12 hour nasal relief spray</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 <i>12 hour nasal spray</i> (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; QL; AL <i>allerclear d-12hr</i> (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL <i>allerclear d-24hr</i> (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL <i>allergy &amp; congestion oral tablet extended release 24 hour 10-240 mg</i> (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL <i>allergy &amp; congestion relief</i> (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL <i>allergy nasal mist no drip</i> (generic for GILTUSS SEVERE SINUS) - Tier 1 <i>allergy relief d-12</i> (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL	

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**Preferred Agents****Non-Preferred Agents**

allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL  
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL  
allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL  
altarussin-pe - 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  
chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL  
childrens cold & allergy - Tier 1; AL  
childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1  
childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1  
CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL  
CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL; 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; AL

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**Preferred Agents****Non-Preferred Agents**

*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; AL*  
*cold/cough childrens (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*cough & chest congestion (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*cough dm childrens oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL*  
*cough dm er (generic for DELSYM) - Tier 1; QL; AL*  
*cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL*  
*DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2*  
*DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL*  
*DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2*  
*DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL*  
*dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL*  
*dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL*  
*ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL*

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**Preferred Agents****Non-Preferred Agents**

*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*  
*g tussin ac - Tier 1; QL; AL*  
*geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; 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; QL; AL*  
*HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2*  
*ibuprofen cold & sinus (generic for ADVIL COLD/SINUS) - Tier 1; AL*  
*ibuprofen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL*  
*ibu-profen cold/sinus oral tablet 30-200 mg (generic for ADVIL COLD/SINUS) - Tier 1; AL*  
*long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*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; QL; AL*

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## Preferred Agents

## Non-Preferred Agents

*MUCINEX CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (brand for childrens cough) - Tier 2*  
*MUCINEX CHILDRENS STUFFY NOSE (brand for 12 hour decongestant) - Tier 2*  
*MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2*  
*MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL*  
*MUCINEX D MAX STRENGTH (brand for cvs mucus d max 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*  
*MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2*  
*MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2*  
*mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*mucus d extended release (generic for MUCINEX D) - Tier 1; AL*  
*mucus d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*mucus dm (generic for MUCINEX DM) - Tier 1; QL; 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*  
*mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL*  
*mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*mucus relief dm oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*

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**Preferred Agents****Non-Preferred Agents**

*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*  
*nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*nasal decongestant max st (generic for SUDOGEST) - Tier 1*  
*nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1*  
*nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1*  
*nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*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 vc/codeine - Tier 1; QL; AL*  
*promethazine-codeine - Tier 1; QL; AL*

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**Preferred Agents****Non-Preferred Agents**

*promethazine-dm - Tier 1; QL; AL*  
*pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1*  
*pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL*  
*pulmosal (generic for PULMOSAL) - Tier 1*  
*ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL*  
*ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL*  
*ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2*  
*rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*rynex pe - Tier 1; AL*  
*rynex pse - Tier 1; AL*  
*siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*sinus congestion max strength (generic for SUDOGEST) - Tier 1*  
*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*  
*SUDAFED CHILDRENS - Tier 2*  
*SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2*  
*SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2*  
*sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*

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**Preferred Agents****Non-Preferred Agents**

*sudogest maximum strength (generic for SUDOGEST) - Tier 1*  
*sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1*  
*suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1*  
*suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*tussin cf oral liquid 30-10-100 mg/5ml - Tier 1*  
*tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*tussin cough/chest congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL*  
*tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*

**Sedatives/Hypnotics - Drugs for Sedation and Sleep**

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
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<i>chlorzoxazone oral tablet 500 mg - Tier 1</i> <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1</i> <i>methocarbamol oral - Tier 1</i> <i>orphenadrine citrate er - Tier 1; QL</i>	<i>AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL</i> <i>LORZONE (brand for chlorzoxazone) - Tier 2; PA</i>
Sleep Disorder Agents	
Sleep Promoting Agents	
<i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - 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</i> <i>BELSOMRA - Tier 2; PA</i> <i>DAYVIGO - Tier 2; PA; QL</i> <i>doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA</i> <i>EDLUAR - Tier 2; PA; QL</i> <i>estazolam - Tier 1; PA; QL</i> <i>HALCION (brand for triazolam) - Tier 2; PA</i> <i>LUNESTA (brand for eszopiclone) - Tier 2; PA; QL</i> <i>ramelteon (generic for ROZEREM) - Tier 1; 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</i> <i>temazepam oral capsule 22.5 mg, 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL</i>
Wakefulness Promoting Agents	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil (generic for PROVIGIL) - Tier 1; DX2RX; QL</i>	<i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> <i>SUNOSI - Tier 2; PA; QL</i> <i>WAKIX - Tier 2; PA; QL</i> <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</i>

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
Sleep Disorder Agents - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Drugs for Sleeping	
<p><i>ft sleep-aid maximum strength (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>nighttime sleep aid max st (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>sleep aid max st (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>sleep aid oral capsule 50 mg (generic for UNISOM SLEEPGELS) - 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 50 mg (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>sleep-aid oral capsule 50 mg (generic for UNISOM SLEEPGELS) - Tier 1</i></p> <p><i>SOMINEX MAX ST (brand for diphenhydramine hcl (sleep)) - Tier 2</i></p>	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<p><i>adc/f (0.5mg/ml) - Tier 1</i></p> <p><i>animal shapes complete (generic for CEROVITE JR) - Tier 1; QL; 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; QL</i></p> <p><i>BPROTECTED PEDIA POLY-VITE (brand for multivitamin infant &amp; toddler) - Tier 2; QL</i></p> <p><i>BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vita/fe drop) - Tier 2; QL</i></p> <p><i>BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL</i></p> <p><i>CADEAU DHA - Tier 2</i></p> <p><i>calcidol (generic for CALCIDOL) - Tier 1; QL</i></p> <p><i>calcium 600 oral tablet 1500 (600 ca) mg - Tier 1</i></p>	

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## Preferred Agents

*calcium 600+d oral tablet 600-5 mg-mcg - Tier 1*  
*calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1*  
*calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL*  
*calcium fast dissolution - Tier 1*  
*calcium high potency - Tier 1*  
*calcium oral tablet 1500 (600 ca) mg - Tier 1*  
*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*  
*cerovite jr (generic for CEROVITE JR) - Tier 1; QL; 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; QL; AL*  
*childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL; AL*  
*childrens chewable vitamins (generic for CULTURELLE KIDS*  
*COMPLETE) - Tier 1*  
*childrens chewables/ex c (generic for CULTURELLE KIDS COMPLETE)*  
*- Tier 1*  
*childrens chewables/iron (generic for LAND BEFORE TIME*  
*MULTIVITAMIN) - Tier 1*  
*childrens complete oral tablet chewable 18 mg (generic for CEROVITE*  
*JR) - Tier 1; QL; AL*  
*childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE)*  
*- Tier 1*  
*childrens vitamins/iron (generic for LAND BEFORE TIME*  
*MULTIVITAMIN) - Tier 1*  
*daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA*  
*CAROTENE) - Tier 1; QL*  
*effer-k oral tablet effervescent 25 meq - Tier 1; QL*  
*ergocalciferol oral (generic for CALCIDOL) - Tier 1; QL*  
*FLINTSTONES PLUS EXTRA IRON (brand for childrens animal*  
*shapes) - Tier 2; QL; AL*  
*fruity c - Tier 1; QL*  
*klor-con/ef - Tier 1; QL*  
*k-prime - Tier 1; QL*  
*little ones childrens (generic for CULTURELLE KIDS COMPLETE) - Tier*  
*1*

## 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

*magnesium oral tablet 250 mg - Tier 1*  
*multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL*  
*multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*natural magnesium - Tier 1*  
 NOVAMV PEDIATRIC MULTI-VITAMIN - Tier 2  
 OBTREX - Tier 2  
*one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*oyster shell calcium oral tablet 500 mg - Tier 1*  
*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; QL  
 POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL  
*prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1*  
*stress formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
 SUPPORT - Tier 2; QL; GE  
*tri-vite/fluoride - Tier 1*  
*vit c/rose hips - Tier 1; QL*  
*vitamin b-2 oral tablet 100 mg - Tier 1*  
*vitamin c cr oral tablet extended release 500 mg (generic for ENDUR-C) - Tier 1; QL*  
*vitamin c er oral tablet extended release 1500 mg - Tier 1; QL*  
*vitamin c oral liquid 500 mg/5ml (generic for BPROTECTED VITAMIN C) - Tier 1; QL*  
*vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL*  
*vitamin c oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL*  
*vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL*  
*vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL*

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p> <i>vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL</i>  <i>vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL</i>  <i>vitamin c/rose hips oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL</i>  <i>vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; QL</i>  <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL</i>  <i>vitamins acd-fluoride - Tier 1</i>  <i>vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL; AL</i>  <i>zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL</i>  <i>zinc sulfate oral tablet - Tier 1</i> </p>	
<p>Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p> <i>aqueous vitamin e (generic for SOLUVITA E) - Tier 1</i>  <i>b-1 - Tier 1; QL</i>  <i>b-12 oral tablet 1000 mcg - Tier 1</i>  <i>b-12 oral tablet 500 mcg (generic for FINEST NUTRITION VITAMIN B-12) - Tier 1</i>  <i>b6 - Tier 1; QL</i>  <i>cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL</i>  <i>DODEX (brand for cyanocobalamin) - Tier 2; QL</i>  <i>e - Tier 1</i>  <i>e-400-clear - Tier 1; QL</i>  <i>finest nutrition vitamin b-12 (generic for FINEST NUTRITION VITAMIN B-12) - Tier 1</i>  <i>natural vitamin e - Tier 1; QL</i>  <i>pyridoxine hcl oral - Tier 1; QL</i>  <i>solvita e (generic for SOLUVITA E) - Tier 1</i>  <i>thiamine hcl oral - Tier 1; QL</i>  <i>vitamin b1 - Tier 1; QL</i>  <i>vitamin b-1 oral tablet 250 mg - Tier 1; QL</i>  <i>vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1</i>  <i>vitamin b-12 oral tablet 100 mcg, 1000 mcg, 250 mcg - Tier 1</i>  <i>vitamin b12 oral tablet 1000 mcg - Tier 1</i> </p>	<p>NASCOBAL - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p><i>vitamin b-12 oral tablet 500 mcg (generic for FINEST NUTRITION VITAMIN B-12) - Tier 1</i></p> <p><i>vitamin b12 oral tablet extended release 1000 mcg - Tier 1</i></p> <p><i>vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1</i></p> <p><i>vitamin b-6 - Tier 1; QL</i></p> <p><i>vitamin b-6 er - Tier 1; QL</i></p> <p><i>vitamin e natural - Tier 1</i></p> <p><i>vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit) - Tier 1</i></p> <p><i>vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit) - Tier 1; QL</i></p> <p><i>vitamin e oral solution 15 mg/0.67ml (generic for SOLUVITA E) - Tier 1</i></p>	
<p><b>Vitamins</b></p>	
<p><b>Electrolytes/Minerals/Metals/Vitamins</b></p>	
<p><i>prenatal gummy oral tablet chewable 0.4 mg - Tier 1; QL</i></p>	

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Prior Authorization / Class Criteria

Title	Drugs Impacted	Prior Authorization Criteria / Class Criteria
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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

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<i>betatemp childrens</i> .....	<i>bp wash external liquid 2.5 %</i> .....	106	<i>bupropion hcl er (sr)</i> .....	22

<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i> .....	22	<i>calcium 600/vitamin d</i> .....	65	<i>calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg</i> .....	143
<i>bupropion hcl oral</i> .....	22	<i>calcium 600/vitamin d-3</i> .....	65	<i>calcium/minerals/vitamin d</i> .....	66
<i>buspironone hcl oral</i> .....	40	<i>calcium 600+d oral tablet 600-10 mg-mcg</i> .....	65	<i>calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg</i> .....	66
<i>butalbital-acetaminophen oral tablet 50-325 mg</i> .....	7	<i>calcium 600+d oral tablet 600-5 mg-mcg</i> .....	143	<i>cal-gest antacid</i> .....	78
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i> .....	7	<i>calcium acetate (phos binder)</i> .....	69	<i>CALQUENCE</i> .....	107
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i> .....	7	<i>calcium acetate oral tablet 667 mg</i> .....	69	<i>camila</i> .....	97
<i>butalbital-apap-caffeine oral tablet</i> .....	7	<i>calcium antacid</i> .....	78	<i>camrese</i> .....	93
<i>butalbital-asa-caff-codeine</i> .....	7	<i>calcium antacid ex st oral tablet chewable 750 mg</i> .....	78	<i>camrese lo</i> .....	93
<i>butalbital-aspirin-caffeine</i> .....	7	<i>calcium antacid extra strength</i> .....	78	<i>CANASA</i> .....	103
<i>butorphanol tartrate nasal</i> .....	7	<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg</i> .....	66	<i>capecitabine</i> .....	32
<i>BUTRANS</i> .....	7	<i>calcium carbonate antacid</i> .....	78	<i>CAPLYTA</i> .....	35
<i>BYDUREON BCISE AUTOINJECTOR</i> .....	41	<i>calcium carbonate oral tablet 1500 (600 ca) mg</i> .....	143	<i>CAPRELSA</i> .....	112
<i>BYETTA 10 MCG PEN</i> .....	41	<i>calcium carbonate oral tablet chewable 1250 (500 ca) mg</i> .....	143	<i>capsaicin external cream 0.025 %</i> .....	107
<i>BYETTA 5 MCG PEN</i> .....	41	<i>calcium cit plus vit d-3</i> .....	66	<i>capsaicin external cream 0.1 %</i> .....	107
<b>C</b>		<i>calcium citrate + d3 maximum</i> .....	66	<i>capsaicin hp</i> .....	107
<i>cabergoline</i> .....	99	<i>calcium citrate +d3</i> .....	66	<i>capsaicin pain relief</i> .....	107
<i>CABLIVI</i> .....	46	<i>calcium citrate oral tablet 950 (200 ca) mg</i> .....	66	<i>captopril oral</i> .....	47
<i>CABOMETYX</i> .....	112	<i>calcium citrate plus vit d</i> .....	66	<i>captopril-hydrochlorothiazide</i> .....	49
<i>CADEAU DHA</i> .....	143	<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i> .....	66	<i>CAPZASIN-HP</i> .....	107
<i>caffeine citrate oral</i> .....	53	<i>calcium citrate+d3 oral tablet</i> .....	66	<i>capzix</i> .....	107
<i>cal mag zinc +d3</i> .....	65	<i>calcium citrate+d3 petites oral tablet 200-6.25 mg-mcg</i> .....	66	<i>CARAC</i> .....	58
<i>calamine external lotion</i> .....	106	<i>calcium citrate+d3 w/magne</i> .....	66	<i>carbamazepine er</i> .....	20
<i>calamine external lotion , 8-8 %</i> .....	61	<i>calcium citrate-vit d</i> .....	66	<i>carbamazepine oral</i> .....	20
<i>calamine-zinc oxide external lotion</i> .....	61	<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i> .....	66	<i>carbidopa oral</i> .....	34
<i>calcidol</i> .....	143	<i>calcium cit-vit d-3 petites</i> .....	66	<i>carbidopa-levodopa er</i> .....	34
<i>calcipotriene external cream</i> .....	58	<i>calcium fast dissolution</i> .....	143	<i>carbidopa-levodopa oral tablet</i> .....	34
<i>calcipotriene external ointment</i> .....	58	<i>calcium high potency</i> .....	143	<i>carboxymethylcellulose sodium ophthalmic solution</i> .....	117
<i>calcipotriene external solution</i> .....	58	<i>calcium high potency/vitamin d</i> .....	66	<i>CAREPOINT POLY HUB NEEDLE 18G X 1</i> .....	44
<i>calcitriol external</i> .....	58	<i>calcium oral tablet 1500 (600 ca) mg</i> .....	143	<i>CAREPOINT POLY HUB NEEDLE 25G X 5/8</i> .....	104
<i>calcitriol oral capsule 0.25 mcg</i> .....	104	<i>calcium oyster shell oral tablet 1250 (500 ca) mg</i> .....	143	<i>CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8</i> .....	104
<i>calcitriol oral capsule 0.5 mcg</i> .....	104	<i>calcium plus vitamin d</i> .....	66	<i>CARESENS CONTROL SOLUTION A/B</i> .....	62
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<i>calcium 600 oral tablet 1500 (600 ca) mg</i> .....	143				
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<i>carglumic acid</i> .....	64	CHEMSTRIP 7 .....	62	<i>chlorpromazine hcl oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i> .....	34
<i>carteolol hcl</i> .....	116	CHEMSTRIP 9 .....	62	<i>chlorthalidone</i> .....	50
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<i>cefaclor oral capsule</i> .....	16	<i>chest congestion relief dm oral syrup</i> .....	135	<i>cholestyramine oral powder</i> .....	51
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<i>cephalexin oral capsule 250 mg</i> .....	17	<i>childrens chewable vitamins</i> .....	143	CIMZIA SUBCUTANEOUS PREFILLED	
<i>cephalexin oral capsule 500 mg</i> .....	17	<i>childrens chewables/ex c</i> .....	143	SYRINGE KIT 2 X 200 MG/ML, 6 X 200	
<i>cephalexin oral suspension reconstituted 125 mg/5ml</i> .....	17	<i>childrens chewables/iron</i> .....	144	MG/ML .....	101
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<i>cetirizine allergy relief</i> .....	121	<i>childrens non-aspirin oral tablet chewable</i> .....	10	<i>ciprofloxacin hcl oral tablet 100 mg</i> .....	17
<i>cetirizine hcl oral solution 1 mg/ml</i> .....	121	<i>childrens silapap</i> .....	10	<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg</i> .....	17
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<i>doxycycline monohydrate oral capsule 100 mg</i> .....	18	<i>earwax removal kit</i> .....	120	<i>EMGALITY (300 MG DOSE)</i> .....	27
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<i>erythromycin base oral tablet 250 mg</i> .....	17	EVOTAZ .....	39	<i>felbamate oral tablet</i> .....	19
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<i>escitalopram oxalate oral tablet</i> .....	23	EX-LAX MAXIMUM STRENGTH .....	86	<i>fenofibrate oral tablet 145 mg, 48 mg</i> .....	50
<i>esomeprazole magnesium oral packet</i> .....	75	EX-LAX ULTRA .....	108	<i>fenofibrate oral tablet 160 mg, 54 mg</i> .....	50
<i>estarylla</i> .....	94	EXTAVIA .....	54	FENOGLIDE .....	50
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<i>estradiol transdermal patch twice weekly</i> ..	94	<i>eye irritation relief drops</i> .....	117	<i>ferosul</i> .....	66
<i>estradiol transdermal patch weekly</i> .....	94	<i>eye itch relief ophthalmic solution 0.035 %</i> .....	119	<i>ferotinsic</i> .....	66
<i>estradiol vaginal</i> .....	94	<i>eye lubricant</i> .....	117	<i>ferretts</i> .....	66
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<i>ferrous gluconate oral tablet 240 (27 fe) mg</i> .....	67	<i>first aid antibiotic external ointment 3.5-400-5000, 3.5-400-5000 mg-unit</i> .....	18	<i>fluocinonide external solution</i> .....	57
<i>ferrous gluconate oral tablet 324 (37.5 fe) mg</i> .....	67	<i>first aid antiseptic external solution 10 %..</i>	18	<i>fluoridex daily renewal</i> .....	64
<i>ferrous gluconate oral tablet 324 (38 fe) mg</i> .....	67	<i>FIRVANQ</i> .....	16	<i>fluorometholone</i> .....	115
<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i> .....	67	<i>FLAGYL</i> .....	16	<i>fluorouracil external cream 5 %</i> .....	58
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i> ..	67	<i>FLAREX</i> .....	115	<i>fluorouracil external solution</i> .....	58
<i>ferrous sulfate oral tablet delayed release</i>	67	<i>flavoxate hcl</i> .....	89	<i>fluoxetine hcl oral capsule</i> .....	23
<i>FETZIMA</i> .....	23	<i>flecainide acetate</i> .....	47	<i>fluoxetine hcl oral solution</i> .....	23
<i>fever reducer/pain reliever</i> .....	10	<i>FLECTOR</i> .....	5	<i>fluphenazine decanoate injection</i> .....	34
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<i>feverall adults</i> .....	10	<i>FLEET ENEMA</i> .....	79	<i>fluphenazine hcl oral concentrate</i> .....	34
<i>feverall childrens</i> .....	10	<i>FLEET OIL</i> .....	84	<i>fluphenazine hcl oral elixir</i> .....	34
<i>FEVERALL JUNIOR STRENGTH</i> .....	10	<i>FLEET PEDIATRIC</i> .....	79	<i>fluphenazine hcl oral tablet 1 mg</i> .....	34
<i>fe-vite iron</i> .....	67	<i>FLEXICHAMBER</i> .....	108	<i>fluphenazine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i> .....	34
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<i>fiber laxative oral tablet 500 mg</i> .....	86	<i>FLOVENT HFA</i> .....	123	<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i> .....	133
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<i>fiber oral powder 58.6 %</i> .....	84	<i>FLUBLOK QUADRIVALENT</i> .....	103	<i>FLUZONE QUADRIVALENT</i> .....	103
<i>fiber oral tablet 500 mg</i> .....	86	<i>FLUCELVAX QUADRIVALENT</i> .....	103	<i>FML FORTE</i> .....	115
<i>fiber oral tablet 625 mg</i> .....	86	<i>fluconazole oral</i> .....	25	<i>foaming antacid oral tablet chewable 80-20 mg</i> .....	79
<i>fiber therapy oral capsule 0.52 gm</i> .....	84	<i>fludrocortisone acetate oral</i> .....	90	<i>FOCALIN</i> .....	52
<i>fiber therapy oral powder 28.3 %</i> .....	84	<i>FLULAVAL QUADRIVALENT</i> .....	103	<i>folic acid oral capsule 20 mg, 5 mg</i> .....	109
<i>fiber therapy oral tablet 500 mg</i> .....	86	<i>FLUMIST QUADRIVALENT</i> .....	103	<i>folic acid oral tablet</i> .....	109
<i>fiber therapy oral tablet 625 mg</i> .....	86	<i>fluocinolone acetonide body</i> .....	56	<i>foltrin</i> .....	67
<i>fiber-caps</i> .....	86	<i>fluocinolone acetonide external cream 0.025 %</i> .....	57	<i>foot &amp; sneaker</i> .....	109
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<i>for sty relief</i> .....	117	<i>ft athletes foot (terbinafine)</i> .....	26	FUROSCIX .....	50
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<i>fosinopril sodium-hctz</i> .....	49	<i>ft gas relief extra strength</i> .....	79	<i>gabapentin oral solution 250 mg/5ml</i> .....	20
FRAGMIN SUBCUTANEOUS SOLUTION		<i>ft gas relief infants</i> .....	79	<i>gabapentin oral tablet 600 mg, 800 mg</i> .....	20
PREFILLED SYRINGE 5000 UNIT/0.2ML		<i>ft gas relief ultra strength</i> .....	80	<i>galantamine hydrobromide oral solution</i> .....	22
.....	45	<i>ft gentle laxative</i> .....	109	<i>galantamine hydrobromide oral tablet 12 mg,</i>	
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<i>freeze dried acidophilus</i> .....	79	<i>release 12 hour 1200 mg</i> .....	127	<i>gas relief infants</i> .....	80
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<i>fruity c</i> .....	144	<i>ft mucus relief dm oral tablet extended</i>		<i>mg/0.6ml</i> .....	80
<i>ft 8 hour pain relief</i> .....	10	<i>release 12 hour 30-600 mg</i> .....	136	<i>gas relief infants oral suspension 20</i>	
<i>ft acid reducer</i> .....	75	<i>ft nasal decongestant max str</i> .....	136	<i>mg/0.3ml</i> .....	80
<i>ft all day allergy</i> .....	122	<i>ft nasal decongestant pe</i> .....	127	<i>gas relief oral capsule 125 mg</i> .....	80
<i>ft all day allergy 24 hour</i> .....	122	<i>ft pain relief</i> .....	10	<i>gas relief oral capsule 180 mg</i> .....	80
<i>ft all day allergy relief</i> .....	132	<i>ft pain relief adult extra st</i> .....	10	<i>gas relief oral tablet chewable 125 mg</i> .....	80
<i>ft allergy relief 12 hour</i> .....	132	<i>ft senna laxatives</i> .....	86	<i>gas relief oral tablet chewable 80 mg</i> .....	80
<i>ft allergy relief 24 hour</i> .....	132	<i>ft senna-s</i> .....	86	<i>gas relief ultra strength</i> .....	80
<i>ft allergy relief childrens</i> .....	122	<i>ft sleep-aid maximum strength</i> .....	142	<i>gas relief ultstrength</i> .....	80
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STUART ONE .....	71	<i>sumatriptan succinate refill</i> .....	28	<i>tadalafil (pah)</i> .....	125
SUBOXONE .....	14	<i>sumatriptan succinate subcutaneous</i> .....	28	TADLIQ .....	125
<i>subvenite</i> .....	19	<i>sunitinib malate</i> .....	31	TAFINLAR .....	31
<i>subvenite starter kit-blue</i> .....	19	SUNLENCA ORAL .....	106	TAGAMET HB 200 .....	75
<i>subvenite starter kit-green</i> .....	20	SUNOSI .....	142	TAGRISO .....	113
<i>subvenite starter kit-orange</i> .....	20	<i>suphedrine 12hour</i> .....	140	<i>take action</i> .....	98
<i>sucrafate oral suspension</i> .....	75	<i>suphedrine maximum strength</i> .....	140	TAKHZYRO SUBCUTANEOUS SOLUTION .....	100
<i>sucrafate oral tablet</i> .....	75	<i>suphedrine oral tablet 30 mg</i> .....	140	TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML .....	100
SUDAFED .....	140	<i>suphedrine oral tablet extended release 12 hour 120 mg</i> .....	140	TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML .....	100
SUDAFED CHILDRENS .....	140	SUPPORT .....	145	TALICIA .....	74
SUDAFED PE CONGESTION ORAL TABLET 10 MG .....	129	SUPREP BOWEL PREP KIT .....	74	TALTZ .....	101
SUDAFED PE SINUS CONGESTION .....	129	<i>sure result sr relief</i> .....	111	TALZENNA ORAL CAPSULE 0.25 MG, 0.5 MG, 0.75 MG, 1 MG .....	31
SUDAFED SINUS CONGESTION .....	140	SUTAB .....	18	TAMIFLU ORAL CAPSULE .....	39
SUDAFED SINUS CONGESTION 12HR .....	140	SUTENT .....	31	TAMIFLU ORAL SUSPENSION RECONSTITUTED .....	39
<i>sudogest 12 hour</i> .....	140	<i>syeda</i> .....	96	<i>tamoxifen citrate oral</i> .....	29
<i>sudogest maximum strength</i> .....	140	SYMBICORT .....	133	<i>tamsulosin hcl</i> .....	89
<i>sudogest oral tablet 30 mg</i> .....	140	SYMDEKO .....	124	TAPERDEX 12-DAY .....	90
<i>sulfacetamide sodium external</i> .....	111	SYMFI .....	38	TAPERDEX 6-DAY .....	90
<i>sulfacetamide sodium ophthalmic ointment</i> .....	115	SYMFI LO .....	38	TAPERDEX 7-DAY .....	90
<i>sulfacetamide sodium ophthalmic solution</i> .....	115	SYMJEPI .....	124	TARCEVA .....	113
<i>sulfacetamide sodium-sulfur external cream 10-5 %</i> .....	61	SYMLINPEN 120 .....	42	TARGRETIN .....	31
<i>sulfacetamide sodium-sulfur external liquid 9-4.5 %</i> .....	61	SYMLINPEN 60 .....	42	<i>tarina 24 fe</i> .....	96
<i>sulfacetamide sod-sulfur wash external liquid 9-4.5 %</i> .....	61	SYMPAZAN .....	20	<i>tarina fe 1/20 eq</i> .....	96
<i>sulfacetamide-prednisolone</i> .....	114	SYMPROIC .....	73	TASIGNA ORAL CAPSULE 150 MG, 200 MG .....	113
		SYMTUZA .....	39		
		SYNAGIS .....	101		
		SYNAREL .....	99		
		SYNJARDY .....	42		

TASIGNA ORAL CAPSULE 50 MG.....	113	TETANUS-DIPHTHERIA TOXOIDS TD .	102	TIVICAY PD.....	37
TASMAR .....	33	tetrabenazine .....	53	tizanidine hcl oral tablet .....	36
TAVALISSE .....	46	TEZSPIRE SUBCUTANEOUS SOLUTION		tm-tolnaftate.....	111
TAZORAC EXTERNAL CREAM 0.1 %.....	56	AUTO-INJECTOR.....	126	tm-tolnaftate lr.....	111
TAZORAC EXTERNAL GEL.....	56	THALOMID .....	29	TOBI PODHALER .....	124
taztia xt.....	49	the magic bullet.....	111	TOBRADEX ST .....	114
TDVAX.....	102	theophylline er oral tablet extended release		tobramycin inhalation nebulization solution	
TECFIDERA ORAL CAPSULE DELAYED		12 hour 300 mg.....	125	300 mg/4ml.....	124
RELEASE.....	54	theophylline er oral tablet extended release		tobramycin ophthalmic.....	115
TEENY TUMMY GAS RELIEF DROPS....	84	12 hour 450 mg.....	125	tobramycin-dexamethasone .....	114
TEGSEDI .....	89	theophylline er oral tablet extended release		tolcapone .....	33
TEKTURNA.....	49	24 hour 400 mg.....	125	TOLNAFI-AL.....	111
telmisartan .....	47	theophylline er oral tablet extended release		tolnaftate external powder .....	111
temazepam oral capsule 15 mg, 30 mg..	141	24 hour 600 mg.....	125	tolterodine tartrate .....	89
temazepam oral capsule 22.5 mg, 7.5 mg		theophylline oral solution .....	125	tolvaptan oral tablet 15 mg .....	69
.....	142	thiamine hcl oral.....	146	TOPAMAX.....	19
temozolomide.....	29	thiamine mononitrate oral .....	71	TOPAMAX SPRINKLE .....	19
TENCON.....	8	THIOLA.....	90	topiramate oral capsule sprinkle.....	20
TENIVAC .....	102	THIOLA EC.....	90	topiramate oral tablet.....	20
tenofovir disoproxil fumarate .....	38	thioridazine hcl oral.....	34	toremifene citrate.....	29
TEPMETKO .....	31	thiothixene oral capsule 1 mg, 2 mg .....	34	torsemid oral tablet 10 mg, 100 mg, 5 mg	
terazosin hcl.....	89	thiothixene oral capsule 10 mg, 5 mg.....	35	.....	50
terbinafine hcl external.....	27	THRIVE.....	15	torsemid oral tablet 20 mg .....	50
terbinafine hcl oral.....	25	THRIVITE RX .....	71	total allergy .....	122
terbinafine hydrochloride external cream 1 %		tiadylt er .....	49	total allergy medicine.....	123
.....	27	tiagabine hcl.....	20	TOUJEO MAX SOLOSTAR.....	44
terconazole vaginal cream 0.4 %.....	25	TIBSOVO.....	31	TOUJEO SOLOSTAR .....	44
terconazole vaginal cream 0.8 %.....	25	TIGLUTIK.....	53	TOVIAZ.....	89
teriflunomide .....	54	TIKOSYN.....	47	TRACLEER .....	125
TERIPARATIDE (RECOMBINANT)		tilia fe .....	96	TRADJENTA .....	42
SUBCUTANEOUS SOLUTION PEN-		timolol maleate ophthalmic solution.....	116	tramadol hcl oral tablet 50 mg .....	8
INJECTOR 620 MCG/2.48ML.....	104	TIMOPTIC OCUDOSE .....	116	trandolapril.....	47
TESTIM.....	92	tinaspore .....	111	tranexamic acid oral .....	46
testosterone cypionate intramuscular .....	92	tinidazole oral tablet 250 mg.....	16	tranylcypromine sulfate.....	22
testosterone enanthate intramuscular.....	92	tinidazole oral tablet 500 mg.....	16	TRAVATAN Z .....	114
testosterone transdermal gel 12.5 mg/act		TIROSINT ORAL CAPSULE 100 MCG, 112		travel ease .....	24
(1%).....	92	MCG, 125 MCG, 13 MCG, 137 MCG, 150		TRAZIMERA INTRAVENOUS SOLUTION	
testosterone transdermal gel 25 mg/2.5gm		MCG, 175 MCG, 200 MCG, 25 MCG, 50		RECONSTITUTED 150 MG .....	113
(1%).....	92	MCG, 75 MCG, 88 MCG.....	99	trazodone hcl oral tablet 100 mg, 150 mg, 50	
testosterone transdermal gel 50 mg/5gm		TIROSINT-SOL.....	99	mg.....	23
(1%).....	92	TIVICAY.....	37	TRELEGY ELLIPTA .....	133

TREMFYA.....	101	<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	19	<i>tussin chest congestion oral liquid 100 mg/5ml</i> .....	129
TRESIBA.....	44	<i>triple antibiotic original</i> .....	19	<i>tussin cough dm sugar free</i> .....	140
TRESIBA FLEXTOUCH.....	44	TRIPTODUR.....	99	<i>tussin cough long acting</i> .....	129
<i>tretinoin external cream</i> .....	55	<i>tri-sprintec</i> .....	97	<i>tussin cough oral syrup</i> .....	129
<i>tretinoin oral</i> .....	31	TRIUMEQ.....	38	<i>tussin cough/chest congest oral syrup 100-10 mg/5ml</i> .....	140
TREXALL.....	101	TRIUMEQ PD.....	38	<i>tussin cough/chest dm max oral liquid 10-200 mg/5ml</i> .....	140
TREXIMET.....	28	<i>tri-vite pediatric</i> .....	71	<i>tussin cough/chest dm max oral liquid 20-400 mg/20ml</i> .....	140
TREZIX.....	7	<i>tri-vite/fluoride</i> .....	145	<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i> .....	141
<i>triamcinolone acetonide external cream</i> ...	58	<i>trivora (28)</i> .....	97	<i>tussin dm cough/chest cong</i> .....	141
<i>triamcinolone acetonide external lotion 0.025 %</i> .....	58	<i>tri-vylibra</i> .....	97	<i>tussin dm cough/chest oral syrup 10-100 mg/5ml</i> .....	141
<i>triamcinolone acetonide external lotion 0.1 %</i> .....	58	<i>tri-vylibra lo</i> .....	97	<i>tussin dm max adult</i> .....	141
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i> .....	58	TRIZIVIR.....	38	<i>tussin dm max daytime</i> .....	141
<i>triamcinolone acetonide mouth/throat</i> .....	55	TROKENDI XR.....	19	<i>tussin dm max oral liquid 20-400 mg/20ml</i> .....	141
TRIAMINIC ALLERCHEWS.....	132	<i>tropium chloride</i> .....	89	<i>tussin dm max st</i> .....	141
<i>triamterene-hctz</i> .....	49	TRUECONTROL GLUCOSE CONT LEV 0.....	64	<i>tussin dm oral syrup 100-10 mg/5ml</i> .....	141
<i>triazolam</i> .....	142	TRUECONTROL GLUCOSE CONT LEV 1.....	64	<i>tussin expectorant adult</i> .....	129
TRICON.....	68	TRUEPLUS GLUCOSE ON THE GO.....	44	<i>tussin maximum strength oral syrup 15 mg/5ml</i> .....	129
TRICOR.....	50	TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE.....	44	<i>tussin mucus &amp; chest cong</i> .....	129
<i>triderm</i> .....	58	TRULANCE.....	73	<i>tussin mucus &amp; chest congest</i> .....	129
<i>tri-estarylla</i> .....	96	TRULICITY.....	42	<i>tussin mucus/chest congest</i> .....	129
<i>trifluoperazine hcl</i> .....	35	TRUMENBA.....	102	<i>tussin mucus/congestion</i> .....	129
<i>trifluridine</i> .....	115	TRUVADA.....	38	<i>tussin mucus+chest congest</i> .....	129
<i>trihexyphenidyl hcl</i> .....	33	TUMS.....	84	<i>tussin mucus+chest congest sf</i> .....	129
TRIJARDY XR.....	42	<i>TUMS CHEWY BITES</i> .....	84	<i>tussin mucus+chest congestion</i> .....	129
TRIKAFTA ORAL TABLET THERAPY PACK.....	124	<i>TUMS E-X 750</i> .....	84	<i>tussin multi-symptom cold cf</i> .....	130
TRIKAFTA ORAL THERAPY PACK.....	124	<i>TUMS EXTRA STRENGTH 750</i> .....	84	<i>tussin oral liquid 100 mg/5ml</i> .....	129
<i>tri-legest fe</i> .....	96	<i>TUMS LASTING EFFECTS</i> .....	84	TWINRIX.....	103
<i>tri-linyah</i> .....	96	<i>TUMS SMOOTHIES</i> .....	84	<i>tyblume</i> .....	97
TRILIPIX.....	50	<i>TUMS ULTRA 1000</i> .....	84	TYBOST.....	39
<i>tri-lo-estarylla</i> .....	96	TURALIO.....	113	TYLENOL FOR CHILDREN + ADULTS....	12
<i>tri-lo-marzia</i> .....	96	<i>turqoz</i> .....	97	TYLENOL ORAL SUSPENSION 160 MG/5ML.....	12
<i>trimethobenzamide hcl oral</i> .....	24	<i>tusnel-ex</i> .....	129	TYLENOL ORAL TABLET 325 MG.....	12
<i>trimethoprim oral</i> .....	16	<i>tussin adult chest congest</i> .....	129		
<i>tri-mili</i> .....	97	<i>tussin cf oral liquid 30-10-100 mg/5ml</i> ....	140		
TRINTELLIX.....	23	<i>tussin cf oral liquid 5-10-100 mg/5ml</i> .....	130		
<i>tri-nymyo</i> .....	97				
<i>triphrocaps</i> .....	71				

TYLENOL ORAL TABLET 500 MG.....	13	VANCOCIN ORAL CAPSULE 250 MG ....	16	vigabatrin oral packet .....	20
TYLENOL ORAL TABLET CHEWABLE 160		vancomycin hcl oral solution reconstituted		vigadrone oral packet .....	20
MG .....	13	25 mg/ml .....	16	VIGAMOX.....	115
TYLENOL ORAL TABLET EXTENDED		VANDAZOLE .....	16	VIIBRYD .....	23
RELEASE 650 MG.....	13	VAPORIZER WARM STEAM .....	111	VIIBRYD STARTER PACK.....	23
TYMLOS .....	104	VAQTA.....	103	VIMPAT ORAL .....	20
TYRVAYA .....	114	varenicline tartrate .....	14	VIOKACE.....	88
TYVASO DPI MAINTENANCE KIT.....	125	varenicline tartrate (starter).....	14	viorele .....	97
TYVASO DPI TITRATION KIT.....	125	varenicline tartrate(continue) .....	14	VIRACEPT.....	39
<b>U</b>		VARIVAX .....	103	VIREAD ORAL POWDER .....	38
UBRELVY .....	27	VASCEPA .....	51	VIREAD ORAL TABLET 150 MG, 200 MG,	
UCERIS .....	104	VAXELIS.....	111	250 MG.....	38
UDENYCA SUBCUTANEOUS SOLUTION		VAXNEUVANCE.....	103	virt-caps .....	71
PREFILLED SYRINGE .....	45	VECTICAL .....	59	<b>VISBIOME HIGH POTENCY ORAL</b>	
ultra fresh .....	118	vegetable lax+stool softener.....	88	CAPSULE.....	84
ultra fresh pm .....	118	vegetable laxative .....	88	VISINE.....	119
ultra lubricant drop .....	118	velivet.....	97	vit c/rose hips.....	145
ultra lubricating eye drops.....	118	VELPHORO .....	69	vitachew multiple vitamin.....	112
ultra lubricating eye drops pf.....	118	VELTASSA .....	69	vitachew vitamin d3 .....	71
unithroid .....	99	VELTIN .....	56	vitamin a oral capsule 2400 mcg (8000 ut),	
UPTRAVI ORAL TABLET .....	125	VEMLIDY .....	37	mg (10000 ut) .....	71
urea 20 intensive hydrating.....	61	VENCLEXTA .....	31	vitamin b complex oral capsule .....	71
urea external cream 10 %.....	61	VENCLEXTA STARTING PACK .....	31	vitamin b1 .....	146
urea external cream 20 %.....	61	venlafaxine hcl.....	23	vitamin b-1 oral tablet 100 mg .....	71
urea external lotion .....	61	venlafaxine hcl er oral capsule extended		vitamin b-1 oral tablet 250 mg .....	146
ureacin-10 .....	61	release 24 hour.....	23	vitamin b-12 er oral tablet extended release	
ureacin-20 .....	61	VENTOLIN HFA.....	124	1000 mcg.....	146
urinary pain relief oral tablet 95 mg.....	90	verapamil hcl er .....	49	vitamin b-12 oral tablet 100 mcg, 1000 mcg,	
ursodiol oral capsule 300 mg .....	74	verapamil hcl oral.....	49	250 mcg.....	146
ursodiol oral tablet.....	74	VERKAZIA .....	114	vitamin b12 oral tablet 1000 mcg.....	146
<b>V</b>		VERQUVO.....	52	vitamin b-12 oral tablet 500 mcg .....	146
VAGIFEM.....	93	VERSACLOZ .....	36	vitamin b12 oral tablet extended release	
valacyclovir hcl oral.....	37	VERZENIO .....	31	1000 mcg.....	146
valganciclovir hcl oral tablet.....	36	VESICARE ORAL TABLET 10 MG .....	89	vitamin b-12 tr oral tablet extended release	
valproic acid oral capsule.....	20	VESICARE ORAL TABLET 5 MG .....	89	1000 mcg.....	146
valproic acid oral solution.....	20	vestura .....	97	vitamin b-2 oral tablet 100 mg .....	145
valsartan oral tablet.....	47	VFEND.....	25	vitamin b-6.....	146
VALTOCO 10 MG DOSE.....	20	VIBERZI.....	73	vitamin b-6 er.....	146
VALTOCO 15 MG DOSE.....	20	VICTOZA SOLUTION PEN-INJECTOR 18		vitamin c cr oral tablet extended release	
VALTOCO 20 MG DOSE.....	20	MG/3ML SUBCUTANEOUS .....	42, 42	mg.....	145
VALTOCO 5 MG DOSE.....	20	vienva .....	97		

<i>vitamin c er oral tablet extended release</i>	<i>vitamin e natural</i> .....	<i>warfarin sodium oral tablet 1 mg, 10 mg, 2</i>
1500 mg .....	146	mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg.....
<i>vitamin c oral liquid 500 mg/5ml</i> .....	<i>vitamin e oral capsule 134 mg (200 unit), 45</i>	<i>warfarin sodium oral tablet 2.5 mg</i> .....
145	mg (100 unit), 450 mg (1000 ut), 90 mg	45
<i>vitamin c oral tablet 1000 mg, 250 mg</i> ....	(200 unit).....	<i>wart remover external liquid 17 %</i> .....
145	146	112
<i>vitamin c oral tablet 500 mg</i> .....	<i>vitamin e oral capsule 180 mg (400 unit),</i>	<i>wart remover maximum strength external</i>
145	268 mg (400 unit).....	<i>liquid</i> .....
<i>vitamin c oral tablet chewable 100 mg, 250</i>	146	112
<i>mg</i> .....	<i>vitamin e oral solution 15 mg/0.67ml</i> .....	<i>weekly-d</i> .....
145	146	72
<i>vitamin c oral tablet chewable 500 mg</i> ....	<i>vitamin-b complex</i> .....	WEGOVY .....
145	72	106
<i>vitamin c/acerola</i> .....	<i>vitamins acd-fluoride</i> .....	WELLBUTRIN XL .....
145	145	22
<i>vitamin c/rose hips oral tablet 1000 mg</i> ...	<i>vitamins complete childrens</i> .....	<i>wera</i> .....
145	145	97
<i>vitamin c/rose hips oral tablet 500 mg</i> .....	VITRAKVI .....	<i>wescaps</i> .....
145	31	72
<i>vitamin c-rose hips oral tablet</i> .....	VIVELLE-DOT .....	WESNATAL DHA COMPLETE .....
145	93	72
<i>vitamin d (cholecalciferol) oral tablet</i> .....	VIVITROL .....	<i>wes-phos 250 neutral</i> .....
71	14	68
<i>vitamin d (ergocalciferol) oral capsule 1.25</i>	VIVJOA .....	WESTAB PLUS .....
<i>mg (50000 ut), 50000 unit</i> .....	106	72
145	VIZIMPRO .....	WIDE-SEAL DIAPHRAGM 60 .....
<i>vitamin d oral capsule 25 mcg (1000 ut)</i> ...	113	112
71	VOGELXO .....	WIDE-SEAL DIAPHRAGM 65 .....
<i>vitamin d oral liquid</i> .....	92	112
71	<i>volnea</i> .....	WIDE-SEAL DIAPHRAGM 70 .....
<i>vitamin d oral tablet chewable 10 mcg (400</i>	97	112
<i>unit)</i> .....	<i>voriconazole oral tablet</i> .....	WIDE-SEAL DIAPHRAGM 75 .....
71	25	112
<i>vitamin d3 oral capsule 1.25 mg (50000 ut)</i>	VORTEX HOLD CHMBR/MASK/CHILD. 112	WIDE-SEAL DIAPHRAGM 80 .....
.....	VORTEX HOLD CHMBR/MASK/TODDLER	112
72	.....	WIDE-SEAL DIAPHRAGM 85 .....
<i>vitamin d3 oral capsule 1000 unit, 25 mcg</i>	VORTEX VALVED HOLDING CHAMBER	112
<i>(1000 ut)</i> .....	.....	112
72	VOSEVI .....	WIDE-SEAL DIAPHRAGM 90 .....
<i>vitamin d3 oral capsule 125 mcg (5000 ut)</i> 72	37	112
<i>vitamin d-3 oral capsule 125 mcg (5000 ut)</i>	VOTRIENT.....	WINLEVI.....
.....	113	106
72	VRAYLAR .....	<i>wixela inhub</i> .....
<i>vitamin d3 oral capsule 250 mcg (10000 ut)</i>	35	133
.....	VTAMA .....	<i>womans laxative</i> .....
72	106	112
<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i> .72	VUMERITY .....	<i>womens gentle laxative</i> .....
<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i> 72	54	112
<i>vitamin d3 oral liquid 10 mcg/ml</i> .....	<i>vyfemla</i> .....	<i>womens laxative</i> .....
72	97	112
<i>vitamin d3 oral tablet 10 mcg (400 unit)</i> ....	<i>vylibra</i> .....	<i>womens prenatal+dha</i> .....
72	97	72
<i>vitamin d3 oral tablet 125 mcg (5000 ut)</i> ...	VYNDAMAX.....	<i>wymzya fe</i> .....
72	89	97
<i>vitamin d3 oral tablet 25 mcg (1000 ut)</i> .....	VYNDAQEL .....	<b>X</b>
72	89	XALATAN .....
<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i> ....	VYTORIN.....	XALKORI ORAL CAPSULE .....
72	51	113
<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i> .....	VYVANSE ORAL CAPSULE 10 MG, 20 MG,	XARELTO .....
72	30 MG, 40 MG, 60 MG, 70 MG.....	45
<i>vitamin d3 oral tablet chewable 10 mcg (400</i>	VYVANSE ORAL CAPSULE 50 MG .....	XARELTO STARTER PACK .....
<i>unit)</i> .....	53	45
72	VYVANSE ORAL TABLET CHEWABLE ..	XCOPRI.....
<i>vitamin d3 oral tablet chewable 25 mcg</i>	53	19
<i>(1000 ut)</i> .....	VYZULTA.....	XCOPRI (250 MG DAILY DOSE) .....
72	114	19
<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i> 72	<b>W</b>	XCOPRI (350 MG DAILY DOSE) .....
	WAKIX .....	19
	142	XELJANZ.....
		101
		XELJANZ XR.....
		101
		XELPROS.....
		114
		XENAZINE.....
		53

XENLETA ORAL .....	16	YONSA .....	106	<i>zinc oxide external ointment 40 %</i> .....	61
XEPI .....	59	YUPELRI .....	123	<i>zinc sulfate oral tablet</i> .....	145
XERAC AC .....	61	<i>yuvafem</i> .....	97	ZIOPTAN .....	114
XHANCE .....	123	<b>Z</b>		<i>ziprasidone hcl</i> .....	35
XIFAXAN .....	16	ZADITOR .....	119	ZOCOR .....	51
XIGDUO XR ORAL TABLET EXTENDED		<i>zafemy</i> .....	97	ZOLINZA .....	30
RELEASE 24 HOUR 10-1000 MG, 10-500		<i>zafirlukast</i> .....	123	<i>zolpidem tartrate er</i> .....	142
MG .....	42	<i>zaleplon</i> .....	142	<i>zolpidem tartrate oral tablet</i> .....	142
XIGDUO XR ORAL TABLET EXTENDED		ZANAFLEX ORAL CAPSULE 2 MG .....	36	ZOMACTON .....	91
RELEASE 24 HOUR 2.5-1000 MG, 5-		ZANAFLEX ORAL CAPSULE 4 MG, 6 MG		ZOMIG NASAL .....	28
1000 MG, 5-500 MG .....	42	.....	36	ZONEGRAN .....	20
XIIDRA .....	114	ZANAFLEX ORAL TABLET .....	36	<i>zonisamide oral</i> .....	21
XIMINO .....	18	ZARXIO .....	46	ZORYVE .....	106
XOFLUZA (40 MG DOSE) .....	39	ZAVESCA .....	88	ZOSTRIX HP .....	112
XOFLUZA (80 MG DOSE) .....	39	ZEASORB-AF .....	27	<i>zovia 1/35 (28)</i> .....	97
XOLAIR .....	101	ZEGALOGUE .....	90	ZUBSOLV .....	14
XOPENEX HFA .....	124	ZEJULA .....	31	<i>zumandimine</i> .....	97
XPECT .....	129	ZELAC .....	84	ZYCLARA .....	59
XPOVIO (100 MG ONCE WEEKLY) .....	30	ZELBORAF .....	31	ZYDELIG .....	31
XPOVIO (40 MG ONCE WEEKLY) .....	30	<i>zenatane</i> .....	55	ZYFLO .....	123
XPOVIO (40 MG TWICE WEEKLY) .....	30	ZENPEP .....	88	ZYKADIA .....	32
XPOVIO (60 MG ONCE WEEKLY) .....	30	ZENZEDI .....	53	ZYLET .....	114
XPOVIO (80 MG ONCE WEEKLY) .....	30	ZEPATIER .....	37	ZYMAXID .....	115
XTAMPZA ER .....	7	ZEPOSIA .....	54	ZYPITAMAG .....	51
XTANDI .....	29	ZEPOSIA 7-DAY STARTER PACK .....	54	ZYPREXA ORAL .....	36
<i>xulane</i> .....	97	ZETONNA .....	123	ZYPREXA ZYDIS ORAL TABLET	
XULTOPHY .....	42	ZIANA .....	56	DISPERSIBLE 10 MG, 20 MG .....	36
XYOSTED .....	92	<i>zidovudine</i> .....	38	ZYPREXA ZYDIS ORAL TABLET	
XYREM .....	142	ZIEXTENZO .....	46	DISPERSIBLE 15 MG, 5 MG .....	36
XYWAV .....	141	ZILXI .....	61	ZYRTEC ALLERGY ORAL TABLET .....	123
<b>Y</b>		ZIMHI .....	14	ZYRTEC-D ALLERGY & CONGESTION	130
YASMIN 28 .....	93	<i>zinc gluconate oral tablet 50 mg</i> .....	68	ZYRTEC-D ALLERGY & SINUS .....	130
YAZ .....	93	<i>zinc oral tablet 50 mg</i> .....	68, 145	ZYTIGA .....	29