



# Preferred Drug List (PDL)

## New Jersey

Effective Date: July 1, 2025



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You have the right to file a complaint if you believe you were treated in a discriminatory way by us. You can file a complaint or ask for help filing a complaint by mail, phone, or email at:

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

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

**Online:**

**<https://www.hhs.gov/civil-rights/filing-a-complaint/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

We provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

We also provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-800-941-4647, TTY 711**. We're here to help.

**La discriminación es ilegal.** La compañía cumple con las leyes federales de derechos civiles aplicables y no discrimina, excluye ni trata de manera diferente a las personas debido a su raza, color, nacionalidad, edad, discapacidad o sexo (incluidas la identidad de género y la orientación sexual).

Tiene derecho a presentar un reclamo si cree que le hemos tratado de manera discriminatoria. Puede presentar un reclamo o solicitar ayuda para presentarlo por correo postal, teléfono o correo electrónico a la siguiente dirección:

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

También puede presentar un reclamo ante el Departamento de Salud y Servicios Humanos de los EE. UU.

**En línea:**

**<https://www.hhs.gov/civil-rights/filing-a-complaint/index.html>**

**Teléfono:**

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

**Correo postal:**

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

Proporcionamos ayuda y servicios auxiliares gratuitos a personas con discapacidades para que puedan comunicarse con nosotros de manera efectiva, por ejemplo:

- Intérpretes de lenguaje de señas estadounidense calificados
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y demás formatos)

Ofrecemos también servicios de idioma gratuitos a las personas cuyo idioma principal no es el inglés, por ejemplo:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, llame a Servicios para Miembros al **1-800-941-4647, TTY 711**. Estamos aquí para ayudarle.

# 1-800-941-4647, TTY 711

**English:** ATTENTION: Translation and other language assistance services are available at no cost to you. If you need help, please call the number above.

**Spanish:** ATENCIÓN: La traducción y los servicios de asistencia de otros idiomas se encuentran disponibles sin costo alguno para usted. Si necesita ayuda, llame al número que se indica arriba.

**Chinese (Traditional):** 注意：您可以免費獲得翻譯及其他語言協助服務。如果您需要協助，請致電上列電話號碼。

**Korean:** 참고: 번역 및 기타 언어 지원 서비스를 무료로 제공해 드립니다. 도움이 필요하시면 위에 명시된 번호로 전화해 주십시오.

**Portuguese:** ATENÇÃO: a tradução e outros serviços de assistência linguística estão disponíveis sem qualquer custo para si. Se precisar de ajuda, contacte o número indicado acima.

**Gujarati:** ધ્યાન આપો: ભાષાન્તર અને અન્ય ભાષા સહાય સેવાઓ તમારા માટે કોઈપણ ખર્ચ વિના ઉપલબ્ધ છે. જો તમને મદદની જરૂર હોય, તો કૃપા કરીને ઉપરના નંબર પર કૉલ કરો.

**Polish:** UWAGA: tłumaczenia i inne formy pomocy językowej są dostępne bezpłatnie. Aby uzyskać pomoc, proszę zadzwonić pod numer powyżej.

**Italian:** ATTENZIONE: il servizio di traduzione e altri servizi di assistenza linguistica sono disponibili gratuitamente. Se serve aiuto, si prega di chiamare il numero sopra indicato.

**Arabic:** تنبيه: تتوفر خدمات الترجمة وخدمات المساعدة اللغوية الأخرى لك مجاناً. إذا كنت بحاجة إلى المساعدة، يُرجى الاتصال بالرقم أعلاه.

**Tagalog:** ATENSYON: Ang pagsasalin at iba pang mga serbisyong tulong sa wika ay magagamit mo nang walang bayad. Kung kailangan mo ng tulong, mangyaring tawagan ang numero sa itaas.

**Russian:** ВНИМАНИЕ! Услуги перевода, а также другие услуги языковой поддержки предоставляются бесплатно. Если вам требуется помощь, пожалуйста, позвоните по указанному выше номеру.

**Haitian Creole:** ATANSYON: Gen tradiksyon ak lòt sèvis èd pou lang ki disponib gratis pou ou. Si w bezwen èd, tanpri rele nimewo ki mansyone anwo a.

**Hindi:** ध्यान दें: अनुवाद और अन्य भाषा सहायता सेवाएं आपके लिए निःशुल्क उपलब्ध हैं। अगर आपको मदद चाहिए तो कृपया ऊपर दिए गए नंबर पर कॉल करें।

**Vietnamese:** CHÚ Ý: Dịch vụ dịch thuật và hỗ trợ ngôn ngữ khác được cung cấp cho quý vị miễn phí. Nếu quý vị cần trợ giúp, vui lòng gọi số ở trên.

**French:** ATTENTION : la traduction et d'autres services d'assistance linguistique sont disponibles sans frais pour vous. Si vous avez besoin d'aide, veuillez appeler le numéro ci-dessus.

**Urdu:** توجہ فرمائیں: ترجمے اور زبان سے متعلق دیگر امدادی خدمات آپ کے لیے بغیر کسی قیمت کے دستیاب ہیں۔ اگر آپ کو مدد کی ضرورت ہے تو، براہ کرم اوپر دیئے گئے نمبر پر فون کریں۔

# Preferred drug list

## Introduction

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

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

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

## Notice

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

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

## Preface

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

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

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

## Pharmacy and therapeutics (P&T) committee

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

## Outpatient prescription drug benefit covered medications

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

## Product selection criteria

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

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

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

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

## PDL product descriptions

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

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

carvedilol                      Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release      CARDIZEM SR

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

Neomycin/polymyxin B/ Cortisporin

#### **Hydrocortisone**

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

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

citalopram 40 mg tabs              Celexa tabs

## Drug tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

## Generic substitution

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

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

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

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

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

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

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

## Drug efficacy study implementation (DESI) drugs

Drugs first marketed between 1938 and 1962 were approved as safe but required no showing of effectiveness for FDA approval. Beginning in 1962, all new drugs were required to be both safe and effective before they could be marketed. This legislation also applied retroactively to all drugs approved as safe from 1938-1962.

The DESI program was established by the FDA to review the effectiveness of these pre-1962 drugs for their labeled indications, and a determination of “fully effective” was made for most of these products and they remain in the marketplace. A few DESI products remain classified as “less than fully effective” while awaiting final administrative disposition. Also, classified as DESI are many products listed as identical, similar, or related to actual DESI products. UnitedHealthcare Community Plan’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. Plans refill thresholds may vary. Refill thresholds for controlled substances and non-controlled substances may also vary. Please check with your member's individual plan. Certain medications may be prescribed for extended days' supply, such as medications for chronic conditions (e.g., hypertension). Use the drug lookup tool to see which medications are eligible for an extended days' supply.

## Mandatory generic substitution

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

## Prior authorization of non-PDL medications

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

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

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

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

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

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

## Non-PDL drugs 3-day temporary supply overrides

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

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

## Quantity limitations (QL)

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

### Quantity limits based on Efficient Medication Dosing

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

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

### 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.

## 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>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 one topical corticosteroid.
<b>Eucrisa</b>	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
<b>GLP-1/Insulin Combinations (Soliqua)</b>	Trial of one drug from the following classes: GLP-1 or Basal Insulin
<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>tolterodine</b>	30-day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>tropium</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
<b>Xopenex Respules</b>	30-day trial of Albuterol .083% or .5% respules

## PDL suggestions

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

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

## Legend

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

## Notice

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



UnitedHealthcare Community Plan 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, 24 hours a day, 7 days a week.

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. You can also 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, 24 hours a day, 7 days a week.



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

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad 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, 24 horas al día, 7 días a la semana.

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, 24 horas al día, 7 días a la semana.

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at 1-800-941-4647, TTY 711

Yog cov ntaub ntawv muab tuaj hauv no tsis yog sau ua koj hom lus, thov hu rau UnitedHealthcare Community Plan ntawm 1-800-941-4647, TTY 711.

Afai o fa'amatalaga ua tuuina atu e le'o tusia i lau gagana masani, faamolemole fa'afesoota'i mai le vaega a le UnitedHealthcare Community Plan ile telefoni 1-800-941-4647, TTY 711.

Если прилагаемая информация представлена не на Вашем родном языке, позвоните представителю UnitedHealthcare Community Plan по тел. 1-800-941-4647, телетайп 711.

Якщо інформація, що додається, подана не на Вашій рідній мові, зателефонуйте до UnitedHealthcare Community Plan 1-800-941-4647 для осіб з порушеннями слуху 711.

동봉한 안내 자료가 귀하의 모국어로 준비되어 있지 않으면 1-800-941-4647, TTY 711로 UnitedHealthcare Community Plan에 전화하십시오.

Dacă informațiile alăturate nu sunt în limba dumneavoastră principală, vă rugăm să sunați la UnitedHealthcare Community Plan, la numărul 1-800-941-4647 TTY 711.

ተያይዞ ያለው መረጃ በቋንቋዎ ካልሆነ፤ እባክዎን በሚከተለው ስልክ ቁጥር ወደ UnitedHealthcare Community Plan ይደውሉ፡- 1-800-941-4647 መስማት ለተሳናቸው/TTY 711።

ተተላላዚ ዘሎ ተበሬታ ብቋንቋኹም ተዘይኮይኑ፤ ብኽብረትኩም በዚ ዝሰጠኩ ቁጥር ስልኪ ናብ UnitedHealthcare Community Plan ደውሉ፡- 1-800-941-4647 ምስማዕ ንተጻግሙ/TTY 711።

Si la información adjunta no está en su lengua materna, llame a Unitedhealthcare Community Plan al 1-800-941-4647, TTY 711.

ຖ້າຂໍ້ມູນທີ່ຕິດຄັດມານີ້ບໍ່ແມ່ນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໂທຫາ UnitedHealthcare Community Plan ທີ່ເບີ 1-800-941-4647 TTY 711.

Nếu ngôn ngữ trong thông tin đính kèm này không phải là ngôn ngữ chánh của quý vị, xin gọi cho UnitedHealthcare Community Plan theo số 1-800-941-4647, TTY 711.

若隨附資訊的語言不屬於您主要使用語言，請致電 UnitedHealthcare Community Plan，電話號碼為 1-800-941-4647 聽障專線 TTY 711。

ប្រើសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសារដើមរបស់អ្នកទេ សូមទូរស័ព្ទមកកាន់ UnitedHealthcare Community Plan លេខ 1-800-941-4647, សម្រាប់អ្នកថ្លង់ TTY 711។

Kung ang nakalakip na impormasyon ay wala sa iyong pangunahing wika, mangyaring tumawag sa UnitedHealthcare Community Plan sa 1-800-941-4647 (TTY: 711).

در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمیباشد . لطفا با United Healthcare Community Plan با شماره 1-800-941-4647 تماس حاصل نمایید . وسیله ارتباطی برای نا شنوایان- TTY 711.

# Preferred Drug List

## INTRODUCTION

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

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

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

## NOTICE

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

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

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

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

## PREFACE

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

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

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

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

## OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

## PRODUCT SELECTION CRITERIA

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

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

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

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

## PDL PRODUCT DESCRIPTIONS

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

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

carvedilol                      Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release    CARDIZEM SR

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

**Neomycin/polymyxin B/ Cortisporin Hydrocortisone**

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

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

citalopram 40 mg tabs                      Celexa tabs

## DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

## GENERIC SUBSTITUTION

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

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

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

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

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

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

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

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

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

### **PLAN EXCLUSIONS**

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

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

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

### **DAYS SUPPLY DISPENSING LIMITATIONS**

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

### **MANDATORY GENERIC SUBSTITUTION**

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

### **PRIOR AUTHORIZATION OF NON-PDL MEDICATIONS**

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

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

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

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

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

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

**NON-PDL DRUGS 3-DAY TEMPORARY SUPPLY OVERRIDES**

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

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

**QUANTITY LIMITATIONS (QL)**

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

**Quantity limits based on Efficient Medication Dosing**

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

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

**Specialty Pharmaceutical Management Program**

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

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

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

**MEDICATIONS REQUIRING DIAGNOSIS**

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

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

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

**STEP THERAPY (ST)**

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 one topical corticosteroid.
<b>Eucria</b>	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
<b>fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
<b>GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2 pen pack)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>GLP-1/Insulin Combinations (Soliqua)</b>	Trial of one drug from the following classes: GLP-1 or Basal Insulin
<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>Ranexa</b>	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates
<b>Renvela</b>	8 week trial of calcium acetate
<b>SGLT-2 Inhibitors (Steglatro, Segluromet)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>tacrolimus 0.03%</b>	Minimum age of 2. Trial of one topical corticosteroid.
<b>tacrolimus 0.1%</b>	Minimum age of 16. Trial of one topical corticosteroid.
<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.

**PDL SUGGESTIONS**

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

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

**LEGEND**

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

**NOTICE**

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

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

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

# UnitedHealthcare Community Plan of New Jersey

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Preferred Agents	Non-Preferred Agents
1st Generation/Typical - Mood Disorder Drugs	

Antipsychotics - Drugs to Treat Mood Disorders

*chlorpromazine hcl oral tablet - Tier 1; QL*  
*fluphenazine decanoate injection - Tier 1; QL*  
*fluphenazine hcl injection - Tier 1*  
*fluphenazine hcl oral concentrate - Tier 1*  
*fluphenazine hcl oral elixir - Tier 1*  
*fluphenazine hcl oral tablet - Tier 1; QL*  
*haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL*  
*haloperidol oral - Tier 1; QL*  
*loxapine succinate - Tier 1; QL*  
*pimozide - Tier 1; QL; AL*  
*thioridazine hcl oral - Tier 1; QL*  
*thiothixene - Tier 1; QL*  
*trifluoperazine hcl - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
2nd Generation/Atypical - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
<p>ABILIFY ASIMTUFII - Tier 2; PA; ^; QL; AL</p> <p>ABILIFY MAINTENA - Tier 2; DX2RX; ST; ^; QL; AL</p> <p><i>aripiprazole oral tablet (generic for ABILIFY)</i> - Tier 1; QL; AL</p> <p>ARISTADA - Tier 2; DX2RX; ST; ^; QL; AL</p> <p>ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML - Tier 2; DX2RX; ST; ^; QL; AL</p> <p>INVEGA HAFYERA - Tier 2; PA; ^; QL; AL</p> <p>INVEGA SUSTENNA - Tier 2; DX2RX; ST; ^; QL; AL</p> <p>INVEGA TRINZA - Tier 2; DX2RX; ST; ^; QL; AL</p> <p><i>lurasidone hcl (generic for LATUDA)</i> - Tier 1; QL; AL</p> <p><i>olanzapine oral tablet (generic for ZYPREXA)</i> - Tier 1; QL; AL</p> <p><i>olanzapine oral tablet dispersible</i> - Tier 1; ^; QL; AL</p> <p><i>paliperidone er (generic for INVEGA)</i> - Tier 1; ^; QL; AL</p> <p>PERSERIS - Tier 2; DX2RX; ST; ^; QL; AL</p> <p><i>quetiapine fumarate (generic for SEROQUEL)</i> - Tier 1; QL; AL</p> <p><i>quetiapine fumarate er (generic for SEROQUEL XR)</i> - Tier 1; QL; AL</p> <p><i>risperidone microspheres er (generic for RISPERDAL CONSTA)</i> - Tier 1; DX2RX; ST; ^; QL; AL</p> <p><i>risperidone oral solution (generic for RISPERDAL)</i> - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</p> <p><i>risperidone oral tablet (generic for RISPERDAL)</i> - Tier 1; QL; AL</p> <p><i>risperidone oral tablet dispersible</i> - Tier 1; ^; QL; AL</p> <p>RYKINDO - Tier 2; PA; ^; QL</p> <p>UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML - Tier 2; PA; ^; QL; AL</p> <p><i>ziprasidone hcl (generic for GEODON)</i> - Tier 1; QL; AL</p>	<p><i>aripiprazole oral solution</i> - Tier 1; PA; ^; QL; AL</p> <p>ARISTADA INITIO - Tier 2; DX2RX; ^; QL; AL</p> <p>CAPLYTA - Tier 2; PA; ^; QL; AL</p> <p>FANAPT - Tier 2; PA; ^; QL; AL</p> <p><i>GEODON ORAL (brand for ziprasidone hcl)</i> - Tier 2; PA; QL; AL</p> <p><i>INVEGA (brand for paliperidone er)</i> - Tier 2; PA; ^; QL; AL</p> <p><i>LATUDA (brand for lurasidone hcl)</i> - Tier 2; PA; QL; AL</p> <p>REXULTI - Tier 2; PA; ^; QL; AL</p> <p><i>RISPERDAL CONSTA (brand for risperidone microspheres er)</i> - Tier 2; DX2RX; ST; ^; QL; AL</p> <p><i>RISPERDAL ORAL SOLUTION (brand for risperidone)</i> - Tier 2; PA; Members &gt;= 8 years of age will require PA; QL; AL</p> <p><i>RISPERDAL ORAL TABLET (brand for risperidone)</i> - Tier 2; PA; QL; AL</p> <p><i>SAPHRIS (brand for asenapine maleate)</i> - Tier 2; PA; ^; QL; AL</p> <p><i>SEROQUEL (brand for quetiapine fumarate)</i> - Tier 2; PA; QL; AL</p> <p>VERSACLOZ - Tier 2; PA; ^; QL; AL</p> <p>VRAYLAR - Tier 2; PA; ^; QL; AL</p> <p><i>ZYPREXA ORAL TABLET 20 MG (brand for olanzapine)</i> - Tier 2; PA; QL; AL</p>

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Preferred Agents	Non-Preferred Agents
Alcohol Deterrents/Anti-craving - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
<i>acamprosate calcium - Tier 1; QL</i> <i>disulfiram oral tablet 250 mg - Tier 1; QL</i> <i>disulfiram oral tablet 500 mg - Tier 1</i> VIVITROL - Tier 2; QL	
Alkylating Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>cyclophosphamide oral capsule - Tier 1</i> CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2 MATULANE - Tier 2; SP; QL <i>temozolomide - Tier 1; PA; SP; QL</i>	
Alpha-adrenergic Agonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>clonidine hcl oral - Tier 1; QL</i> <i>guanfacine hcl - Tier 1; QL</i> <i>methyldopa - Tier 1; QL</i> <i>midodrine hcl - Tier 1; QL</i>	
Alpha-adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
Aminoglycosides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<i>gentamicin sulfate external</i> - Tier 1; QL <i>neomycin sulfate oral</i> - Tier 1; QL TOBRADEX - Tier 2; QL	
Aminosalicylates - Inflammatory Bowel Disease Drugs	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
<i>balsalazide disodium (generic for COLAZAL)</i> - Tier 1; QL <i>mesalamine er oral capsule 0.375 gm (generic for APRISO)</i> - Tier 1; QL <i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA)</i> - Tier 1; QL <i>mesalamine rectal (generic for CANASA)</i> - Tier 1; QL SFROWASA - Tier 2; QL	<i>APRISO (brand for mesalamine er)</i> - Tier 2; PA; QL <i>COLAZAL (brand for balsalazide disodium)</i> - Tier 2; PA; QL <i>DELZICOL (brand for mesalamine)</i> - Tier 2; PA; QL DIPENTUM - Tier 2; PA; QL <i>LIALDA (brand for mesalamine)</i> - Tier 2; PA; QL PENTASA - Tier 2; PA; QL

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

## Analgesics - Miscellaneous Analgesics

## Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions

*8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*8hr muscle aches & pain (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*8hr muscle aches & pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*acetaminophen 8hr musc ache (generic for TYLENOL 8 HOUR) - Tier 1; QL*

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## Preferred Agents

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

*acetaminophen er (generic for TYLENOL 8 HOUR) - Tier 1; QL*

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

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

*acetaminophen extra strength oral liquid (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*

*acetaminophen extra strength oral tablet (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*

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

*acetaminophen oral liquid 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*

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

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

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

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

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

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

*acetaminophen rectal suppository 650 mg - Tier 1; QL*

*aminofen (generic for PHARBETOL) - Tier 1; QL*

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

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

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

## Non-Preferred Agents

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## Preferred Agents

arthritis pain reliever oral (generic for *TYLENOL 8 HOUR*) - Tier 1; QL  
arthritis pain relieving - Tier 1; QL  
bac (butalbital-acetamin-caff) (generic for *BAC (BUTALBITAL-ACETAMIN-CAFF)*) - Tier 1; QL  
betatemp childrens (generic for *MAX RELIEF JR CHILD PAIN/FEVER*) - Tier 1; QL  
butalbital-acetaminophen oral tablet 50-325 mg (generic for *TENCON*) - Tier 1; QL  
butalbital-apap-caffeine oral capsule 50-325-40 mg - Tier 1; QL  
butalbital-apap-caffeine oral tablet (generic for *BAC (BUTALBITAL-ACETAMIN-CAFF)*) - Tier 1; QL  
butalbital-aspirin-caffeine - Tier 1; QL  
capsaicin cream 0.025 % external (generic for *DERMACINRX PENETRAL*) - Tier 1; QL  
capsaicin cream 0.075 % external - Tier 1; QL  
capsaicin external cream 0.1 % (generic for *CAPZASIN-HP*) - Tier 1; QL  
capsaicin hp (generic for *CAPZASIN-HP*) - Tier 1; QL  
capsaicin pain relief (generic for *CAPZASIN-HP*) - Tier 1; QL  
CAPSAID ES ARTHRITIS RELIEF - Tier 2; QL  
capzix (generic for *CAPZASIN-HP*) - Tier 1; QL  
childrens apap (generic for *MAPAP CHILDRENS*) - Tier 1; QL  
childrens non-aspirin (generic for *MAPAP CHILDRENS*) - Tier 1; QL  
childs non-aspirin (generic for *MAPAP CHILDRENS*) - Tier 1; QL  
CURANOL (brand for acetaminophen) - Tier 2; QL  
ed-apap (generic for *MAX RELIEF JR CHILD PAIN/FEVER*) - Tier 1; QL  
EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2  
EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2  
EXCEDRIN MIGRAINE RELIEF (brand for cvs headache relief) - Tier 2  
fever reducer/pain reliever (generic for *MAX RELIEF JR CHILD PAIN/FEVER*) - Tier 1; QL

## Non-Preferred Agents

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## Preferred Agents

fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL  
feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL  
FEVERALL INFANTS - Tier 2; QL  
FEVERALL JUNIOR STRENGTH - Tier 2; QL  
ft 8 hour pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL  
ft arthritis pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL  
ft children's pain/fever (generic for MAPAP CHILDRENS) - Tier 1; QL  
ft migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1  
ft pain & fever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
ft pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
ft pain relief adult extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL  
ft pain relief extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL  
ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL  
ft pain reliever adults - Tier 1; QL  
ft pain reliever children (generic for FEVERALL CHILDRENS) - Tier 1; QL  
ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL  
ft rapid release pain relief (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL  
headache formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1  
headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1  
headache relief oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1

## Non-Preferred Agents

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## Preferred Agents

infants pain & fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
infants pain relief drops (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
infants pain/fever (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
liquid acetaminophen (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
liquid pain relief (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1  
mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL  
mapap oral capsule - Tier 1; QL  
MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL  
MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL  
migraine formula oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1  
migraine headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1  
migraine relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1  
mm acetaminophen ex str (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL  
mm arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL  
m-pap (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL  
non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL  
non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL  
non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL  
non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL  
non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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

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

*pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL*

*pain & fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*

*pain & fever infants oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*

*pain and fever relief kids (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*

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

*pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*

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

*pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*

*pain relief extra strength oral capsule 500 mg - Tier 1; QL*

*pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*

*pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*

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

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

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

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

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

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

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

## Non-Preferred Agents

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## Preferred Agents

*pain reliever extra strength oral tablet 250-250-65 mg (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1*

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

*pain reliever oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*

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

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

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

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

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

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

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

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

*qc 8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL*

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

*sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*

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

*TENCON (brand for butalbital-acetaminophen) - Tier 2; QL*

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

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

*TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL*

*TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL*

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p><i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL</i></p> <p><i>VANQUISH EXTRA STRENGTH (brand for cvs headache relief) - Tier 2</i></p>	
<p><b>Androgens - Hormone Replacement/Modifying Drugs</b></p>	
<p><b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</b></p>	
<p><i>danazol oral - Tier 1; QL</i></p> <p><i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i></p> <p><i>testosterone cypionate intramuscular solution 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i></p> <p><i>testosterone enanthate intramuscular - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</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 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA</i></p> <p><i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</i></p>	<p><i>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (brand for testosterone cypionate) - Tier 2; PA; QL</i></p> <p><i>DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML (brand for testosterone cypionate) - Tier 2; PA; QL</i></p> <p><i>NATESTO - Tier 2; PA; QL</i></p> <p><i>TESTIM (brand for testosterone) - Tier 2; PA; QL</i></p> <p><i>VOGELXO (brand for testosterone) - Tier 2; PA; QL</i></p> <p><i>XYOSTED - Tier 2; PA; QL</i></p>
<p><b>Angioedema Agents</b></p>	
<p><b>Immunological Agents</b></p>	
	<p><i>ORLADEYO - Tier 2; PA; SP; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Angioedema Agents - Drugs to Treat Swelling Underneath the Skin	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL</i> RUCONEST - Tier 2; PA; SP; QL	TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL
Angiotensin II Receptor Antagonists - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>olmesartan medoxomil oral (generic for BENICAR) - Tier 1; QL</i> <i>telmisartan (generic for MICARDIS) - Tier 1; QL</i> <i>valsartan oral tablet (generic for DIOVAN) - Tier 1; QL</i>	EDARBI - Tier 2; PA; QL
Angiotensin-Converting Enzyme (ACE) Inhibitors - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<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; Members &gt;= 8 years of age will require PA; 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>	

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Preferred Agents	Non-Preferred Agents
Anthelmintics - Worm Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
<i>albendazole oral - Tier 1; DX2RX; QL</i> BENZNIDAZOLE - Tier 2; QL <i>BILTRICIDE (brand for praziquantel) - Tier 2; DX2RX; QL</i> <i>ivermectin oral tablet 3 mg (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
<i>abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL	ORGOVYX - Tier 2; PA; SP; QL XTANDI - Tier 2; PA; SP; QL YONSA - Tier 2; PA; SP; QL <i>ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL</i>
Hormonal Agents, Suppressant (Sex Hormones/Modifiers)	
NUBEQA - Tier 2; PA; SP; QL	
Antiangiogenic Agents - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>lenalidomide (generic for REVLIMID) - Tier 1; SP; QL</i> POMALYST - Tier 2; PA; SP; QL THALOMID - Tier 2; PA; SP; QL	<i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i>

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Preferred Agents	Non-Preferred Agents
Antiarrhythmics - Heart Regulation Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>amiodarone hcl oral tablet 200 mg (generic for PACERONE) - Tier 1; QL</i> <i>amiodarone hcl oral tablet 400 mg - 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> NORPACE CR - Tier 2 <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>	<i>BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL</i> <i>BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL</i> MULTAQ - Tier 2; PA; QL <i>NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL</i> <i>PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL</i> <i>TIKOSYN (brand for dofetilide) - Tier 2; PA; QL</i>
Antibacterials, Other	
Antibacterials	VOWST - Tier 2; PA; QL

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

antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL  
antibiotic external ointment 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL  
antiseptic (generic for BETADINE) - Tier 1  
bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL  
bacitracin zinc external - Tier 1; QL  
bacitracin zinc first aid - Tier 1; QL  
bacitracin zinc-aloe - Tier 1; QL  
BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2  
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  
double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1

CLINDESSE - 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 (brand for vancomycin hcl) - Tier 2; PA; QL  
VANDAZOLE (brand for metronidazole) - Tier 2; PA; QL  
XACIATO - Tier 2; PA; QL

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## Preferred Agents

first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL  
first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1  
FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL  
ft antibiotic - Tier 1; QL  
ft double antibiotic (generic for POLYSPORIN) - Tier 1  
ft triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL  
linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL  
linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX  
medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL  
methenamine hippurate (generic for HIPREX) - Tier 1; QL  
metronidazole external (generic for METROCREAM) - Tier 1; QL  
metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL  
metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL  
mupirocin ointment - Tier 1; QL  
NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL  
nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL  
nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL  
poly bacitracin (generic for POLYSPORIN) - Tier 1  
POLYSPORIN (brand for double antibiotic) - Tier 2  
povidone iodine (generic for BETADINE) - Tier 1  
povidone-iodine external solution (generic for BETADINE) - Tier 1  
SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2  
silver sulfadiazine external (generic for SSD) - Tier 1; QL  
ssd (generic for SSD) - Tier 1; QL  
tinidazole oral tablet 250 mg - Tier 1  
tinidazole oral tablet 500 mg - Tier 1; QL  
trimethoprim oral - Tier 1; QL

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p><i>triple antibiotic external ointment</i> , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL  <i>vancomycin hcl oral capsule</i> (generic for VANCOCIN) - Tier 1; QL  <i>vancomycin hcl oral solution reconstituted 25 mg/ml</i> (generic for FIRVANQ) - Tier 1; DX2RX; QL</p>	
<p>Anticholinergics - Parkinson's Disease Drugs</p>	
<p>Antiparkinson Agents - Drugs to Treat Parkinson's Disease</p>	
<p><i>benztropine mesylate oral</i> - Tier 1; QL  <i>trihexyphenidyl hcl oral tablet</i> - Tier 1; QL</p>	
<p>Anticoagulants - Blood Thinners</p>	
<p>Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders</p>	
<p><i>dabigatran etexilate mesylate</i> (generic for PRADAXA) - Tier 1; QL  ELIQUIS - Tier 2; QL  ELIQUIS DVT/PE STARTER PACK - Tier 2; QL  <i>enoxaparin sodium</i> (generic for LOVENOX) - Tier 1; QL  <i>heparin sodium</i> (porcine) injection solution 1000 unit/ml, 20000 unit/ml - Tier 1; QL  <i>heparin sodium</i> (porcine) injection solution 10000 unit/ml, 5000 unit/ml - Tier 1  <i>heparin sodium</i> (porcine) injection solution prefilled syringe - Tier 1; QL  <i>heparin sodium</i> (porcine) pf injection solution 1000 unit/ml - Tier 1; QL  <i>heparin sodium</i> (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml - Tier 1  <i>jantoven oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL  <i>jantoven oral tablet</i> 6 mg (generic for JANTOVEN) - Tier 1  <i>warfarin sodium oral tablet</i> 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL  <i>warfarin sodium oral tablet</i> 6 mg (generic for JANTOVEN) - Tier 1</p>	<p>PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL  PRADAXA ORAL PACKET - Tier 2; PA; QL; AL  SAVAYSA - Tier 2; PA; QL  XARELTO (brand for rivaroxaban) - Tier 2; PA; QL  XARELTO STARTER PACK - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Anticonvulsants, Other - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
<p>ELEPSIA XR - Tier 2; QL  <i>levetiracetam er oral tablet extended release 24 hour 500 mg (generic for KEPPRA XR) - Tier 1; QL</i>  <i>levetiracetam er oral tablet extended release 24 hour 750 mg (generic for KEPPRA XR) - Tier 1</i>  <i>levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL; AL</i>  <i>levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL</i>            NAYZILAM - Tier 2; PA; QL  <i>phenobarbital oral elixir 20 mg/5ml - Tier 1; QL</i>  <i>phenobarbital oral tablet - Tier 1; QL</i>  <i>roweepra (generic for ROWEEPRA) - Tier 1; QL</i></p>	<p>BRIVIACT ORAL - Tier 2; PA; QL            EPIDIOLEX - Tier 2; PA; SP; QL            FINTEPLA - Tier 2; PA; QL            XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL            XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL            XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG - Tier 2; PA; QL            XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA</p>
Anti-Cytomegalovirus (CMV) Agents - Miscellaneous Antiviral Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	LIVTENCITY - Tier 2; PA; QL
Antidepressants, Other	
Antidepressants	
	ZURZUVAE ORAL CAPSULE 20 MG - Tier 2; PA; ^; QL; AL

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Preferred Agents	Non-Preferred Agents
Antidepressants, Other - Antidepressants	
Antidepressants - Drugs to Treat Depression	
<i>bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL</i> <i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; ^; QL</i> <i>bupropion hcl oral - Tier 1; QL</i> <i>mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL</i> <i>mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL</i>	<i>FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL</i> <i>SPRAVATO (84 MG DOSE) - Tier 2; PA; ^; QL</i> <i>WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL</i>
Antidiabetic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
<i>acarbose oral - Tier 1; QL</i> <i>ALOGLIPTIN BENZOATE - Tier 2; DX2RX; QL</i> <i>ALOGLIPTIN-METFORMIN HCL - Tier 2; DX2RX; QL</i> <i>ALOGLIPTIN-PIOGLITAZONE - Tier 2; DX2RX; QL</i> <i>DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; DX2RX; QL</i> <i>glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL</i> <i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i> <i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>glyburide micronized - Tier 1; QL</i> <i>glyburide oral - Tier 1; QL</i> <i>glyburide-metformin - Tier 1; QL</i> <i>liraglutide (generic for VICTOZA) - Tier 1; PA; 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>ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL</i> <i>DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL</i> <i>FARXIGA (brand for dapagliflozin propanediol) - Tier 2; DX2RX; QL</i> <i>GLYXAMBI - Tier 2; PA</i> <i>INVOKAMET - Tier 2; PA; QL</i> <i>INVOKANA - Tier 2; PA; QL</i> <i>JANUMET - Tier 2; PA; QL</i> <i>JANUMET XR - Tier 2; PA; QL</i> <i>JANUVIA - Tier 2; PA; QL</i> <i>JARDIANCE - Tier 2; PA; QL</i> <i>JENTADUETO - Tier 2; PA; QL</i> <i>JENTADUETO XR - Tier 2; PA; QL</i> <i>ONGLYZA (brand for saxagliptin hcl) - Tier 2; DX2RX; QL</i> <i>STEGLUJAN - Tier 2; PA; QL</i> <i>SYMLINPEN 120 - Tier 2; PA; QL</i> <i>SYMLINPEN 60 - Tier 2; PA; QL</i> <i>SYNJARDY - Tier 2; PA; QL</i>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i>  MOUNJARO - Tier 2; PA; QL  <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; DX2RX; QL</i>  SEGLUROMET - Tier 2; DX2RX; QL  STEGLATRO - Tier 2; DX2RX; QL  VICTOZA (brand for liraglutide) - Tier 2; PA; ST; QL</p>	<p>SYNJARDY XR - Tier 2; PA; QL  TRADJENTA - Tier 2; PA; QL  TRIJARDY XR - Tier 2; PA; QL  XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA  XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 5-500 MG - Tier 2; PA  XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG - Tier 2; PA; QL  XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL  XULTOPHY - Tier 2; PA; QL</p>

Antiemetics, Other - Nausea and Vomiting Drugs

Antiemetics - Drugs to Treat Nausea and Vomiting

<p><i>anti-nausea (generic for EMETROL) - Tier 1</i>  <i>anti-nausea relief (generic for EMETROL) - Tier 1</i>  BONINE (brand for cvs motion sickness relief) - Tier 2  <i>driminate (generic for DRIMINATE) - Tier 1</i>  EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2  <i>ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1</i>  <i>ft motion sickness oral tablet chewable (generic for BONINE) - Tier 1</i>  <i>hydroxyzine pamoate oral - Tier 1; QL</i>  <i>meclizine hcl oral tablet 12.5 mg - Tier 1; QL</i>  <i>meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL</i>  <i>meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1</i>  <i>metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL</i>  <i>metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL</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></p>	
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Preferred Agents	Non-Preferred Agents
<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>nausea control (generic for EMETROL) - Tier 1</i> <i>nausea relief (generic for EMETROL) - Tier 1</i> <i>perphenazine oral - Tier 1; QL</i> <i>prochlorperazine (generic for COMPRO) - Tier 1; QL</i> <i>prochlorperazine maleate oral - Tier 1; QL</i> <i>travel ease (generic for BONINE) - Tier 1</i> <i>trimethobenzamide hcl oral - Tier 1; QL</i>	
Antiestrogens/Modifiers	
Antineoplastics - Drugs to Treat Cancer	
	ORSERDU ORAL TABLET 345 MG - Tier 2; PA; SP; QL
Antiestrogens/Modifiers - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	

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**Preferred Agents**

**Non-Preferred Agents**

Antifungals - Fungal Infection Drugs

Antifungals - Drugs to Treat Fungal Infections

3 day vaginal - Tier 1  
 antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL  
 anti-fungal external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1  
 antifungal external cream (generic for DESENEX) - Tier 1  
 antifungal external powder (generic for DESENEX) - Tier 1; QL  
 antifungal foot care (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL  
 athlete's foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1  
 athlete's foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL  
 athlete's foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1  
 athlete's foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL  
 athlete's foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1

CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL  
 GYNAZOLE-1 - Tier 2; PA; QL  
 JUBLIA - 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  
 VIVJOA - Tier 2; PA; QL

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## Preferred Agents

*athletes foot external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL*  
*athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL*  
*athletes foot powder spray (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1*  
*athletes foot relief (generic for TINACTIN) - Tier 1*  
*athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1*  
*baza antifungal (generic for DESENEX) - Tier 1*  
*ciclodan (generic for CICLODAN) - Tier 1; QL*  
*ciclopirox external solution (generic for CICLODAN) - Tier 1; QL*  
*clotrimazole 3 - Tier 1*  
*clotrimazole 7 - Tier 1; QL*  
*clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL*  
*clotrimazole external solution 1 % - Tier 1; QL*  
*clotrimazole mouth/throat troche 10 mg - Tier 1; QL*  
*clotrimazole vaginal cream 1 % - Tier 1; QL*  
*CRITIC-AID CLEAR AF - Tier 2*  
*CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2*  
*DESENEX EXTERNAL CREAM 2 % (brand for antifungal) - Tier 2*  
*DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL*  
*DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2*  
*fluconazole oral (generic for DIFLUCAN) - Tier 1; QL*  
*foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1*  
*foot care (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL*  
*ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL*  
*ft antifungal external cream 2 % (generic for DESENEX) - Tier 1*  
*ft athletes foot (terbinafine) (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL*  
*ft clotrimazole - Tier 1; QL*  
*ft clotrimazole 3 - Tier 1*

## Non-Preferred Agents

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**Preferred Agents**

*ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL*  
*ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL*  
*fungi-guard (generic for TINACTIN) - Tier 1; QL*  
*griseofulvin microsize oral - Tier 1; QL*  
*griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; QL*  
*itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL*  
*jock itch external cream 1 % (generic for LAMISIL AT ATHLETES FOOT) - Tier 1; QL*  
*jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1*  
*ketoconazole external cream - Tier 1; QL*  
*ketoconazole external shampoo - Tier 1; QL*  
*ketoconazole oral - Tier 1; QL*  
*klayesta (generic for KLAYESTA) - Tier 1; QL*  
*LAMISIL AT ATHLETES FOOT (brand for athletes foot (terbinafine)) - Tier 2; QL*  
*LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL*  
*LOTRIMIN AF EXTERNAL AEROSOL POWDER (brand for athletes foot powder spray) - Tier 2*  
*MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2*  
*micaderm (generic for DESEENEX) - Tier 1*  
*MICATIN (brand for antifungal) - Tier 2*  
*miconazole 3 - Tier 1; QL*  
*miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL*  
*miconazole 7 vaginal cream (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL*  
*miconazole antifungal (generic for DESEENEX) - Tier 1*  
*miconazole nitrate external cream (generic for DESEENEX) - Tier 1*

**Non-Preferred Agents**

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## Preferred Agents

*miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE)* - Tier 1; QL  
*miconazorb af (generic for DESENEX)* - Tier 1; QL  
*MICRO GUARD (brand for antifungal)* - Tier 2; QL  
*MONISTAT 3 COMBO PACK APP (brand for cvs miconazole 3 combo pack)* - Tier 2; QL  
*nyamyc (generic for KLAYESTA)* - Tier 1; QL  
*nystatin external (generic for KLAYESTA)* - Tier 1; QL  
*nystatin mouth/throat* - Tier 1; QL  
*nystatin oral* - Tier 1; QL  
*nystop (generic for KLAYESTA)* - Tier 1; QL  
*SECURA ANTIFUNGAL EXTRA THICK (brand for antifungal)* - Tier 2  
*terbinafine hcl external (generic for LAMISIL AT ATHLETES FOOT)* - Tier 1; QL  
*terbinafine hcl oral* - Tier 1; QL  
*terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT ATHLETES FOOT)* - Tier 1; QL  
*terconazole vaginal cream* - Tier 1; QL  
*tgt clotrimazole external cream 1 % (generic for DESENEX)* - Tier 1; QL  
*TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate))* - Tier 2; QL  
*tolnaftate antifungal external cream (generic for TINACTIN)* - Tier 1; QL  
*tolnaftate external cream (generic for TINACTIN)* - Tier 1; QL  
*tolnaftate external powder (generic for LOTRIMIN AF)* - Tier 1  
*TRITOLNACIDE C (brand for antifungal (tolnaftate))* - Tier 2; QL  
*voriconazole oral tablet (generic for VFEND)* - Tier 1; PA; QL  
*ZEASORB-AF (brand for antifungal)* - Tier 2; QL

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
Antigout Agents - Gout Drugs	
Antigout Agents - Drugs to Treat Gout	
<i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i> <i>colchicine oral tablet - Tier 1; QL</i> <i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i> <i>probenecid - Tier 1; QL</i>	<i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i>
Anti-hepatitis B (HBV) Agents - Hepatitis B Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>BARACLUDE ORAL SOLUTION - Tier 2; QL</i> <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	
Anti-hepatitis C (HCV) Agents, Direct Acting Agents - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>MAVYRET ORAL PACKET - Tier 2; PA; QL</i> <i>MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5, &amp; 6; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; QL</i> <i>ZEPATIER - Tier 2; PA; QL</i>	<i>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; QL</i> <i>HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; QL</i> <i>SOVALDI - Tier 2; PA; QL</i> <i>VOSEVI - Tier 2; PA; QL</i>
Anti-hepatitis C (HCV) Agents, Other - Hepatitis C Drugs	
Antivirals - Drugs to Treat Viral Infections	
<i>PEGASYS - Tier 2; PA; SP; QL</i> <i>ribavirin oral - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
Antitherpetic Agents - Herpes Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p><i>acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL</i></p> <p><i>acyclovir oral capsule - Tier 1; QL</i></p> <p><i>acyclovir oral suspension 200 mg/5ml - Tier 1; QL</i></p> <p><i>acyclovir oral tablet - Tier 1; QL</i></p> <p><i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i></p>	
Antihistamines - Allergy Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>12 hour allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i></p> <p><i>allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>allergy &amp; congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i></p> <p><i>allergy &amp; congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i></p>	

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

allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

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

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

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

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

allergy relief oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

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

allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

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

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

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

aller-tec d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

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

cetirizine-pseudoephedrine er (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL

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

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

DESGEN DM ORAL LIQUID (brand for ft tussin cf adult) - Tier 2; AL

ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL

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

*ft all day allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*

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

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

*ft tussin cf adult (generic for DESGEN DM) - Tier 1; AL*

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

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

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

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

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

*nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL*

*qc tussin cf adult (generic for DESGEN DM) - Tier 1; AL*

*ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL*

*ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL*

*tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL*

*ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL*

*ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL*

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Preferred Agents	Non-Preferred Agents
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Antihistamines - Drugs to Treat Allergies	
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Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
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<p>12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL</p> <p>24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL</p> <p>all day allergy oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL</p> <p>all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL</p> <p>ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL</p> <p>ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL</p> <p>allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL</p> <p>aller-ease oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL</p> <p>aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL</p> <p>allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</p> <p>allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL</p> <p>allergy &amp; hives relief (generic for KLS ALLER-FEX) - Tier 1; QL</p>	<p>DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL</p> <p>RYALTRIS - Tier 2; PA; QL; AL</p>
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## Preferred Agents

allergy (cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL  
allergy 24hour indoor/outdoor (generic for KLS ALLER-TEC) - Tier 1; QL  
allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL  
allergy childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL  
allergy medication (generic for BANOPHEN) - Tier 1; QL  
allergy medicine (generic for BANOPHEN) - Tier 1; QL  
allergy oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL  
allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
allergy oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL  
allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL  
allergy relief (cetirizine) oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL  
allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL  
allergy relief adult (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL  
allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL  
allergy relief childrens oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  
allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL  
allergy relief childrens oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL  
allergy relief max st (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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

allergy relief oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL  
allergy relief oral liquid 25 mg/10ml (generic for RA DIPHEDRYL ALLERGY) - 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 25 mg (generic for BANOPHEN) - Tier 1; QL  
allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL  
allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL  
allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL  
allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL  
allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL  
allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL  
aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL  
anti-hist allergy (generic for BANOPHEN) - Tier 1; QL  
azelastine hcl nasal - Tier 1; QL  
banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL  
banophen oral tablet (generic for BANOPHEN) - Tier 1; QL  
BENADRYL ALLERGY CHILDRENS ORAL LIQUID (brand for allergy childrens) - Tier 2; QL  
BENADRYL ALLERGY CHILDRENS ORAL TABLET CHEWABLE (brand for cvs allergy relief childrens) - Tier 2; QL  
BENADRYL ALLERGY ORAL TABLET (brand for allergy relief) - Tier 2; QL  
BENADRYL ALLERGY ULTRATABS (brand for allergy relief) - Tier 2; QL  
cetirizine allergy relief (generic for KLS ALLER-TEC) - Tier 1; QL

## Non-Preferred Agents

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## Preferred Agents

*cetirizine hcl oral solution (generic for KLS ALLER-TEC CHILDRENS)* - Tier 1; QL  
*cetirizine hcl oral tablet (generic for KLS ALLER-TEC)* - Tier 1; QL  
*childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY)* - Tier 1; QL  
*childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS)* - Tier 1; QL  
*chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY)* - Tier 1; QL  
*CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er)* - Tier 2; QL  
*clemastine fumarate oral (generic for CLEMASZ)* - Tier 1; QL  
*complete allergy (generic for BANOPHEN)* - Tier 1; QL  
*complete allergy medicine (generic for BANOPHEN)* - Tier 1; QL  
*complete allergy medicine oral capsule (generic for BANOPHEN)* - Tier 1; QL  
*complete allergy relief (generic for BANOPHEN)* - Tier 1; QL  
*CURELIEF (brand for allergy childrens)* - Tier 2; QL  
*cyproheptadine hcl oral* - Tier 1; QL  
*DAYHIST ALLERGY 12 HOUR RELIEF* - Tier 2; QL  
*DIMETAPP COUGH & ALLERGY CHILD (brand for cvs allergy relief childrens)* - Tier 2; QL  
*diphenhydramine hcl oral (generic for BANOPHEN)* - Tier 1; QL  
*diphedryl allergy (generic for RA DIPHEDRYL ALLERGY)* - Tier 1; QL  
*diphen (generic for BANOPHEN)* - Tier 1; QL  
*diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY)* - Tier 1; QL  
*diphenhydramine hcl oral (generic for BANOPHEN)* - Tier 1; QL  
*ed chlorped jr (generic for DIABETIC TUSSIN ALLERGY)* - Tier 1; QL  
*loratadine (generic for KLS ALLERCLEAR)* - Tier 1; QL  
*fexofenadine hcl oral (generic for ALLEGRA ALLERGY)* - Tier 1; QL  
*ft all day allergy (generic for KLS ALLER-TEC)* - Tier 1; QL  
*ft all day allergy 24 hour (generic for KLS ALLER-TEC)* - Tier 1; QL  
*ft all day allergy relief (generic for KLS ALLERCLEAR)* - Tier 1; QL

## Non-Preferred Agents

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

*ft allergy childrens (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*

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

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

*ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL*

*ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*

*ft allergy relief loratadine (generic for KLS ALLERCLEAR) - Tier 1; QL*

*ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL*

*ft allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL*

*ft allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL*

*ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL*

*geri-dryl (generic for BANOPHEN) - Tier 1; QL*

*h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*

*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*

*loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL*

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

*loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*

*loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*

*loratadine oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL*

*loratadine oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL*

*MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL*

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Preferred Agents	Non-Preferred Agents
<p><i>m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i>  <i>MM ALLER-BEN (brand for allergy relief) - Tier 2; QL</i>  <i>mm allergy relief 24 hour (generic for KLS ALLER-FEX) - Tier 1; QL</i>  <i>NARAMIN (brand for allergy childrens) - Tier 2; QL</i>  <i>pharbedryl (generic for BANOPHEN) - Tier 1; QL</i>  <i>promethazine hcl oral - Tier 1; QL</i>  <i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i>            PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL  <i>total allergy (generic for BANOPHEN) - Tier 1; QL</i>  <i>total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL</i>  <i>TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL</i>  <i>ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2; QL</i></p>	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
Antivirals - Drugs to Treat Viral Infections	
DOVATO - Tier 2; QL	
Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2; DX2RX BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; DX2RX; QL GENVOYA - Tier 2; DX2RX; 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 TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL TRIUMEQ - Tier 2; QL TRIUMEQ PD - Tier 2; QL	STRIBILD - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI) - HIV Drugs	
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Antivirals - Drugs to Treat Viral Infections	
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<p><i>COMPLERA (brand for emtricitab- rilpivir- tenofov df) - Tier 2; DX2RX; QL</i></p> <p>DELSTRIGO - Tier 2; QL</p> <p>EDURANT - Tier 2; QL</p> <p><i>efavirenz - Tier 1; QL</i></p> <p><i>efavirenz- emtricitab- tenofo df - Tier 1; QL</i></p> <p><i>efavirenz- lamivudine- tenofovir (generic for SYMFI) - Tier 1; QL</i></p> <p><i>emtricitab- rilpivir- tenofov df (generic for COMPLERA) - Tier 1; DX2RX; QL</i></p> <p><i>etravirine (generic for INTELENCE) - Tier 1; QL</i></p> <p>INTELENCE ORAL TABLET 25 MG - Tier 2; QL</p> <p>JULUCA - Tier 2; QL</p> <p><i>nevirapine - Tier 1; QL</i></p> <p><i>nevirapine er - Tier 1; QL</i></p> <p>ODEFSEY - Tier 2; QL</p> <p>PIFELTRO - Tier 2; QL</p>	<p><i>SYMFI (brand for efavirenz- lamivudine- tenofovir) - Tier 2; PA; QL</i></p> <p><i>SYMFI LO ORAL TABLET 400-300-300 MG (brand for efavirenz- lamivudine- tenofovir) - Tier 2; PA; QL</i></p>
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Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
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Antivirals - Drugs to Treat Viral Infections	
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<p>SUNLENCA ORAL TABLET - Tier 2; QL; AL</p> <p>SUNLENCA ORAL TABLET THERAPY PACK - Tier 2; QL</p>	
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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI) - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p> <i>abacavir sulfate (generic for ZIAGEN) - Tier 1; QL</i>  <i>abacavir sulfate-lamivudine - Tier 1; QL</i>            CIMDUO - Tier 2; QL            DESCOVY - Tier 2; QL  <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 10 mg/ml (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 - Tier 1; QL</i>  <i>tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL</i>            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> <i>TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL</i> </p>
Anti-HIV Agents, Other - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p>           FUZEON - Tier 2; QL  <i>maraviroc (generic for SELZENTRY) - Tier 1; QL</i>            RUKOBIA - Tier 2; QL            SELZENTRY ORAL SOLUTION - Tier 2; QL            TYBOST - Tier 2; QL         </p>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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
Anti-HIV Agents, Protease Inhibitors - HIV Drugs	
Antivirals - Drugs to Treat Viral Infections	
<p>APTIVUS - Tier 2; QL  <i>atazanavir sulfate (generic for REYATAZ) - Tier 1; QL</i>  <i>darunavir (generic for PREZISTA) - Tier 1; QL</i>            EVOTAZ - Tier 2; QL  <i>fosamprenavir calcium - Tier 1; QL</i>            KALETRA ORAL SOLUTION - Tier 2; QL  <i>lopinavir-ritonavir (generic for KALETRA) - Tier 1; QL</i>            NORVIR ORAL PACKET - Tier 2; QL            PREZCOBIX - Tier 2; QL            PREZISTA ORAL SUSPENSION - Tier 2; QL            PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; QL            REYATAZ ORAL PACKET - Tier 2; Members &gt;= 8 years of age will require PA; QL; AL  <i>ritonavir (generic for NORVIR) - Tier 1; QL</i>            SYMTUZA - Tier 2; QL            VIRACEPT - Tier 2; QL</p>	<p><i>KALETRA ORAL TABLET 200-50 MG (brand for lopinavir-ritonavir) - Tier 2; PA; QL</i>  <i>PREZISTA ORAL TABLET 600 MG, 800 MG (brand for darunavir) - Tier 2; PA; QL</i>  <i>REYATAZ ORAL CAPSULE (brand for atazanavir sulfate) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>24 hour nasal allergy nasal aerosol 55 mcg/act (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>ASMANEX (120 METERED DOSES) - Tier 2; PA; QL</p> <p>ASMANEX (14 METERED DOSES) - Tier 2; PA; QL</p> <p>ASMANEX (30 METERED DOSES) - Tier 2; PA; QL</p> <p>ASMANEX (60 METERED DOSES) - Tier 2; PA; QL</p> <p>ASMANEX HFA - Tier 2; PA; Members &gt;= 8 years of age will require PA; QL</p> <p><i>budesonide inhalation (generic for PULMICORT) - Tier 1; Members &gt;= 5 years of age will require PA; QL; AL</i></p> <p>FLUTICASONE PROPIONATE HFA - Tier 2; QL</p> <p><i>fluticasone propionate nasal (generic for FLONASE ALLERGY REL CHILDRENS) - Tier 1; QL</i></p> <p><i>ft 24 hour nasal allergy (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p>	<p>ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL</p> <p>ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA</p> <p>ARNUITY ELLIPTA - Tier 2; PA; QL</p> <p>OMNARIS - Tier 2; PA; QL</p> <p>PULMICORT FLEXHALER - Tier 2; PA; QL</p> <p><i>PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members &gt;= 5 years of age will require PA; QL; AL</i></p> <p>QNASL - Tier 2; PA; QL</p> <p>QNASL CHILDRENS - Tier 2; PA; QL</p> <p>QVAR REDHALER - Tier 2; PA; QL</p> <p>XHANCE - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<p><i>mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST; QL</i>  <i>NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL</i>  <i>nasal allergy 24 hour (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i>  <i>nasal allergy nasal aerosol 55 mcg/lact (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i>  <i>nasal allergy spray (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i>            NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL            NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL  <i>triamcinolone acetonide nasal (generic for NASACORT ALLERGY 24HR) - Tier 1; QL</i></p>	
Anti-Influenza Agents - Flu Drugs	
Antivirals - Drugs to Treat Viral Infections	
<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; QL</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>
Antileukotrienes - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p><i>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</i></p>	<p><i>SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL</i>  <i>zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL</i>            ZYFLO - Tier 2; PA</p>

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Preferred Agents	Non-Preferred Agents
Antimetabolites - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>capecitabine (generic for XELODA) - Tier 1; SP; QL</i> DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL <i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral tablet - Tier 1; QL</i>	<i>PURIXAN (brand for mercaptopurine) - Tier 2; PA; QL</i> SIKLOS - Tier 2; PA; QL
Antimycobacterials, Other - Miscellaneous Anti-Infectives	
Antimycobacterials - Drugs to Treat Infections	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin - Tier 1; QL</i>	
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<i>leucovorin calcium oral tablet 10 mg - Tier 1</i> <i>leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL</i> LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL ROZLYTREK ORAL PACKET - Tier 2; PA; SP; QL; AL VERZENIO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL ZYKADIA - Tier 2; PA; SP; QL	BESREMI - 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 KOSELUGO - Tier 2; PA; SP; QL LORBRENA - Tier 2; PA; SP; QL LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG - 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
Anti-Obesity Agents - Drugs for Weight Loss	
	WEGOVY - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antiparkinson Agents - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
	NOURIANZ - Tier 2; PA; QL
Antiparkinson Agents, Other - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	GOCOVRI - Tier 2; PA; QL ONGENTYS - Tier 2; PA; QL
Antiprotozoals - Protozoal Infection Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
<i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i> <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i> <i>chloroquine phosphate oral - Tier 1; QL</i> <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for SOVUNA) - Tier 1; DX2RX; QL</i> KRINTAFEL - Tier 2; QL <i>mefloquine hcl - Tier 1; QL</i> <i>nitazoxanide oral - 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; QL</i> <i>SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; DX2RX; QL</i>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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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Antispasmodics, Gastrointestinal - Stomach and Intestine Drugs	
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Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
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<p><i>ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL</i>  <i>dicyclomine hcl oral capsule - Tier 1; QL</i>  <i>dicyclomine hcl oral solution 10 mg/5ml - Tier 1; QL</i>  <i>dicyclomine hcl oral tablet - Tier 1; QL</i>  <i>glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1</i>  <i>hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL</i>  <i>hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL</i>  <i>hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL</i>  <i>hyosyne - Tier 1; QL</i>  <i>LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL</i>  <i>NULEV (brand for hyoscyamine sulfate) - Tier 2; QL</i></p>	
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Antispasmodics, Urinary - Bladder Control Drugs	
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Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
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<p><i>oxybutynin chloride er - Tier 1; QL</i>  <i>oxybutynin chloride oral solution - Tier 1; QL</i>  <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i>  <i>OXYTROL FOR WOMEN - Tier 2; QL</i>  <i>solifenacin succinate (generic for VESICARE) - Tier 1; QL</i>  <i>tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL</i>  <i>tolterodine tartrate er - Tier 1; PA; QL</i>  <i>tropium chloride - Tier 1; QL</i></p>	<p><i>GEMTESA - Tier 2; PA; QL</i>  <i>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL</i>  <i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL</i>  <i>TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL</i>  <i>VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL</i></p>
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Antithyroid Agents - Thyroid Suppressing Drugs	
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Hormonal Agents, Suppressant (Thyroid) - Drugs to Suppress Thyroid Hormones	
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<p><i>methimazole oral - Tier 1; QL</i>  <i>propylthiouracil oral - Tier 1; QL</i></p>	
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Preferred Agents	Non-Preferred Agents
Antituberculars - Tuberculosis Drugs	
Antimycobacterials - Drugs to Treat Infections	
<i>cycloserine oral - Tier 1; QL</i> <i>ethambutol hcl oral tablet 100 mg - Tier 1</i> <i>ethambutol hcl oral tablet 400 mg - Tier 1; QL</i> <i>isoniazid oral - Tier 1; QL</i> PRIFTIN - Tier 2; QL <i>pyrazinamide oral - Tier 1; QL</i> <i>rifampin oral - Tier 1; QL</i> SIRTURO - Tier 2; QL TRECATOR - Tier 2; QL	
Antivirals - Drugs to Treat Viral Infections	
LAGEVRIO - Tier 2; QL PAXLOVID - Tier 2; QL; AL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics, Other - Anxiety Drugs	
Anxiolytics - Drugs to Treat Anxiety	
<i>buspirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i>	
Aromatase Inhibitors, 3rd Generation - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<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>	

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## Preferred Agents

## Non-Preferred Agents

Attention Deficit Hyperactivity Disorder Agents, Amphetamines - ADHD Drugs

Central Nervous System Agents - Drugs to Treat Nerve Conditions

*ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 30 MG (brand for amphetamine-dextroamphetamine) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 20 MG, 25 MG, 5 MG (brand for amphetamine-dextroamphetamine) - Tier 2; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 30 mg (generic for ADDERALL XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*amphetamine-dextroamphetamine er oral capsule extended release 24 hour 15 mg, 20 mg, 25 mg, 5 mg (generic for ADDERALL XR) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*amphetamine-dextroamphetamine oral tablet 10 mg, 30 mg, 5 mg, 7.5 mg (generic for ADDERALL) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*ADZENYS XR-ODT - Tier 2; DX2RX; ^; QL; AL*

*DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE - Tier 2; DX2RX; ^; QL; AL*

*VYVANSE ORAL TABLET CHEWABLE (brand for lisdexamfetamine dimesylate) - Tier 2; PA; ^; QL*

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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

amphetamine-dextroamphetamine oral tablet 12.5 mg, 15 mg, 20 mg (generic for ADDERALL) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg (generic for DEXEDRINE) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL

dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

lisdexamfetamine dimesylate oral capsule 10 mg, 40 mg, 70 mg (generic for VYVANSE) - Tier 1; DX2RX; ST; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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

*lisdexamfetamine dimesylate oral capsule 20 mg, 30 mg, 50 mg, 60 mg (generic for VYVANSE) - Tier 1; DX2RX; ST; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*  
*VYVANSE ORAL CAPSULE 10 MG, 40 MG, 70 MG (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*  
*VYVANSE ORAL CAPSULE 20 MG, 30 MG, 50 MG, 60 MG (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

## Preferred Agents

## Non-Preferred Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs

Central Nervous System Agents - Drugs to Treat Nerve Conditions

*atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 60 mg (generic for STRATTERA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*atomoxetine hcl oral capsule 100 mg, 80 mg - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*atomoxetine hcl oral capsule 40 mg - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*clonidine hcl er - Tier 1; ^; QL; AL*

*AZSTARYS - Tier 2; PA; ^; QL; AL*

*CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*DAYTRANA (brand for methylphenidate) - Tier 2; DX2RX; ^; QL; AL*

*JORNAY PM - Tier 2; PA; ^; QL; AL*

*methylphenidate (generic for DAYTRANA) - Tier 1; DX2RX; ^; QL; AL*

*QELBREE - Tier 2; PA; ^; QL; AL*

*RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; ^; QL; AL*

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## Preferred Agents

*dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg (generic for INTUNIV) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg (generic for INTUNIV) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg (generic for RITALIN LA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

## Non-Preferred Agents

*RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; ^; QL; AL*

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## Preferred Agents

*methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*methylphenidate hcl er (osm) oral tablet extended release 36 mg (generic for CONCERTA) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

*methylphenidate hcl er oral tablet extended release - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg - Tier 1; DX2RX; Diagnosis required for 18 years of age and older||Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL*

*methylphenidate hcl er oral tablet extended release 24 hour 36 mg - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider||Diagnosis required for 18 years of age and older; ^; QL; AL*

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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>methylphenidate hcl oral tablet 10 mg (generic for RITALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older  Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider; ^; QL; AL</i></p> <p><i>methylphenidate hcl oral tablet 20 mg, 5 mg (generic for RITALIN) - Tier 1; DX2RX; Medical office attestation needed if prescribed by behavioral health provider Full Prior Authorization needed if prescribed by non-behavioral health provider  Diagnosis required for 18 years of age and older; ^; QL; AL</i></p>	
<p><b>Benign Prostatic Hypertrophy Agents - Prostate Drugs</b></p>	
<p><b>Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions</b></p>	
<p><i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i></p> <p><i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i></p> <p><i>tamsulosin hcl - Tier 1; QL</i></p> <p><i>terazosin hcl - Tier 1; QL</i></p>	<p><i>tadalafil oral tablet 5 mg (generic for CIALIS) - Tier 1; PA; QL; GE</i></p>
<p><b>Benzodiazepines - Anxiety Drugs</b></p>	
<p><b>Anxiolytics - Drugs to Treat Anxiety</b></p>	
<p><i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i></p> <p><i>chlordiazepoxide hcl - Tier 1; QL</i></p> <p><i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i></p> <p><i>clorazepate dipotassium - Tier 1; QL</i></p> <p><i>diazepam oral solution - Tier 1; QL</i></p> <p><i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i></p> <p><i>lorazepam injection (generic for ATIVAN) - Tier 1; ^</i></p> <p><i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i></p> <p><i>oxazepam - Tier 1; QL</i></p> <p><i>triazolam (generic for HALCION) - Tier 1; QL</i></p>	<p><i>diazepam oral concentrate (generic for DIAZEPAM INTENSOL) - Tier 1; PA; ^; QL</i></p> <p><i>estazolam - Tier 1; PA; QL</i></p> <p><i>HALCION (brand for triazolam) - Tier 2; PA; QL</i></p> <p><i>LOREEV XR - Tier 2; PA; ^; QL</i></p> <p><i>quazepam - Tier 1; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Beta-adrenergic Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<ul style="list-style-type: none"> <li><i>atenolol oral (generic for TENORMIN) - Tier 1; QL</i></li> <li><i>betaxolol hcl oral - Tier 1; QL</i></li> <li><i>bisoprolol fumarate oral - Tier 1; QL</i></li> <li><i>carvedilol (generic for COREG) - Tier 1; QL</i></li> <li><i>labetalol hcl oral - Tier 1; QL</i></li> <li><i>metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL</i></li> <li><i>metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL</i></li> <li><i>metoprolol tartrate oral tablet 25 mg - Tier 1; QL</i></li> <li><i>metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1</i></li> <li><i>nadolol oral - Tier 1; QL</i></li> <li><i>nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL</i></li> <li><i>pindolol - Tier 1; QL</i></li> <li><i>propranolol hcl er (generic for INDERAL LA) - Tier 1; QL</i></li> <li><i>propranolol hcl oral solution 20 mg/5ml - Tier 1; QL</i></li> <li><i>propranolol hcl oral solution 40 mg/5ml - Tier 1</i></li> <li><i>propranolol hcl oral tablet - Tier 1; QL</i></li> </ul>	<ul style="list-style-type: none"> <li><i>HEMANGEOL - Tier 2; PA; QL</i></li> </ul>
Beta-Lactam, Cephalosporins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<ul style="list-style-type: none"> <li><i>cefaclor oral capsule - Tier 1; QL</i></li> <li><i>cefadroxil - Tier 1; QL</i></li> <li><i>cefdinir - Tier 1; QL</i></li> <li><i>cefixime oral capsule - Tier 1; QL</i></li> <li><i>cefpodoxime proxetil oral tablet - Tier 1; QL</i></li> <li><i>cefprozil - Tier 1; QL</i></li> <li><i>cefuroxime axetil - Tier 1; QL</i></li> <li><i>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</i></li> <li><i>cephalexin oral suspension reconstituted - Tier 1; QL</i></li> </ul>	

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Beta-Lactam, Penicillins - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<i>amoxicillin</i> - Tier 1; QL <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN ES-600)</i> - Tier 1; QL <i>ampicillin</i> - Tier 1; QL <i>dicloxacillin sodium</i> - Tier 1; QL <i>penicillin v potassium</i> - Tier 1; QL	
Blood Formation Modifiers - Blood Formation Drugs	
Blood Products and Modifiers - Drugs to Treat Blood Disorders	
	EMPAVELI - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
<i>anagrelide hcl (generic for AGRYLIN)</i> - Tier 1 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL <i>eltrombopag olamine oral packet 12.5 mg (generic for PROMACTA)</i> - Tier 1; PA; SP; QL <i>eltrombopag olamine oral tablet (generic for PROMACTA)</i> - Tier 1; PA; SP; QL EPOGEN - Tier 2; PA; SP; QL LEUKINE - Tier 2; PA; SP; QL MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP; QL NEULASTA ONPRO - Tier 2; PA; SP; QL <i>plerixafor (generic for MOZOBIL)</i> - Tier 1; PA; SP; QL PROCRIT - Tier 2; PA; SP; QL RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML - Tier 2; PA; SP; QL RETACRIT INJECTION SOLUTION 20000 UNIT/ML - Tier 2; PA; SP	DOPTELET - Tier 2; PA; SP; QL FULPHILA - Tier 2; PA; SP; QL FYLNETRA - Tier 2; PA; SP NEUPOGEN - Tier 2; PA; SP; QL NIVESTYM - Tier 2; PA; SP; QL NYVEPRIA - Tier 2; PA; SP PROMACTA ORAL PACKET 12.5 MG (brand for eltrombopag olamine) - Tier 2; PA; SP; QL PROMACTA ORAL TABLET (brand for eltrombopag olamine) - Tier 2; PA; SP; QL RELEUKO - Tier 2; PA; SP STIMUFEND - Tier 2; PA; SP ZIEXTENZO - Tier 2; PA; SP

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL ZARXIO - Tier 2; PA; SP; QL	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
	GIVLAARI - Tier 2; PA
Bronchodilators, Anticholinergic - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation</i> - Tier 1; QL <i>ipratropium bromide nasal</i> - Tier 1; QL <i>tiotropium bromide monohydrate (generic for SPIRIVA HANDIHALER)</i> - Tier 1; QL	<i>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate)</i> - Tier 2; PA; QL SPIRIVA RESPIMAT - Tier 2; PA; QL TUDORZA PRESSAIR - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
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Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
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<p><i>albuterol sulfate hfa (generic for VENTOLIN HFA) - Tier 1; QL</i>  <i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL</i>  <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 nebulization solution (5 mg/ml) 0.5% inhalation - Tier 1; QL</i>            ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION - Tier 2; QL  <i>albuterol sulfate oral syrup 2 mg/5ml - Tier 1; QL</i>  <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i>            EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.3 MG/0.3ML - Tier 2; QL  <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i>            STRIVERDI RESPIMAT - Tier 2; QL</p>	<p><i>AUVI-Q (brand for epinephrine) - Tier 2; PA; QL</i>  <i>EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i>  <i>EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL</i>  <i>PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL</i>            PROAIR RESPICLICK - Tier 2; PA; QL            SEREVENT DISKUS - Tier 2; PA; QL  <i>VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL</i>  <i>XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL</i></p>
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Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
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Antimigraine Agents - Drugs to Treat Migraines	
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<p>AIMOVIG - Tier 2; PA; QL            AJOVY - Tier 2; PA; QL            EMGALITY - Tier 2; PA; QL            EMGALITY (300 MG DOSE) - Tier 2; PA; QL            NURTEC - Tier 2; PA; QL            UBRELVY - Tier 2; PA; QL</p>	<p>QULIPTA - Tier 2; PA; QL</p>
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Preferred Agents	Non-Preferred Agents
Calcium Channel Blocking Agents - Blood Pressure Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p><i>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL</i>  <i>cartia xt (generic for CARTIA XT) - Tier 1; QL</i>  <i>diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL</i>  <i>diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL</i>  <i>diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL</i>  <i>dilt-xr - Tier 1; QL</i>  <i>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 capsule - Tier 1; QL</i>            NIMODIPINE ORAL SOLUTION - Tier 2; QL            NYMALIZE - Tier 2; QL  <i>tiadytl er (generic for TIADYLT ER) - Tier 1; QL</i>  <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL</i>  <i>verapamil hcl er oral tablet extended release - Tier 1; QL</i>  <i>verapamil hcl oral - Tier 1; QL</i></p>	<p>NORLIQVA - Tier 2; PA; QL</p>
Calcium Channel Modifying Agents - Seizure Control Drugs	
Anticonvulsants - Drugs to Treat Seizures	
<p><i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i>  <i>methsuximide (generic for CELONTIN) - Tier 1; QL</i>  <i>zonisamide oral (generic for ZONEGRAN) - Tier 1; QL</i></p>	<p>ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
Cardiovascular Agents, Other	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	CAMZYOS ORAL CAPSULE 2.5 MG - Tier 2; PA; SP; QL WINREVAIR SUBCUTANEOUS KIT 2 X 45 MG - Tier 2; PA; SP; QL
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p><i>amiloride-hydrochlorothiazide - Tier 1; QL</i></p> <p><i>amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL</i></p> <p><i>amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1</i></p> <p><i>amlodipine-olmesartan (generic for AZOR) - Tier 1</i></p> <p><i>atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL</i></p> <p><i>benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL</i></p> <p><i>bisoprolol-hydrochlorothiazide - Tier 1; QL</i></p> <p><i>captopril-hydrochlorothiazide - Tier 1; QL</i></p> <p><i>digoxin oral solution - Tier 1</i></p> <p><i>digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL</i></p> <p><i>enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL</i></p> <p><i>ENTRESTO ORAL TABLET - Tier 2; PA; QL</i></p> <p><i>fosinopril sodium-hctz - Tier 1; QL</i></p> <p><i>irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL</i></p> <p><i>lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL</i></p> <p><i>losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL</i></p>	<p><i>CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL</i></p> <p><i>EDARBYCLOR - Tier 2; PA; QL</i></p> <p><i>TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL</i></p> <p><i>VERQUVO - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<p><i>olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL</i>  <i>pentoxifylline er - Tier 1; QL</i>  <i>quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL</i>  <i>ranolazine er - Tier 1; QL</i>  <i>spironolactone-hctz - Tier 1; QL</i>  <i>triamterene-hctz - Tier 1; QL</i>  <i>valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL</i>            VYNDAMAX - Tier 2; PA; SP; QL            VYNDAQEL - Tier 2; PA; SP; QL</p>	

Central Nervous System, Other - Miscellaneous Central Nervous System Drugs

Central Nervous System Agents - Drugs to Treat Nerve Conditions

<p>AUSTEDO - Tier 2; PA; SP; QL  <i>caffeine citrate oral - Tier 1; QL; AL</i>            INGREZZA - Tier 2; PA; SP; QL            NUEDEXTA - Tier 2; DX2RX; QL  <i>riluzole - Tier 1; QL</i>  <i>tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL</i></p>	<p>AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG - Tier 2; PA; SP; QL  <i>GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL</i>            HORIZANT - Tier 2; PA; QL  <i>NAMZARIC (brand for memantine hcl-donepezil hcl) - Tier 2; PA; QL; AL</i>            RADICAVA ORS - Tier 2; PA; SP; QL            RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL            TIGLUTIK - Tier 2; PA; QL  <i>XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; QL</i></p>
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Preferred Agents	Non-Preferred Agents
Cholinesterase Inhibitors - Alzheimer's Disease and Dementia Drugs	
Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia	
<p><i>donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members &lt;18 years of age will require PA; QL; AL</i></p> <p><i>donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members &lt;18 years of age will require PA; QL; AL</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; QL; AL</i></p> <p><i>rivastigmine (generic for EXELON) - Tier 1; Members &lt;18 years of age will require PA; QL; AL</i></p> <p><i>rivastigmine tartrate - Tier 1; QL; AL</i></p>	
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p>CAYSTON - Tier 2; DX2RX; SP; QL</p> <p>KALYDECO ORAL PACKET - Tier 2; PA; SP; QL</p> <p>ORKAMBI - Tier 2; PA; SP; QL</p> <p>SYMDEKO - Tier 2; PA; SP; QL</p> <p><i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL</i></p> <p>TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL</p> <p>TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</p>	<p>BRONCHITOL - Tier 2; PA; QL</p> <p>TOBI PODHALER - Tier 2; PA; SP; QL</p>

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Preferred Agents	Non-Preferred Agents
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Dental and Oral Agents - Drugs to Treat Mouth and Throat Conditions	
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*chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL*  
*DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL*  
*DENTAGEL (brand for sf) - Tier 2*  
*EASYGEL - Tier 2*  
*FLUORIDEX DAILY RENEWAL - Tier 2*  
*FRAICHE 5000 DENTAL (brand for sf) - Tier 2*  
*periogard (generic for PERIOGARD) - Tier 1; QL*  
*pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL*  
*pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1*  
*PREVIDENT (brand for sf) - Tier 2*  
*PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2*  
*PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL*  
*sf gel 1.1% (generic for DENTAGEL) - Tier 1*  
*sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride 5000 ppm dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride 5000 ppm dental gel (generic for DENTAGEL) - Tier 1*  
*sodium fluoride dental cream (generic for DENTA 5000 PLUS) - Tier 1; QL*  
*sodium fluoride dental gel (generic for DENTAGEL) - Tier 1*  
*sodium fluoride mouth/throat (generic for PREVIDENT) - Tier 1*  
*triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL*

Dermatitis and Pruitus Agents	
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Dermatological Agents	
	HYFTOR - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Dermatological Agents - Drugs to Treat Skin Conditions	
<p><i>acitretin</i> - Tier 1; PA; QL</p> <p><i>acne control cleanser external cream (generic for CLEARSKIN)</i> - Tier 1</p> <p><i>acne medication 10 external lotion</i> - Tier 1; QL</p> <p><i>acne medication 5 external lotion</i> - Tier 1</p> <p><i>acne treatment external cream 10 % (generic for CLEARSKIN)</i> - Tier 1</p> <p>ADBRY - Tier 2; PA; SP; QL</p> <p><i>advanced healing external ointment (generic for HYDROLATUM)</i> - Tier 1</p> <p><i>ammonium lactate external (generic for AL12)</i> - Tier 1; QL</p> <p><i>amnesteam (generic for AMNESTEEM)</i> - Tier 1; PA; QL</p> <p><i>astringent (generic for DOMEBORO)</i> - Tier 1</p> <p><i>astringent solution (generic for DOMEBORO)</i> - Tier 1</p> <p>AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2</p> <p><i>azelaic acid external (generic for FINACEA)</i> - Tier 1; QL</p>	<p>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</p> <p>ABSORICA LD - Tier 2; PA; QL</p> <p>AKLIEF - Tier 2; PA; QL</p> <p>ALTRENO - Tier 2; PA; QL; AL</p> <p>AMZEEQ - Tier 2; PA</p> <p>ARAZLO - Tier 2; PA; QL</p> <p>BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL</p> <p>DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL</p> <p>DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL</p> <p>DIFFERIN EXTERNAL LOTION - Tier 2; PA; QL</p> <p>DUOBRII - Tier 2; PA; QL</p> <p>ENSTILAR - Tier 2; PA; QL</p> <p>EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</p> <p>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</p> <p>FINACEA EXTERNAL FOAM - Tier 2; PA; QL</p> <p>ILUMYA - Tier 2; PA; SP; QL</p> <p>LITFULO - Tier 2; PA</p>

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## Preferred Agents

*baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL*  
*beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1*  
*BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL*  
*benzoyl peroxide external gel 2.5 % - Tier 1; QL*  
*benzoyl peroxide external liquid (generic for MEDPURA BENZOYL PEROXIDE) - Tier 1; QL*  
*benzoyl peroxide external lotion 10 % - Tier 1; QL*  
*benzoyl peroxide external lotion 5 % - Tier 1*  
*benzoyl peroxide wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL*  
*boro-packs (generic for DOMEBORO) - Tier 1*  
*BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL*  
*bp 10-1 - Tier 1*  
*bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1*  
*calamine external - Tier 1*  
*calamine external lotion - Tier 1*  
*calamine-zinc oxide external lotion - Tier 1*  
*calcipotriene external cream - Tier 1; QL*  
*calcipotriene external ointment (generic for CALCITRENE) - Tier 1; QL*  
*calcipotriene external solution - Tier 1; QL*  
*claravis (generic for AMNESTEEM) - Tier 1; PA; QL*  
*clearskin (generic for CLEARSKIN) - Tier 1*  
*clindamycin phos (once-daily) (generic for CLINDAGEL) - Tier 1; QL*  
*clindamycin phos (twice-daily) - Tier 1; QL*  
*clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL*  
*clindamycin phosphate external solution - Tier 1; QL*  
*clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL*  
*clotrimazole-betamethasone - Tier 1; QL*

## Non-Preferred Agents

*MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL*  
*NEMLUVIO - Tier 2; PA; SP; QL; AL*  
*ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL*  
*QBREXZA - Tier 2; PA; QL*  
*RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL*  
*RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL*  
*RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL*  
*RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL*  
*RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL*  
*RHOFADE - Tier 2; PA; QL*  
*SILIQ - Tier 2; PA; SP; QL*  
*SOOLANTRA (brand for ivermectin) - Tier 2; PA; QL*  
*SORILUX (brand for calcipotriene) - Tier 2; PA; QL*  
*SOTYKTU - Tier 2; PA; SP; QL*  
*TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL*  
*TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL*  
*TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL*  
*TAZORAC (brand for tazarotene) - Tier 2; PA; QL*  
*TREMFYA ONE-PRESS - Tier 2; PA; SP; QL*  
*TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL*  
*VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL*  
*VTAMA - Tier 2; PA; QL*  
*WINLEVI - Tier 2; PA; QL*  
*ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL*  
*ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL*

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## Preferred Agents

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  
 DERMELEVE ADVANCED FORMULA - Tier 2  
 DERMELEVE ANTI-ITCH SCALP (brand for aluminum acetate) - Tier 2  
 diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL  
 DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL  
 DR SMITHS DIAPER - Tier 2; QL  
 DUPIXENT - Tier 2; PA; SP; QL  
 erythromycin external (generic for ERYGEL) - Tier 1; QL  
 EUCRISA - Tier 2; ST; QL  
 fluorouracil external cream - Tier 1; QL  
 fluorouracil external solution - Tier 1  
 hydrolatum (generic for HYDROLATUM) - Tier 1  
 hydrophor (generic for HYDROLATUM) - Tier 1  
 imiquimod external cream 5 % - Tier 1; QL  
 isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL  
 LAC-HYDRIN FIVE - Tier 2; QL  
 MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL  
 methoxsalen rapid - Tier 1  
 ointment base (generic for HYDROLATUM) - Tier 1  
 OTULFI SUBCUTANEOUS - Tier 2; SP; QL; AL  
 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  
 pimecrolimus (generic for ELIDEL) - Tier 1; Minimum age of 2 years; QL; AL

## Non-Preferred Agents

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## Preferred Agents

podofilox external solution - Tier 1; QL  
renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1  
selenium sulfide external lotion - Tier 1; QL  
sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1  
sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1  
sulfacetamide sodium external (generic for OVACE PLUS WASH) - 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  
tacrolimus external ointment 0.03 % - Tier 1; Minimum age of 2 years; QL; AL  
tacrolimus external ointment 0.1 % - Tier 1; Minimum age of 16 years; QL; AL  
tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL  
YESINTEK SUBCUTANEOUS - Tier 2; PA; SP; QL; AL  
zenatane (generic for AMNESTEEM) - Tier 1; PA; QL  
zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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
Dermatological Agents - Skin Agents	
Dermatological Agents - Drugs to Treat Skin Conditions	
<p><i>ABREVA (brand for docosanol) - Tier 2; QL</i>  <i>beauty 360 pure glycerin - Tier 1</i>  <i>docosanol external (generic for ABREVA) - Tier 1; QL</i>  <i>ft docosanol (generic for ABREVA) - Tier 1; QL</i>  <i>ft glycerin - Tier 1</i>  <i>glycerin external liquid , 99.5 % - Tier 1</i>  <i>gormel - Tier 1; QL</i>  <i>gormel 10 (generic for NUTRAPLUS) - Tier 1; QL</i>  <i>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1</i>  <i>NUTRAPLUS (brand for gormel 10) - Tier 2; QL</i>  <i>urea 20 intensive hydrating - Tier 1; QL</i>  <i>urea external cream 20 % - Tier 1; QL</i>  <i>urea external lotion - Tier 1; QL</i>  <i>ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL</i>  <i>ureacin-20 - Tier 1; QL</i>  <i>XERAC AC - Tier 2</i></p>	<p><i>CIBINQO - Tier 2; PA; SP; QL</i>  <i>OPZELURA - Tier 2; PA; SP; QL</i></p>
DEVICES	
MEDICAL SUPPLIES	
<p><i>PEAK FLOW METER UNIVERSAL RANG (brand for peak flow meter universal rang) - Tier 2; QL</i>  <i>PURE COMFORT FLOW METER ADULT (brand for peak flow meter universal rang) - Tier 2; QL</i>  <i>PURE COMFORT FLOW METER CHILD (brand for peak flow meter universal rang) - Tier 2; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Diabetes - Glucose Monitoring	
<p>ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL</p> <p>ACCU-CHEK GUIDE TEST (brand for blood glucose test) - Tier 2; QL</p> <p>ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; QL</p> <p>ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL</p> <p>ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL</p>	<p>ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</p> <p>ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL</p> <p>BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL</p> <p>BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR NEXT GEN MONITOR KIT (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT MONITOR KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</p> <p>CONTOUR NEXT ONE KIT - Tier 2; PA; QL</p> <p>CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL</p> <p>CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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

*BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL*  
*BD PEN NEEDLE MICRO ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL*  
*BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL*  
*CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL*  
*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; QL*  
*CHEMSTRIP UGK - Tier 2; QL*  
  
*CONTOUR NEXT EZ KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL*  
*CONTOUR NEXT GEN MONITOR DEVICE (brand for blood glucose monitoring 333) - Tier 2; QL*  
*CONTOUR NEXT ONE DEVICE (brand for blood glucose monitoring 333) - Tier 2; QL*  
*CONTOUR NEXT TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL*  
*CONTOUR PLUS BLUE KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL*  
*CONTOUR PLUS TEST STRIP (brand for blood glucose test) - Tier 2; QL*  
*CONTOUR TEST STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL*  
*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*

## Non-Preferred Agents

*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 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL*  
*ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*  
*ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*  
*ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*  
*RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*

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## Preferred Agents

DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; 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  
EMBECTA PEN NEEDLE NANO (brand for 1st tier unifine pentips) - Tier 2; QL  
EMBECTA PEN NEEDLE NANO 2 GEN (brand for 1st tier unifine pentips) - Tier 2; QL  
EMBECTA PEN NEEDLE ULTRAFINE 32G X 6 MM (brand for 1st tier unifine pentips) - 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  
IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL  
KETO-DIASTIX - Tier 2; QL  
KETONE CARE - Tier 2; QL  
KETONE TEST (brand for ketone test) - Tier 2; QL  
KETOSTIX (brand for ketone test) - Tier 2; QL  
LANCETS (brand for cvs lancets original) - Tier 2; QL  
LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL  
MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL

## Non-Preferred Agents

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## Preferred Agents

*MEDISENSE HII/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 WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL*  
*ONETOUCH ULTRA BLUE TEST (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL*  
*ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL*  
*ONETOUCH ULTRA IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL*  
*ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL*  
*ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; ST; QL*  
*ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL*  
*ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL*  
*ONETOUCH VERIO IN VITRO LIQUID (brand for element compact control 2) - Tier 2; QL*  
*ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; QL*  
*ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL*  
*ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; ST; QL*

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
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*PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL*  
*PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL*  
*QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL*  
*VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL*

**Diuretics, Loop - Cardiac Drugs**

**Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions**

*bumetanide oral (generic for BUMEX) - Tier 1; QL*  
*furosemide oral solution 10 mg/ml - Tier 1; QL*  
*furosemide oral tablet (generic for LASIX) - Tier 1; QL*  
*SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL*  
*torsemide (generic for SOAANZ) - Tier 1; QL*

FUROSCIX - Tier 2; PA; QL

**Diuretics, Potassium-sparing - Cardiac Drugs**

**Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions**

*amiloride hcl oral - Tier 1; QL*  
*spironolactone oral tablet (generic for ALDACTONE) - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
Diuretics, Thiazide - Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>chlorthalidone - Tier 1; QL</i> DIURIL - Tier 2; QL <i>hydrochlorothiazide oral capsule - Tier 1; QL</i> <i>hydrochlorothiazide oral tablet 12.5 mg - Tier 1</i> <i>hydrochlorothiazide oral tablet 25 mg, 50 mg - Tier 1; QL</i> <i>indapamide - Tier 1; QL</i> <i>metolazone - Tier 1; QL</i>	
Dopamine Agonists - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<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>	NEUPRO - Tier 2; PA; QL
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors - Parkinson's Disease Drugs	
Antiparkinson Agents - Drugs to Treat Parkinson's Disease	
<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; PA; QL</i> DUOPA - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL <i>SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
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Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
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Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
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<p><i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i></p> <p><i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL</i></p> <p><i>fenofibrate oral tablet 145 mg, 48 mg (generic for TRICOR) - Tier 1; QL</i></p> <p><i>fenofibrate oral tablet 160 mg, 54 mg - Tier 1; QL</i></p> <p><i>gemfibrozil oral (generic for LOPID) - Tier 1; QL</i></p>	<p><i>LIPOFEN (brand for fenofibrate) - Tier 2; PA</i></p> <p><i>TRICOR (brand for fenofibrate) - Tier 2; PA; QL</i></p>
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Dyslipidemics, HMG CoA Reductase Inhibitors - Cholesterol Control Drugs	
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Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
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<p><i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i></p> <p><i>lovastatin oral - Tier 1; QL; AL</i></p> <p><i>pravastatin sodium - Tier 1; QL</i></p> <p><i>rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL</i></p> <p><i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i></p>	<p><i>ATORVALIQ - Tier 2; PA; QL</i></p> <p><i>CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL</i></p> <p><i>LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL</i></p> <p><i>LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL</i></p> <p><i>ZOCOR (brand for simvastatin) - Tier 2; PA; QL</i></p> <p><i>ZYPITAMAG - Tier 2; PA; QL</i></p>
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Preferred Agents	Non-Preferred Agents
Dyslipidemics, Other - Miscellaneous Cholesterol Control Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<p><i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</i></p> <p><i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i></p> <p><i>ezetimibe (generic for ZETIA) - Tier 1; QL</i></p> <p><i>niacin er (antihyperlipidemic) - Tier 1; QL</i></p> <p><i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i></p> <p><i>prevalite oral powder (generic for PREVALITE) - Tier 1; QL</i></p> <p>REPATHA SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</p> <p>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</p> <p>REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</p>	<p>NEXLETOL - Tier 2; PA; QL</p> <p>NEXLIZET - Tier 2; PA; QL</p> <p>PRALUENT - Tier 2; PA; SP; QL</p> <p>REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL</p> <p>VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL</p> <p>VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL</p> <p>ZETIA (brand for ezetimibe) - Tier 2; PA; QL</p>

Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions

*cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL*

*cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL*

*ezetimibe (generic for ZETIA) - Tier 1; QL*

*niacin er (antihyperlipidemic) - Tier 1; QL*

*omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL*

*prevalite oral powder (generic for PREVALITE) - Tier 1; QL*

REPATHA SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL

REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL

REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL

NEXLETOL - Tier 2; PA; QL

NEXLIZET - Tier 2; PA; QL

PRALUENT - Tier 2; PA; SP; QL

REPATHA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL

VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL

VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL

ZETIA (brand for ezetimibe) - Tier 2; PA; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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**

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

Electrolytes/Minerals/Metals/Vitamins

*BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL*  
*cal mag zinc +d3 (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL*  
*calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL*  
*calcium 600 - Tier 1; QL*  
*calcium 600/vit d/minerals oral tablet 600-200 mg-unit - Tier 1; QL*  
*calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit - Tier 1*  
*calcium 600/vitamin d-3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL*  
*calcium 600+d oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL*  
*calcium carb-cholecalciferol oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - Tier 1; QL*  
*calcium carb-cholecalciferol oral tablet 600-3.125 mg-mcg, 600-5 mg-mcg - Tier 1; QL*

*ENDARI (brand for l-glutamine) - Tier 2; PA; QL*  
*INTEGRA - Tier 2; PA*  
*INTEGRA F (brand for iron folate-f) - Tier 2; PA*  
*IROSPAN 24/6 - Tier 2; PA*  
*PROFERRIN ES - Tier 2; PA; QL*

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

calcium carbonate - Tier 1; QL  
calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL  
calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL  
calcium cit plus vit d-3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1  
calcium citrate + d3 maximum (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1  
calcium citrate +d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1  
calcium citrate oral tablet 950 (200 ca) mg - Tier 1  
calcium citrate plus vit d - Tier 1; QL  
calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1  
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL  
calcium citrate+d3 wlmagne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL  
calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL  
calcium fast dissolution - Tier 1; QL  
calcium high potency - Tier 1; QL  
calcium high potency/vitamin d - Tier 1; QL  
calcium oral tablet 1500 (600 ca) mg - Tier 1; QL  
calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL  
calcium plus vitamin d (generic for ONE VITE CALCIUM + D3) - Tier 1; QL  
calcium plus vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL  
calcium/minerals/vitamin d - Tier 1  
carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; QL  
effer-k oral tablet effervescent 25 meq - Tier 1; QL  
electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL  
electrolyte adv care (generic for ENFAMIL ENFALYTE) - Tier 1; QL  
electrolyte solution (generic for ENFAMIL ENFALYTE) - Tier 1; QL  
ENFAMIL ENFALYTE (brand for cvs electrolyte solution) - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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**

EZFE 200 - Tier 2  
FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL  
ferosul (generic for FEROSUL) - Tier 1; QL  
ferretts - Tier 1  
ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1  
FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2  
FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2  
ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1  
ferrous sulfate (generic for FEROSUL) - Tier 1; QL  
ferrous sulfate oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL  
ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL  
ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL  
ferrous sulfate oral tablet delayed release - Tier 1; QL  
fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL  
ft calcium - Tier 1; QL  
ft calcium citrate +vitamin d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1  
ft calcium citrate/vit d3 (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1  
ft calcium-magnesium-zinc-d3 - Tier 1; QL  
ft electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL  
ft iron (generic for FEROSUL) - Tier 1; QL  
iferex 150 (generic for FERREX 150) - Tier 1  
iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL  
iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL  
iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL

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## Preferred Agents

iron supplement oral solution 220 (44 fe) mg/5ml (generic for ONE VITE FERROUS SULFATE) - Tier 1; QL  
klor-con (generic for KLOR-CON) - Tier 1; QL  
klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL  
klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL  
klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL  
klor-con/ef - Tier 1; QL  
K-PHOS - Tier 2; QL  
K-PRIME - Tier 2; QL  
magnesium oral tablet 500 mg - Tier 1  
magnesium oxide -mg supplement oral tablet 500 mg - Tier 1  
NU-IRON (brand for polysaccharide iron complex) - Tier 2  
ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL  
ONE VITE FERROUS SULFATE (brand for ferrous sulfate) - Tier 2; QL  
oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL  
oyster shell calcium + d oral tablet 500-10 mg-mcg - Tier 1  
oyster shell calcium + d3 - Tier 1  
oyster shell calcium oral tablet 1250 (500 ca) mg - Tier 1; QL  
oyster shell calcium/d oral tablet 250-6.25 mg-mcg - Tier 1  
oyster shell calcium-vit d - Tier 1; QL  
ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL  
PEDIALYTE ADVANCED CARE (brand for cvs electrolyte solution) - Tier 2; QL  
PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL  
PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) - Tier 2; QL  
PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) - Tier 2; QL  
PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL

## Non-Preferred Agents

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## Preferred Agents

*pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE)* - Tier 1; QL  
PHOSPHO-TRIN K500 - Tier 2; QL  
*poly-iron 150 (generic for FERREX 150)* - Tier 1  
*poly-iron 150 forte (generic for FERREX 150 FORTE)* - Tier 1  
*polysaccharide iron complex (generic for FERREX 150)* - Tier 1  
*polysaccharide iron forte (generic for FERREX 150 FORTE)* - Tier 1  
*polysaccharide-iron complex (generic for FERREX 150)* - Tier 1  
*potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10)* - Tier 1; QL  
*potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20)* - Tier 1; QL  
*potassium chloride er oral capsule extended release 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* - 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)* - Tier 1  
*REHYDRALYTE (brand for cvs electrolyte solution)* - Tier 2; QL  
*sodium fluoride oral solution (generic for SOLUVITA)* - Tier 1; QL  
*sodium fluoride oral tablet chewable* - Tier 1; QL  
TRUE FERROUS SULFATE - Tier 2; QL  
TRUE MAGNESIUM OXIDE ORAL TABLET 500 MG - Tier 2  
*true oyster shell calcium* - Tier 1; QL

## Non-Preferred Agents

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## Preferred Agents

## Non-Preferred Agents

### Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies

*aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL*  
*ascorbic acid oral liquid (generic for BPROTECTED VITAMIN C) - Tier 1; QL*  
*ascorbic acid oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL*  
*BPROTECTED VITAMIN C (brand for ascorbic acid) - Tier 2; QL*  
*c 500/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
 CADEAU DHA - Tier 2  
*calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL*  
*calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1*  
*chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL*

ACCRUFER - Tier 2; PA; QL  
 FERRALET 90 - Tier 2; PA; QL  
 INTEGRA PLUS (brand for iron folate plus) - Tier 2; PA

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## Preferred Agents

childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL  
childrens chewables/lex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL  
childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL  
childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL  
childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL  
childrens/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL  
cholecalciferol oral (generic for THERA-D 2000) - Tier 1; QL  
d3 high potency oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1  
d3 high potency oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1  
d3 max st (generic for IS-D 10,000) - Tier 1  
d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL  
d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1  
d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1  
d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1  
d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1  
d3-50 (generic for D3-50) - Tier 1; QL  
daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - 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  
DEPLIN MA (brand for v-c forte) - Tier 2; QL  
destress-iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL

## Non-Preferred Agents

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## Preferred Agents

DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2  
D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL  
d-vite pediatric (generic for BPROTECTED PEDIA D-VITE) - Tier 1;  
QL  
EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL  
ferate (generic for FERATE) - Tier 1  
ferrous gluconate - Tier 1  
ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) -  
Tier 1  
ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1  
ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL  
FOLAGENT DHA (brand for v-c forte) - Tier 2; QL  
FOLAMED DHA (brand for v-c forte) - Tier 2; QL  
fruity c - Tier 1; QL  
ft childrens multi plus immune (generic for CULTURELLE KIDS  
COMPLETE) - Tier 1; QL  
ft vitamin c (generic for SUNKIST VITAMIN C) - Tier 1; QL  
ft vitamin c lose hips (generic for EASY-C IMMUNE HEALTH) - Tier  
1; QL  
ft vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE  
PLATINUM VITAMIN D3) - Tier 1  
ft vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-  
1000 MAX ST) - Tier 1  
ft vitamin d3 oral tablet 50 mcg (generic for THERA-D 2000) - Tier 1;  
QL  
ft vitamin d3 rapid release (generic for DIALYVITE VITAMIN D 5000) -  
Tier 1  
ft zinc chelated (generic for IS-ZC 50) - Tier 1; QL  
iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1  
little ones childrens (generic for CULTURELLE KIDS COMPLETE) -  
Tier 1; QL  
MENATROL (brand for v-c forte) - Tier 2; QL  
MULTIPRO (brand for v-c forte) - Tier 2; QL

## Non-Preferred Agents

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## Preferred Agents

*multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE)* - Tier 1; QL  
NOVAMV PEDIATRIC MULTI-VITAMIN - Tier 2; QL  
OBTREX - Tier 2  
OCUVEL (brand for v-c forte) - Tier 2; QL  
*one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE)* - Tier 1; QL  
*one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE)* - Tier 1; QL  
*oyster shell calcium oral tablet 500 mg* - Tier 1; QL  
*oyster shell calcium/d oral tablet 250-3.125 mg-mcg* - Tier 1; QL  
*oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg* - Tier 1; QL  
PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL  
*phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL)* - Tier 1; QL  
*phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL)* - Tier 1; QL  
*potassium citrate-citric acid* - Tier 1  
*prenatal gummy oral tablet chewable 0.4-113.5 mg* - Tier 1  
PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2  
*radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3)* - Tier 1  
*sod citrate-citric acid oral solution 500-334 mg/5ml* - Tier 1  
*stress formulal/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE)* - Tier 1; QL  
SUPPORT - Tier 2; QL  
*sv vitamin d3 oral capsule 25 mcg (generic for PRONUTRIENTS VITAMIN D3)* - Tier 1  
*sv vitamin d3 oral capsule 50 mcg (2000 ut)* - Tier 1; QL  
*sv vitamin d3 oral tablet chewable (generic for KIDS FIRST VITAMIN D3 GUMMIES)* - Tier 1

## Non-Preferred Agents

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## Preferred Agents

*tri-vitelfluoride oral solution 0.25 mg/ml (generic for SOLUVITA ACD WITH FLUORIDE) - Tier 1; QL*  
*tri-vitelfluoride oral solution 0.5 mg/ml - Tier 1*  
*TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL*  
*TRUE VITAMIN D3 CAPSULE 125 MCG (5000 UT) ORAL (brand for cvs d3) - Tier 2*  
*TRUE VITAMIN D3 CAPSULE 50 MCG (2000 UT) ORAL - Tier 2; QL*  
*TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL*  
*TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT) - Tier 2; QL*  
*TRUE VITAMIN D3 ORAL CAPSULE 25 MCG (1000 UT) (brand for cvs d3) - Tier 2*  
*TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2*  
*TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL*  
*TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2*  
*v-c forte (generic for VIC-FORTE) - Tier 1; QL*  
*vic-forte (generic for VIC-FORTE) - Tier 1; QL*  
*vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - 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 (generic for BPROTECTED VITAMIN C) - Tier 1; QL*  
*vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL*  
*vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL*  
*vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL*  
*vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL*  
*vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL*

## Non-Preferred Agents

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## Preferred Agents

*vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit) - Tier 1; QL*  
*vitamin d (cholecalciferol) oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1*  
*vitamin d oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1*  
*vitamin d oral liquid (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL*  
*vitamin d oral tablet chewable 10 mcg (400 unit) - Tier 1*  
*vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL*  
*vitamin d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1*  
*vitamin d-3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1*  
*vitamin d3 oral capsule 25 mcg, 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1*  
*vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1*  
*vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL*  
*vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL*  
*vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL*  
*vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL*  
*vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1*  
*vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1*

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p> <i>vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1</i>  <i>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL</i>  <i>vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1</i>  <i>vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1</i>  <i>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL</i>  <i>weekly-d (generic for D3-50) - Tier 1; QL</i>  <i>WELL VITAMIN C (brand for ascorbic acid) - Tier 2; QL</i>  <i>WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2</i>  <i>WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL</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 (generic for IS-ZC 50) - Tier 1; QL</i> </p>	

**Electrolyte/Mineral/Metal Modifiers**

**Electrolytes/Minerals/Metals/Vitamins**

<p> CHEMET - Tier 2; QL  <i>deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL</i>  <i>deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL</i>  LOKELMA - Tier 2; PA; QL  SPS (SODIUM POLYSTYRENE SULF) - Tier 2; QL  <i>trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP; QL</i>  VELTASSA ORAL PACKET 1 GM - Tier 2; PA; QL; AL  VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM - Tier 2; PA; QL </p>	
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Preferred Agents	Non-Preferred Agents
Emetogenic Therapy Adjuncts - Nausea and Vomiting Drugs	
Antiemetics - Drugs to Treat Nausea and Vomiting	
<i>aprepitant (generic for EMEND BIPACK) - 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 oral tablet dispersible 4 mg, 8 mg - Tier 1; QL</i>	EMEND ORAL - Tier 2; PA; QL SANCUSO - Tier 2; PA; QL
Enzyme Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
BALVERSA - Tier 2; PA; SP; QL <i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP; QL ZYDELIG ORAL TABLET 150 MG - Tier 2; PA; SP; QL	
Ergot Alkaloids - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
<i>dihydroergotamine mesylate injection - Tier 1; QL</i> MIGERGOT - Tier 2; QL	

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## Preferred Agents

## Non-Preferred Agents

### Estrogens - Hormone Replacement/Modifying Drugs

#### Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones

*afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE*  
*ALORA (brand for estradiol) - Tier 2; QL*  
*altavera (generic for ALTAVERA) - Tier 1; QL; GE*  
*alyacen 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE*  
*alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE*  
*apri - Tier 1; QL; GE*  
*aranelle - Tier 1; QL; GE*  
*ashlyna - Tier 1; QL*  
*aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE*  
*aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE*  
*aurovela 24 fe - Tier 1; QL*  
*aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE*  
*aviane (generic for AFIRMELLE) - Tier 1; QL; GE*  
*ayuna (generic for ALTAVERA) - Tier 1; QL; GE*

*ANGELIQ - Tier 2; PA*  
*ANNOVERA - Tier 2; PA; QL*  
*BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL*  
*BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*  
*BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL*  
*CLIMARA (brand for estradiol) - Tier 2; PA; QL*  
*CLIMARA PRO - Tier 2; PA*  
*COMBIPATCH - Tier 2; PA; QL*  
*DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1.25 MG/1.25GM (brand for estradiol) - Tier 2; PA; QL*  
*DIVIGEL TRANSDERMAL GEL 1 MG/GM (brand for estradiol) - Tier 2; PA*  
*DUAVEE - Tier 2; PA; QL*  
*ELESTRIN - Tier 2; PA*  
*ESTROGEL (brand for estradiol) - Tier 2; PA*  
*EVAMIST - Tier 2; PA*  
*FEMRING - Tier 2; PA; QL*

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## Preferred Agents

azurette (generic for AZURETTE) - Tier 1; QL; GE  
balziva (generic for BALZIVA) - Tier 1; QL; GE  
blisovi 24 fe - Tier 1; QL  
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 - Tier 1; QL  
camrese lo (generic for CAMRESE LO) - Tier 1; QL  
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 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE  
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE  
daysee - Tier 1; QL  
delyla (generic for AFIRMELLE) - Tier 1; QL; GE  
DEPO-ESTRADIOL - Tier 2; QL  
desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; QL; GE  
dotti (generic for DOTTI) - Tier 1; QL  
drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL  
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  
estradiol-norethindrone acet oral tablet 0.5-0.1 mg - Tier 1

## Non-Preferred Agents

LO LOESTRIN FE - Tier 2; PA; QL  
MENEST - Tier 2; PA; QL  
MENOSTAR - Tier 2; PA; QL  
MYFEMBREE - Tier 2; PA; QL  
NATAZIA - Tier 2; PA; QL  
NEXTSTELLIS - Tier 2; PA; QL  
NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE  
PREMARIN ORAL - Tier 2; PA; QL  
PREMARIN VAGINAL - Tier 2; PA; QL  
PREMPHASE - Tier 2; PA; QL  
PREMPRO - Tier 2; PA; QL  
SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL  
VAGIFEM (brand for estradiol) - Tier 2; PA; QL  
VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL  
YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL  
YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL

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## Preferred Agents

estradiol-norethindrone acet oral tablet 1-0.5 mg (generic for ACTIVELLA) - 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  
feirza 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
feirza 1/20 (generic for AUROVELA FE 1/20) - 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  
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  
haloette (generic for ELURYNG) - Tier 1; QL; GE  
iclevia (generic for ICLEVIA) - Tier 1; QL  
introvale (generic for ICLEVIA) - Tier 1; QL  
isibloom - Tier 1; QL; GE  
jaimiess - Tier 1; QL  
jasmiel (generic for JASMIEL) - Tier 1; QL  
jolessa (generic for ICLEVIA) - Tier 1; QL  
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 oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
junel fe oral tablet 1-20 mg-mcg (generic for AUROVELA FE 1/20) - Tier 1; QL; GE  
junel fe oral tablet 1-20 mg-mcg(24) - Tier 1; QL  
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

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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**

*larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE*  
*larin 24 fe - Tier 1; QL*  
*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 oral tablet 0.1-0.02 & 0.01 mg (generic for CAMRESE LO) - Tier 1; QL*  
*levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for ICLEVIA) - Tier 1; QL*  
*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*  
*loryna (generic for JASMIEL) - Tier 1; QL*  
*low-ogestrel - Tier 1; QL; GE*  
*lo-zumandimine (generic for JASMIEL) - Tier 1; QL*  
*lutera (generic for AFIRMELLE) - Tier 1; QL; GE*  
*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 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-linyah (generic for ESTARYLLA) - Tier 1; QL; GE*  
*necon 0.5/35 (28) - Tier 1; QL; GE*

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## Preferred Agents

*nikki (generic for JASMIEL) - Tier 1; QL*  
*norelgestromin-eth estradiol (generic for XULANE) - 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*  
*norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg (generic for FYAVOLV) - Tier 1*  
*norethindrone-eth estradiol oral tablet 1-5 mg-mcg (generic for FYAVOLV) - Tier 1; QL*  
*norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (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 (28)) - Tier 1; QL; GE*  
*nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - 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 (28)) - Tier 1; QL; GE*  
*nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE*  
*ocella (generic for OCELLA) - Tier 1; QL*  
*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*  
*reclipsen - Tier 1; QL; GE*  
*setlakin (generic for ICLEVIA) - Tier 1; QL*  
*simliya (generic for AZURETTE) - Tier 1; QL; GE*  
*simpesse - Tier 1; QL*  
*sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE*  
*sronyx (generic for AFIRMELLE) - Tier 1; QL; GE*  
*syeda (generic for OCELLA) - Tier 1; QL*  
*tarina 24 fe - Tier 1; QL*

## Non-Preferred Agents

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**Preferred Agents**

tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL; GE  
tilia fe - Tier 1; QL; GE  
tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
tri-legest 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-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 oral tablet 0.18/0.215/0.25 mg-25 mcg (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE  
tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE  
turqoz - Tier 1; QL; GE  
TYBLUME - Tier 2; QL; GE  
valtya 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE  
velivet - Tier 1; QL  
vestura (generic for JASMIEL) - Tier 1; QL  
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 - Tier 1; QL  
xarah fe - Tier 1; QL; GE  
xelria fe - Tier 1; QL  
xulane (generic for XULANE) - Tier 1; QL; GE  
yuvaferm (generic for YUVAFEM) - Tier 1; QL  
zafemy (generic for XULANE) - Tier 1; QL; GE  
zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE  
zumandimine (generic for OCELLA) - Tier 1; QL

**Non-Preferred Agents**

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Preferred Agents	Non-Preferred Agents
Eye, ear, nose and throat drugs, misc.	
	TYRVAYA - Tier 2; PA; QL
Fibromyalgia Agents - Drugs to Treat Muscle and Soft Tissue Pain	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL</i> <i>pregabalin oral (generic for LYRICA) - Tier 1; QL</i>	<i>CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL</i> <i>LYRICA (brand for pregabalin) - Tier 2; PA; QL</i> <i>LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (brand for pregabalin er) - Tier 2; PA; QL</i>
GABA Receptor Modulators - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
<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>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 CR (brand for zolpidem tartrate er) - Tier 2; PA</i> <i>EDLUAR - Tier 2; PA; QL</i> <i>LUNESTA ORAL TABLET 2 MG (brand for eszopiclone) - Tier 2; PA; QL</i> <i>RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG (brand for temazepam) - Tier 2; PA; QL</i> <i>RESTORIL ORAL CAPSULE 22.5 MG (brand for temazepam) - Tier 2; PA</i> <i>temazepam oral capsule 22.5 mg (generic for RESTORIL) - Tier 1; PA</i> <i>temazepam oral capsule 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL</i>

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**Preferred Agents****Non-Preferred Agents****Gamma-Aminobutyric Acid (GABA) Augmenting Agents - Seizure Control Drugs****Anticonvulsants - Drugs to Treat Seizures**

*clobazam oral suspension 2.5 mg/ml (generic for ONFI) - Tier 1; QL*  
*clobazam oral tablet (generic for ONFI) - Tier 1; QL*  
*diazepam rectal gel 10 mg, 20 mg - Tier 1*  
*diazepam rectal gel 2.5 mg - Tier 1; QL*  
*gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL*  
*gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL*  
*primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL*  
*tiagabine hcl - Tier 1; PA; QL; AL*  
*valproic acid oral capsule - Tier 1; QL*  
*valproic acid oral solution 250 mg/5ml - Tier 1; QL*  
*vigabatrin oral packet (generic for VIGPODER) - Tier 1; PA; SP; QL*  
*vigpoder (generic for VIGPODER) - Tier 1; PA; SP; QL*

*gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL*  
*NEURONTIN (brand for gabapentin) - Tier 2; PA; QL*  
*SYMPAZAN - Tier 2; PA; QL*  
*VALTOCO 10 MG DOSE - Tier 2; PA; QL*  
*VALTOCO 5 MG DOSE - Tier 2; PA; QL*

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

*ABATINEX (brand for acidophilus) - Tier 2*  
*acid gone (generic for ACID GONE) - Tier 1*  
*acidophilus lactobacillus oral (generic for INTESTINEX) - Tier 1*  
*acidophilus oral capsule (generic for INTESTINEX) - Tier 1*  
*acidophilus probiotic oral capsule 10 mg (generic for INTESTINEX) - Tier 1*  
*acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1*  
*adult 50+ probiotic (generic for FLORA VANCE) - Tier 1; QL*  
*adult probiotic (generic for FLORA VANCE) - Tier 1; QL*  
*advanced antacid (generic for MINTOX) - Tier 1; QL*  
*almacone double strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*alum & mag hydroxide-simeth (generic for MINTOX) - Tier 1; QL*  
*antacid & anti-gas max str (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*

*BYLVAY - Tier 2; PA; SP; QL; AL*  
*BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL*  
*LIVMARLI ORAL SOLUTION 9.5 MG/ML - Tier 2; PA; SP; QL*  
*MOTTEGRITY (brand for prucalopride succinate) - Tier 2; PA; ST; QL*  
*PYLERA (brand for bis subcit-metronid-tetracyc) - Tier 2; PA*  
*RELISTOR - Tier 2; PA; QL*  
*REZDIFFRA ORAL TABLET 60 MG - Tier 2; PA; SP; QL*  
*SYMPROIC - Tier 2; PA; QL*  
*TRULANCE - Tier 2; DX2RX; ST; QL*  
*VOQUEZNA DUAL PAK - Tier 2; PA; QL*  
*VOQUEZNA TRIPLE PAK - Tier 2; PA; QL*

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## Preferred Agents

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

antacid & antigas oral suspension 2400-2400-240 mg/30ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

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

antacid & gas relief (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid advanced (generic for MINTOX) - Tier 1; QL

antacid anti-gas (generic for MINTOX) - Tier 1; QL

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

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

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

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

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

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

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

antacid fast relief (generic for MINTOX) - Tier 1; QL

antacid i (generic for MINTOX) - Tier 1; QL

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

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

antacid liquid (generic for MINTOX) - Tier 1; QL

antacid m (generic for MINTOX) - Tier 1; QL

antacid maximum (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

## Non-Preferred Agents

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## Preferred Agents

antacid maximum strength oral suspension 400-400-40 mg/5ml, 800-800-80 mg/10ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL

antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

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

antacid oral suspension 400-135 mg/5ml - Tier 1

antacid oral tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

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

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

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

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

antacid ultra strength (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1

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

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

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

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

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

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

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

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

## Non-Preferred Agents

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## Preferred Agents

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

*anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1*

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

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

*AZO VAGINAL HEALTH PROBIOTIC (brand for acidophilus) - Tier 2*

*BIOTINEX (brand for acidophilus) - Tier 2*

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

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

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

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

*calcium carbonate antacid oral suspension - Tier 1; QL*

*calcium carbonate antacid oral tablet - Tier 1*

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

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

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

*childrens soothe - Tier 1*

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

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

*CULTURELLE ADULT ULT BALANCE (brand for probiotic digestive support) - Tier 2*

*CULTURELLE DIGESTIVE DAILY PRO (brand for probiotic digestive support) - Tier 2*

*CULTURELLE DIGESTIVE HEALTH ORAL CAPSULE (brand for probiotic digestive support) - Tier 2*

*CULTURELLE HEALTH (INULIN) (brand for probiotic digestive support) - Tier 2*

## Non-Preferred Agents

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## Preferred Agents

*CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2*  
*CULTURELLE WOMENS 4 IN 1 (brand for acidophilus) - Tier 2*  
*diamode (generic for IMODIUM A-D) - 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*  
*diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL*  
*enema (generic for FLEET ENEMA) - Tier 1*  
*enema disposable (generic for FLEET ENEMA) - Tier 1*  
*enema ready-to-use (generic for FLEET ENEMA) - Tier 1*  
*enema rectal enema 16-6 gm/133ml (generic for FLEET ENEMA) - Tier 1*  
*FLEET ENEMA (brand for cvs enema disposable) - Tier 2*  
*FLEET PEDIATRIC (brand for enema pediatric) - Tier 2*  
*FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL*  
*floranex tablet oral (generic for FLORANEX) - Tier 1*  
*FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2*  
*FREE + PURE DAILY PROBIOTIC - Tier 2*  
*freeze dried acidophilus (generic for INTESTINEX) - Tier 1*  
*ft antacid & antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*ft antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1*  
*ft antacid regular strength (generic for CAL-GEST ANTACID) - Tier 1*  
*ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1*  
*ft anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1*  
*ft enema saline (generic for FLEET ENEMA) - Tier 1*  
*ft gas relief - Tier 1*

## Non-Preferred Agents

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## Preferred Agents

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

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

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

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

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

*ft probiotic (generic for FLORASTOR) - Tier 1*

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

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

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

*gas relief extra st (generic for GAS-X EXTRA STRENGTH) - Tier 1*

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

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

*gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - 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 tablet chewable 80 mg - Tier 1*

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

*gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1*

*GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2*

*GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2*

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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**

*GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*  
*GATTEX - Tier 2; PA; SP; QL*  
*GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2*  
*GELUSIL - Tier 2*  
*gentle laxative oral suspension (generic for DULCOLAX) - Tier 1*  
*geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL*  
*geri-lanta supreme - Tier 1*  
*geri-mox (generic for MINTOX) - Tier 1; QL*  
*geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*heartburn antacid (generic for ACID GONE) - Tier 1*  
*heartburn antacid ex st (generic for ACID GONE) - Tier 1*  
*heartburn relief ex st (generic for GAVISCON EXTRA STRENGTH) - Tier 1*  
*heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1*  
*heartland gas relief - Tier 1*  
*HELIDAC THERAPY - Tier 2; Product Not on First Data Bank File; QL*  
*IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2*  
*IMODIUM MULTI-SYMPTOM RELIEF (brand for eq| 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 INTESTINEX) - Tier 1*  
*KAOPECTATE ORAL TABLET (brand for cvs stomach relief) - Tier 2*  
*LACTEOL DIARRHEASE (brand for acidophilus) - Tier 2*  
*lactobacillus oral tablet (generic for FLORANEX) - Tier 1*

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## Preferred Agents

*lactobacillus probiotic (generic for FLORANEX) - Tier 1*  
*lacto-pectin (generic for FLORA VANCE) - Tier 1; QL*  
*long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1*  
*loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL*  
*loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1*  
*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 & anti-gas max str) - Tier 2; QL*  
*MAALOX MULTI SYMPTOM MAX ST (brand for antacid & anti-gas max str) - Tier 2; QL*  
*mag-al plus (generic for MINTOX) - Tier 1; QL*  
*mag-al plus xs (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1*  
*magnesium oxide oral tablet 400 mg (generic for MAGNESIUM-OXIDE) - Tier 1*  
*magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1*  
*magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1*  
**MAOX (brand for magnesium oxide) - Tier 2**  
*mega probiotic (generic for FLORA VANCE) - Tier 1; QL*  
*meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1*  
*milk of magnesia (generic for DULCOLAX) - Tier 1*  
*mintox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*mintox plus - Tier 1*  
*mood support probiotic (generic for FLORA VANCE) - Tier 1; QL*  
**MOVANTI-K - Tier 2; DX2RX; ST; QL**  
*MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2*

## Non-Preferred Agents

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## Preferred Agents

MYTESI - Tier 2; DX2RX; QL  
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  
pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
probiotic acidophilus oral capsule (generic for INTESTINEX) - Tier 1  
probiotic blend (generic for FLORA VANCE) - Tier 1; QL  
probiotic colon care (generic for FLORA VANCE) - Tier 1; QL  
probiotic complex (generic for FLORA VANCE) - Tier 1; QL  
probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - 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  
prucalopride succinate (generic for MOTTEGRITY) - Tier 1; ST; QL  
ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1  
RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL  
RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL  
RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL  
saccharomyces boulardii (generic for FLORASTOR) - Tier 1

## Non-Preferred Agents

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## Preferred Agents

saline enema (generic for FLEET ENEMA) - Tier 1  
senior probiotic (generic for FLORA VANCE) - Tier 1; QL  
SIMEPED (brand for cvs gas relief infants) - Tier 2  
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 extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1  
smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1  
sodium bicarbonate oral tablet - Tier 1  
soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
soothe oral suspension (generic for SOOTHE) - Tier 1  
soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL  
stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1  
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1  
stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL  
stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p>TRUE MAGNESIUM OXIDE TABLET 400 MG ORAL (brand for ft magnesium oxide) - Tier 2  TUMS (brand for antacid) - Tier 2  TUMS CHEWY BITES (brand for antacid) - Tier 2  TUMS CHEWY BITES ULTRA STR (brand for antacid maximum) - Tier 2  TUMS E-X 750 (brand for antacid) - Tier 2  TUMS EXTRA STRENGTH (brand for antacid) - Tier 2  TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2  TUMS LASTING EFFECTS (brand for antacid) - Tier 2  TUMS SMOOTHIES (brand for antacid) - Tier 2  TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2  TUMS ULTRA STRENGTH (brand for antacid maximum) - Tier 2  ursodiol oral capsule 300 mg - Tier 1; QL  ursodiol oral tablet (generic for URSO FORTE) - Tier 1  WE CARE ENEMA (brand for cvs enema disposable) - Tier 2  WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2</p>	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	
<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  sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL  sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL  STRENSIQ - Tier 2; PA; SP; QL</p>	<p>CERDELGA - Tier 2; PA; SP; QL  OCALIVA - Tier 2; PA; SP; QL  ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL  PERTZYE - Tier 2; PA  PHEBURANE - Tier 2; PA; SP; QL  VIOKACE - Tier 2; PA  XPHOZAH ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL  ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL  ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT - Tier 2; PA</p>

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Preferred Agents	Non-Preferred Agents
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
<p><i>azo (generic for PHENAZO) - Tier 1</i>  <i>bethanechol chloride oral - Tier 1</i>  <b>ELMIRON - Tier 2; DX2RX; QL</b>  <i>ft urinary pain relief (generic for PHENAZO) - Tier 1</i>  <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i>  <i>phenazo (generic for PHENAZO) - Tier 1</i>  <i>phenazopyridine hcl oral tablet 100 mg, 200 mg (generic for PYRIDIDIUM) - Tier 1; QL</i>  <i>phenazopyridine hcl oral tablet 95 mg (generic for PHENAZO) - Tier 1</i>  <i>urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1</i></p>	<p><i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL</i>  <b>FILSPARI - Tier 2; PA; SP; QL; AL</b>  <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL</i>  <i>THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL</i></p>
Glucocorticoids - Drugs to Treat Inflammation	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
<p><i>budesonide oral - Tier 1; DX2RX; QL</i>  <i>hydrocortisone (perianal) (generic for PREPARATION H) - Tier 1; QL</i>  <i>hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL</i>  <i>PREPARATION H EXTERNAL CREAM 1 % (brand for hydrocortisone (perianal)) - Tier 2; QL</i>  <i>PREPARATION H SOOTHING RELIEF EXTERNAL CREAM (brand for hydrocortisone (perianal)) - Tier 2; QL</i>  <i>procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL</i></p>	<p><b>CORTIFOAM - Tier 2; PA; QL</b>  <b>PROCTOFOAM HC - Tier 2; PA</b>  <b>TARPEYO - Tier 2; PA; QL</b>  <i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i></p>

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**Preferred Agents****Non-Preferred Agents****Glutamate Reducing Agents - Seizure Control Drugs****Anticonvulsants - Drugs to Treat Seizures**

felbamate oral suspension - Tier 1; Members >= 8 years of age will require PA; QL; AL  
 felbamate oral tablet (generic for FELBATOL) - Tier 1; QL  
 lamotrigine er (generic for LAMICTAL XR) - Tier 1; ^; QL  
 lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL  
 lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members >= 8 years of age will require PA; QL; AL  
 lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; \*; QL  
 lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; \*; QL  
 lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; \*; QL  
 subvenite (generic for SUBVENITE) - Tier 1; QL  
 subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; \*; QL  
 subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; \*; QL  
 subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; \*; QL  
 topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL; AL  
 topiramate oral capsule sprinkle 50 mg - Tier 1; QL; AL  
 topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL

FYCOMPA - Tier 2; PA; QL  
 TOPAMAX (brand for topiramate) - Tier 2; PA; QL  
 TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL  
 TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Glycemic Agents - Diabetic Drugs	
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Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
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<p>BAQSIMI ONE PACK - Tier 2; QL          BAQSIMI TWO PACK - Tier 2; QL  <i>glucagon emergency injection kit - Tier 1; QL</i>          GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL  <i>GLUCO TO GO (brand for cvs glucose) - Tier 2; QL</i>  <i>glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL</i>          GVOKE HYPOPEN 1-PACK - Tier 2; QL          GVOKE HYPOPEN 2-PACK - Tier 2; QL          GVOKE KIT - Tier 2; QL          GVOKE PFS - Tier 2; QL  <i>soft glucose (generic for GLUCO TO GO) - Tier 1; QL</i>  <i>TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL</i>          ZEGALOGUE - Tier 2; QL</p>	
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Hemostasis Agents - Drugs to Stop Bleeding	
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Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
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<p><i>aminocaproic acid oral - Tier 1; QL</i>          HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML - Tier 2; PA; SP; QL          HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML - Tier 2; SP; QL  <i>tranexamic acid oral - Tier 1; DX2RX; QL</i></p>	<p>TAVALISSE - Tier 2; PA; SP; QL</p>
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**Preferred Agents****Non-Preferred Agents**

Histamine2 (H2) Receptor Antagonists - Ulcer and Stomach Acid Drugs

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

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

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal) - Drugs to Regulate Hormones	
<p><i>ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>alclometasone dipropionate external ointment - Tier 1; QL</i></p> <p><i>anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL</i></p> <p><i>betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL</i></p> <p><i>betamethasone dipropionate external lotion - Tier 1</i></p> <p><i>betamethasone dipropionate external ointment - Tier 1; QL</i></p> <p><i>betamethasone valerate external cream - Tier 1; QL</i></p> <p><i>betamethasone valerate external lotion - Tier 1; QL</i></p> <p><i>betamethasone valerate external ointment - Tier 1; QL</i></p>	<p><i>ACTHAR - Tier 2; PA; SP; QL</i></p> <p><i>BRYHALI - Tier 2; PA; QL</i></p> <p><i>CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL</i></p> <p><i>CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL</i></p> <p><i>CORTROPHIN - Tier 2; PA; SP; QL</i></p> <p><i>VANOS (brand for fluocinonide) - Tier 2; PA; QL</i></p>

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**Preferred Agents**

*clobetasol propionate e - Tier 1; QL*  
*clobetasol propionate external cream 0.05 % - Tier 1; QL*  
*clobetasol propionate external ointment - Tier 1; QL*  
*clobetasol propionate external solution - Tier 1; QL*  
*cortisone maximum strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*dexamethasone intensol - Tier 1*  
*dexamethasone oral elixir - Tier 1; QL*  
*dexamethasone oral solution - Tier 1; QL*  
*dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1*  
*dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL*  
*fludrocortisone acetate oral - Tier 1; QL*  
*fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL*  
*fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide external solution - Tier 1; QL*  
*fluocinolone acetonide scalp (generic for DERMA-SMOOTHIE/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*  
*ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*ft itch relief/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*halobetasol propionate external cream - Tier 1; QL*  
*hydrocortisone anti-itch (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*

**Non-Preferred Agents**

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**Preferred Agents**

*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 MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone external lotion 2.5 % - Tier 1; QL*  
*hydrocortisone external ointment 0.5 % - Tier 1*  
*hydrocortisone external ointment 1 % (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL*  
*hydrocortisone external ointment 2.5 % - Tier 1; QL*  
*hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL*  
*hydrocortisone plus (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone/aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone/aloe max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*instacort 5 - Tier 1; QL*  
*medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*MEDROL ORAL TABLET 2 MG - Tier 2*  
*methylprednisolone oral (generic for MEDROL) - Tier 1; QL*  
*mometasone furoate external - Tier 1; QL*  
*prednisolone oral solution - Tier 1; QL*  
*prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1*  
*prednisolone sodium phosphate oral solution 5 mg/5ml (generic for PEDIAPRED) - Tier 1; QL*  
*prednisone oral solution - Tier 1; QL*

**Non-Preferred Agents**

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Preferred Agents	Non-Preferred Agents
<p><i>prednisone oral tablet - Tier 1; QL</i>  <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i>  <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i>  <i>triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL</i>  <i>triamcinolone acetonide external lotion 0.025 % - Tier 1</i>  <i>triamcinolone acetonide external lotion 0.1 % - Tier 1; QL</i>  <i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL</i>  <i>triderm (generic for TRIDERM) - Tier 1; QL</i></p>	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
SOGROYA - Tier 2; PA; SP; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
<p><i>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX</i>  <i>desmopressin ace spray refrig - Tier 1; QL</i>  <i>desmopressin acetate oral (generic for DDAVP) - Tier 1; QL</i>  <i>desmopressin acetate spray - Tier 1; QL</i>            EGRIFTA SV - Tier 2; DX2RX; SP; QL            INCRELEX - Tier 2; PA; SP; QL            NOCDURNA - Tier 2; PA; QL            NORDITROPIN FLEXPPO - Tier 2; PA; SP; QL            NOVAREL - Tier 2; DX2RX            OMNITROPE - Tier 2; PA; SP; QL            OVIDREL - Tier 2; DX2RX  <i>PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX</i></p>	<p>GENOTROPIN - Tier 2; PA; SP; QL            GENOTROPIN MINIQUEEK - Tier 2; PA; SP; QL            HUMATROPE - Tier 2; PA; SP; QL            NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP; QL            NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP; QL            NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP; QL            SKYTROFA - Tier 2; PA; SP; QL            ZOMACTON - Tier 2; PA; SP; QL</p>

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Drugs to Regulate Hormones	
<i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
<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>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i> <i>ERMEZA - Tier 2; PA; QL</i> <i>SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>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</i> <i>unithroid (generic for EUTHYROX) - Tier 1; PA; QL</i>
Hormonal Agents, Suppressant (Adrenal) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Adrenal) - Hormone Suppressants	
LYSODREN - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
<p><i>cabergoline</i> - Tier 1; QL  FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL  <i>leuprolide acetate injection</i> - Tier 1; PA; SP; QL  LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL  LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL  LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL  LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL  LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL  LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL  <i>octreotide acetate injection (generic for SANDOSTATIN)</i> - Tier 1; SP; QL  <i>octreotide acetate subcutaneous</i> - Tier 1; SP; QL  ORILISSA - Tier 2; PA; QL  SIGNIFOR - Tier 2; PA; SP; QL  SOMAVERT - Tier 2; PA; SP; QL</p>	<p>ORIAHNN - Tier 2; PA; QL  SANDOSTATIN (<i>brand for octreotide acetate</i>) - Tier 2; PA; SP; QL  SYNAREL - Tier 2; PA  TRIPTODUR - Tier 2; PA; SP; QL</p>
Immune Suppressants	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	<p>SKYRIZI PEN - Tier 2; PA; SP; QL  SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL</p>

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Preferred Agents	Non-Preferred Agents
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ADALIMUMAB-ADB (2 PEN) - Tier 2; PA; SP; QL ADALIMUMAB-ADB (2 SYRINGE) - Tier 2; PA; SP; QL ADALIMUMAB-ADB(CD/UC/HS STRT) - Tier 2; PA; SP; QL ADALIMUMAB-ADB(PS/UV STARTER) - Tier 2; PA; SP; QL ADALIMUMAB-FKJP (2 PEN) - Tier 2; PA; SP; QL ADALIMUMAB-FKJP (2 SYRINGE) - Tier 2; PA; SP; QL <i>azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL</i> <i>cyclosporine modified (generic for GENGRAF) - Tier 1; QL</i> <i>cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL</i> ENBREL - Tier 2; PA; SP; QL <i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1</i> <i>gengraf oral capsule (generic for GENGRAF) - Tier 1; QL</i> HADLIMA - Tier 2; PA; SP; QL HADLIMA PUSH TOUCH - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL <i>methotrexate sodium - Tier 1</i>	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML - Tier 2; PA; NDC(s) starting w/72511 Preferred w/PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML - Tier 2; PA; SP; QL AMJEVITA-PED 15KG TO <30KG - Tier 2; PA; SP; QL CIMZIA (2 SYRINGE) - Tier 2; PA; SP; QL CIMZIA VIAL KIT - Tier 2; PA; SP; QL ENSPRYNG - Tier 2; PA; SP; QL HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
<p><i>methotrexate sodium (pf)</i> - Tier 1</p> <p><i>mycophenolate mofetil oral (generic for CELLCEPT)</i> - Tier 1; QL</p> <p><i>mycophenolate sodium (generic for MYFORTIC)</i> - Tier 1; QL</p> <p><i>mycophenolic acid (generic for MYFORTIC)</i> - Tier 1; QL</p> <p>OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL</p> <p>OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP</p> <p>SIMLANDI (1 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL</p> <p>SIMLANDI (1 SYRINGE) - Tier 2; PA; SP; QL</p> <p>SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL</p> <p>SIMLANDI (2 SYRINGE) (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL</p> <p><i>sirolimus oral solution</i> - Tier 1; QL</p> <p><i>sirolimus oral tablet 0.5 mg, 1 mg</i> - Tier 1; QL</p> <p><i>sirolimus oral tablet 2 mg</i> - Tier 1</p> <p><i>tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF)</i> - Tier 1</p> <p><i>tacrolimus oral capsule 1 mg (generic for PROGRAF)</i> - Tier 1; QL</p>	<p>HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL</p> <p>LUPKYNIS - Tier 2; PA; QL</p> <p>ORENCIA CLICKJECT - Tier 2; PA; SP; QL</p> <p>ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL</p> <p>OTREXUP - Tier 2; PA; QL</p> <p>RASUVO - Tier 2; PA; QL</p> <p>SIMPONI - Tier 2; PA; SP; QL</p> <p>SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL</p> <p>STELARA SUBCUTANEOUS (brand for ustekinumab) - Tier 2; PA; SP; QL; AL</p> <p>TREXALL - Tier 2; PA</p> <p>XELJANZ - Tier 2; PA; SP; QL</p> <p>XELJANZ XR - Tier 2; PA; SP; QL</p>

Immunizing Agents, Passive - Immune System Drugs

Immunological Agents - Drugs that Stimulate or Suppress the Immune System

<p>HYPERTET - Tier 2; QL</p>	
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Preferred Agents	Non-Preferred Agents
Immunological Agents, Other	
Immunological Agents	
	BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML - Tier 2; PA; SP; QL BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML - Tier 2; PA; SP; QL
Immunomodulators - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
ACTIMMUNE - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL <i>leflunomide oral (generic for ARAVA) - Tier 1; QL</i> OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG - Tier 2; PA; SP; QL SYNAGIS - Tier 2; PA; SP; QL TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL ENTYVIO PEN - Tier 2; PA; SP; QL RINVOQ - 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

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Preferred Agents	Non-Preferred Agents
Insulins - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
<p>CAREPOINT POLY HUB NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</p> <p>HUMULIN 70/30 VIAL - Tier 2; QL</p> <p>HUMULIN N VIAL - Tier 2; QL</p> <p>HUMULIN R VIAL - Tier 2; QL</p> <p>INSULIN ASPART PROT &amp; ASPART (brand for insulin aspart prot &amp; aspart) - Tier 2; QL</p> <p>INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL</p> <p>INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL</p> <p>INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; ST; QL</p> <p>INSULIN LISPRO PROT &amp; LISPRO (brand for insulin lispro prot &amp; lispro) - Tier 2; QL</p> <p>LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL</p> <p>LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL</p>	<p>ADMELOG (brand for insulin lispro) - Tier 2; PA; QL</p> <p>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL</p> <p>AFREZZA - Tier 2; PA; QL</p> <p>APIDRA SOLOSTAR - Tier 2; PA; QL</p> <p>APIDRA VIAL - Tier 2; PA; QL</p> <p>BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; PA; QL</p> <p>FIASP - Tier 2; PA; QL</p> <p>FIASP FLEXTOUCH - Tier 2; PA; QL</p> <p>FIASP PENFILL - Tier 2; PA; QL</p> <p>HUMALOG (brand for insulin lispro) - Tier 2; PA; QL</p> <p>HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; ST; QL</p> <p>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL</p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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>MONOJECT HYPODERMIC NEEDLE 18G X 1" (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>NOKOR VENTED NEEDLE (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>NOVOLIN 70/30 RELION - Tier 2; QL</i></p> <p><i>NOVOLIN 70/30 VIAL - Tier 2; QL</i></p> <p><i>NOVOLIN N RELION - Tier 2; QL</i></p> <p><i>NOVOLIN N VIAL - Tier 2; QL</i></p> <p><i>NOVOLIN R RELION - Tier 2; QL</i></p> <p><i>NOVOLIN R VIAL - Tier 2; QL</i></p> <p><i>NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL</i></p> <p><i>NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL</i></p> <p><i>REZVOGLAR KWIKPEN - Tier 2; QL</i></p> <p><i>SOLIQUA - Tier 2; PA; ST; QL</i></p>	<p><i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL</i></p> <p><i>HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL</i></p> <p><i>HUMALOG MIX 75/25 - Tier 2; PA; QL</i></p> <p><i>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot &amp; lispro) - Tier 2; PA; QL</i></p> <p><i>HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL</i></p> <p><i>HUMULIN N KWIKPEN - Tier 2; PA; QL</i></p> <p><i>HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL</i></p> <p><i>HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL</i></p> <p><i>INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL</i></p> <p><i>LYUMJEV - Tier 2; PA; QL</i></p> <p><i>LYUMJEV KWIKPEN - Tier 2; PA; QL</i></p> <p><i>NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL</i></p> <p><i>NOVOLIN N FLEXPEN - Tier 2; PA; QL</i></p> <p><i>NOVOLIN R FLEXPEN - Tier 2; PA; QL</i></p> <p><i>NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL</i></p> <p><i>NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot &amp; asp flexpen) - Tier 2; PA; QL</i></p> <p><i>NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot &amp; aspart) - Tier 2; PA; QL</i></p> <p><i>NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL</i></p> <p><i>NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL</i></p> <p><i>SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL</i></p> <p><i>TOUJEO MAX SOLOSTAR (brand for insulin glargine max solostar) - Tier 2; PA; QL</i></p> <p><i>TOUJEO SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL</i></p> <p><i>TRESIBA (brand for insulin degludec) - Tier 2; PA; QL</i></p> <p><i>TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Irritable Bowel Syndrome Agents - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<i>lubiprostone oral capsule 24 mcg, 8 mcg (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i> <i>lubiprostone oral capsule 24 mcg, 8 mcg (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i>	LINZESS - Tier 2; PA; QL TALICIA - Tier 2; PA; QL VIBERZI - Tier 2; PA; QL XIFAXAN - Tier 2; PA; QL
Laxatives - Bowel Treatment Drugs	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<i>clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</i> <i>daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</i> <i>daily fiber oral powder 43 % (generic for REGULOID) - Tier 1</i> <i>enema mineral oil (generic for FLEET OIL) - Tier 1</i> <i>EVAC (brand for cvs natural fiber supplement) - Tier 2</i> <i>fiber laxative (generic for FIBERCON) - Tier 1</i> <i>fiber laxative + calcium (generic for FIBERCON) - Tier 1</i> <i>fiber laxative oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</i> <i>fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</i> <i>fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL</i> <i>fiber oral powder 43 % (generic for REGULOID) - Tier 1</i> <i>fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1</i> <i>fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1</i> <i>fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL</i>	SUTAB - Tier 2; PA

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## Preferred Agents

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  
FLEET LAXATIVE MINERAL OIL (brand for cvs mineral oil) - Tier 2  
FLEET OIL (brand for cvs mineral oil enema) - Tier 2  
ft clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
ft enema mineral oil (generic for FLEET OIL) - Tier 1  
ft fiber laxative (generic for FIBERCON) - Tier 1  
ft fiber oral powder 43 % (generic for REGULOID) - Tier 1  
ft mineral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1  
gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
METAMUCIL 4 IN 1 FIBER ORAL POWDER 43 % (brand for cvs natural daily fiber) - Tier 2  
METAMUCIL FREE & NATURAL (brand for cvs natural daily fiber) - Tier 2  
mineral oil enema (generic for FLEET OIL) - Tier 1  
mineral oil heavy oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1  
mineral oil lubricant laxative (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1  
mineral oil oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1  
MIRALAX (brand for ft clearlax) - Tier 2; ONLY powder bottle; QL  
mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
natural daily fiber oral powder 43 % (generic for REGULOID) - Tier 1  
natural daily fiber oral powder 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1  
natural fiber (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1

## Non-Preferred Agents

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## Preferred Agents

*natural fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL*  
*natural fiber supplement (generic for EVAC) - Tier 1*  
*natural vegetable (generic for HYDROCIL) - Tier 1*  
*natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*psyldex - Tier 1*  
*purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*reguloid oral powder 43 % (generic for REGULOID) - Tier 1*  
*smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*  
*sorbitol oral - Tier 1*  
*true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*

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Preferred Agents	Non-Preferred Agents
Laxatives - Drugs to treat Constipation	
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
<p><i>AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2</i></p> <p><i>bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL</i></p> <p><i>bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i></p> <p><i>bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL</i></p> <p><i>bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL</i></p> <p><i>BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL</i></p> <p><i>citroma (generic for CITROMA) - Tier 1</i></p> <p><i>CITRUCCEL (brand for cvs fiber therapy) - Tier 2</i></p> <p><i>c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL</i></p> <p><i>COLACE (brand for cvs stool softener) - Tier 2; QL</i></p> <p><i>col-rite oral capsule 250 mg (generic for PROLAXA) - Tier 1; QL</i></p> <p><i>constulose - Tier 1; QL</i></p> <p><i>docusate calcium (generic for SURFAK) - Tier 1</i></p> <p><i>docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL</i></p> <p><i>docusate sodium oral (generic for COLACE) - Tier 1; QL</i></p> <p><i>DOCUZEN (brand for cvs senna plus) - Tier 2</i></p>	<p><i>CLENPIQ - Tier 2; PA; QL</i></p> <p><i>MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL</i></p> <p><i>PLENVU - Tier 2; PA; QL</i></p> <p><i>SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL</i></p>

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**Preferred Agents**

dss (generic for COLACE) - Tier 1; QL  
easy-lax plus (generic for SENOKOT S) - Tier 1  
ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL  
enulose - Tier 1; QL  
EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2  
EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL  
fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL  
fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1  
fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1  
FLEET BISACODYL - Tier 2; QL  
FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL  
FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL  
FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2  
ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL  
ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL  
ft magnesium citrate (generic for CITROMA) - Tier 1  
ft senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
ft senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
ft senna-s (generic for SENOKOT S) - Tier 1  
ft stool softener oral capsule (generic for COLACE) - Tier 1; QL  
ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1  
gavilyte-c - Tier 1; QL  
gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL  
gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL  
generlac - Tier 1; QL  
gentle laxative oral tablet delayed release (generic for EX-LAX ULTRA) - Tier 1; QL  
gentle laxative rectal (generic for THE MAGIC BULLET) - Tier 1; QL

**Non-Preferred Agents**

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## Preferred Agents

*gentle laxative womens (generic for EX-LAX ULTRA) - Tier 1; QL*  
*geri-kot (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*  
*glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1*  
*glycerin (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*  
*lactulose encephalopathy - Tier 1; QL*  
*lactulose oral solution - Tier 1; QL*  
*LAXACIN (brand for cvs senna plus) - Tier 2*  
*laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1*  
*laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL*  
*laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1*  
*laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1*  
*laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL*  
*laxative regular strength (generic for SENNA SMOOTH) - Tier 1*  
*magnesium citrate oral solution (generic for CITROMA) - Tier 1*  
*mm stool softener (generic for COLACE) - Tier 1; QL*  
*mm stool softener laxative (generic for COLACE) - Tier 1; QL*  
*natural senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*  
*natural vegetable laxative oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*  
*ONELAX (brand for bisacodyl) - Tier 2; QL*  
*ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2*  
*ONELAX SENNA (brand for senna) - Tier 2*  
*p col-rite (generic for SENOKOT S) - Tier 1*

## Non-Preferred Agents

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

PEDIA-LAX ORAL LIQUID - Tier 2  
peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL  
peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL  
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2  
PROLAXA (brand for cvs stool softener) - Tier 2; QL  
sb docusate sodium/senna (generic for SENOKOT S) - Tier 1  
senexon-s (generic for SENOKOT S) - Tier 1  
senna lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
senna oral liquid 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1  
senna oral syrup 176 mg/5ml - Tier 1  
senna oral syrup 8.8 mg/5ml (generic for ONELAX SENNA) - Tier 1  
senna oral tablet 8.6 mg (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
senna plus oral tablet (generic for SENOKOT S) - Tier 1  
senna s (generic for SENOKOT S) - Tier 1  
senna smooth (generic for SENNA SMOOTH) - Tier 1  
senna-docusate sodium (generic for SENOKOT S) - Tier 1  
senna-lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
senna-plus (generic for SENOKOT S) - Tier 1  
senna-s oral tablet (generic for SENOKOT S) - Tier 1  
senna-tabs (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
senna-time (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
senna-time s (generic for SENOKOT S) - Tier 1  
SENNAZON (brand for senna) - Tier 2  
sennosides (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL  
sennosides-docusate sodium (generic for SENOKOT S) - Tier 1  
SENOKOT (brand for cvs senna) - Tier 2; QL  
SENOKOT S (brand for cvs senna plus) - Tier 2  
soluble fiber therapy - Tier 1  
stimulant lax plus (generic for SENOKOT S) - Tier 1

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## Preferred Agents

*stimulant laxative (generic for SENOKOT S) - Tier 1*  
*stool softener extra str (generic for PROLAXA) - Tier 1; QL*  
*stool softener laxative oral capsule (generic for COLACE) - Tier 1; QL*  
*stool softener oral capsule 100 mg (generic for COLACE) - Tier 1; QL*  
*stool softener oral capsule 240 mg (generic for SURFAK) - Tier 1*  
*stool softener oral capsule 250 mg (generic for PROLAXA) - Tier 1; QL*  
*stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1*  
*stool softener pls laxative (generic for SENOKOT S) - Tier 1*  
*stool softener plus laxative (generic for SENOKOT S) - Tier 1*  
*stool softener/laxative oral tablet , 8.6-50 mg (generic for SENOKOT S) - Tier 1*  
*the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL*  
*vegetable lax+stool softener (generic for SENOKOT S) - Tier 1*  
*vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*  
*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*

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
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Local Anesthetics	
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Anesthetics - Drugs for Numbing

*ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL*  
*ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL*  
*lidocaine cream 4 % external (generic for ANECREAM) - Tier 1; QL*  
*lidocaine hcl external cream 3 % - Tier 1; QL*  
*lidocaine hcl urethral/mucosal external gel - Tier 1; QL*  
*lidocaine patch 5 % external (generic for LIDOCAN) - Tier 1; DX2RX; QL*  
*lidocaine viscous hcl - Tier 1; QL*  
*lidocaine-prilocaine external cream - Tier 1; QL*  
*LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL*  
*LMX 4 (brand for lidocaine) - Tier 2; QL*  
*TYLENOL EXTERNAL CREAM 4 % (brand for lidocaine) - Tier 2; QL*  
*ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL*

Macrolides - Antibiotics	
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Antibacterials - Drugs to Treat Bacterial Infections

*azithromycin oral (generic for ZITHROMAX) - Tier 1; QL*  
*clarithromycin er - Tier 1; QL*  
*clarithromycin oral - Tier 1; QL*  
*DIFICID - Tier 2; PA; QL*  
*E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL*  
*erythromycin base oral (generic for ERY-TAB) - Tier 1; QL*  
*erythromycin ethylsuccinate oral suspension reconstituted (generic for E.E.S. GRANULES) - Tier 1; QL*  
*erythromycin oral (generic for ERY-TAB) - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
Mast Cell Stabilizers - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<i>cromolyn sodium inhalation - Tier 1; QL</i> <i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL</i> <i>NASALCROM (brand for cromolyn sodium) - Tier 2; QL</i>	
Metabolic Bone Disease Agents - Osteoporosis (Bone Loss) Drugs	
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	
<i>alendronate sodium oral solution - Tier 1; QL</i> <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i> <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i> <i>calcitonin (salmon) nasal - Tier 1; QL</i> <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i> <i>TYMLOS - Tier 2; PA; SP; QL</i>	<i>ADELVIA (brand for risedronate sodium) - Tier 2; PA</i> <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i> <i>RAYALDEE - Tier 2; PA; QL</i> <i>TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</i>
Metabolic Bone Disease Agents - Other	
Metabolic Bone Disease Agents - Drugs to Treat Bone Conditions	
<i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i> <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members &gt;= 8 years of age will require PA; AL</i>	
Mineralocorticoid Receptor Antagonists	
Cardiovascular Agents	
	KERENDIA - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Miscellaneous Therapeutic Agents	
<p><i>acne control cleanser external liquid (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1</i></p> <p><i>adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1</i></p> <p><i>advanced acne spot treat (generic for CLEAN &amp; CLEAR ACNE SCRUB) - Tier 1</i></p> <p><i>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>ALCOHOL SWABS (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL</i></p> <p><i>BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>BD PEN NEEDLE MINI ULTRAFINE (brand for 1st tier unifine pentips) - Tier 2; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL</i></p> <p><i>BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL</i></p> <p><i>BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL</i></p> <p><i>CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL</i></p> <p><i>CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL</i></p> <p><i>CAYA - Tier 2; QL</i></p> <p><i>CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2</i></p> <p><i>CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL</i></p>	<p><i>BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</i></p> <p><i>BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL</i></p> <p><i>GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL</i></p> <p><i>INBRIJA - Tier 2; PA; SP; QL</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES 29G X 12MM, 31G X 5 MM, 31G X 6 MM, 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL</i></p> <p><i>INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL</i></p> <p><i>OMNIPOD 5 DEXCOM INTRO KIT - Tier 2; PA; QL</i></p> <p><i>OMNIPOD 5 DEXCOM PODS - Tier 2; PA; QL</i></p> <p><i>TWYNEO - Tier 2; PA; QL</i></p>

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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

CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL  
CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL  
CONDOMS - Tier 2; QL  
COOL MIST HUMIDIFER (brand for cvs cool mist humidifer) - Tier 2; QL  
corn & callus remover (generic for COMPOUND W) - Tier 1  
corn and callus remover (generic for COMPOUND W) - Tier 1  
COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL  
COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; AL  
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL  
COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL  
daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1  
DEXCOM G6 TRANSMITTER - Tier 2; PA; QL  
DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL  
DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL  
DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL  
DUREX TROPICAL (brand for true cover) - Tier 2; QL  
EASIVENT (brand for breathe comfort chamber/adult) - Tier 2; QL  
EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL  
EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL  
EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL  
ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL

## Non-Preferred Agents

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**Preferred Agents**

EMBECTA AUTOSHIELD DUO (brand for pen needles) - Tier 2; QL  
EMBECTA INS SYR UIF 1/2 UNIT 31G X 15/64" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL  
EMBECTA INSULIN SYR ULTRAFINE (brand for careone insulin syringe) - Tier 2; QL  
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; QL  
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; QL  
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1  
FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL  
FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL  
ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1  
IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL  
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL  
INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL  
INSPIREASE RESERVOIR BAGS - Tier 2; QL  
INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL  
liquid corn & callus rem (generic for COMPOUND W) - Tier 1  
liquid wart remover (generic for COMPOUND W) - Tier 1  
liquid wart remover max st (generic for COMPOUND W) - Tier 1  
medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1  
methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL  
NEODOT THERMOMETER - Tier 2; QL  
NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2

**Non-Preferred Agents**

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## Preferred Agents

nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members >= 8 years of age will require PA; QL; AL  
NOZIN NASAL SANITIZER POPSWAB - Tier 2; QL  
OMNIFLEX DIAPHRAGM - Tier 2; QL; GE  
ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL  
ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL; AL  
PANOXYL ACNE BANISHING BODY (brand for cvs acne control cleanser) - Tier 2  
PANOXYL CLARIFYING EXFOLIANT (brand for cvs acne control cleanser) - Tier 2  
PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; AL  
QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL  
scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1  
SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; AL  
STRIVE DUAL ZONE PEAK FLOW MTR (brand for peak flow meter universal rang) - Tier 2; QL  
TROJAN MAGNUM (brand for true cover) - Tier 2; QL  
TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL  
TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL  
TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; QL  
TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; QL  
TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; QL  
TRUE COVER (brand for true cover) - Tier 2; QL  
VAPORIZER WARM STEAM - Tier 2; QL  
VASOCLEAR-A - Tier 2; QL  
wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
<p>wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1</p> <p>WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL</p>	
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p>ALECENSA - Tier 2; PA; SP; QL</p> <p>ALUNBRIG - Tier 2; PA; SP; QL</p> <p>BOSULIF ORAL CAPSULE - Tier 2; SP; QL</p> <p>BOSULIF ORAL TABLET - Tier 2; PA; SP; QL</p> <p>BRUKINSA - Tier 2; PA; SP</p> <p>CABOMETYX - Tier 2; PA; SP; QL</p> <p>CALQUENCE - Tier 2; PA; SP; QL</p> <p>CAPRELSA - Tier 2; PA; SP; QL</p> <p>COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL</p> <p>COTELLIC - Tier 2; PA; SP; QL</p> <p><i>dasatinib (generic for SPRYCEL) - Tier 1; PA; SP; QL</i></p> <p>DAURISMO - Tier 2; PA; SP; QL</p> <p>ERIVEDGE - Tier 2; PA; SP; QL</p> <p><i>erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL</i></p>	<p><i>GLEEVEC ORAL TABLET 100 MG (brand for imatinib mesylate) - Tier 2; PA; SP; QL</i></p> <p><i>IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL</i></p> <p>LAZCLUZE ORAL TABLET 80 MG - Tier 2; PA; SP; QL</p> <p>MEKTOVI - Tier 2; PA; SP; QL</p> <p><i>SPRYCEL (brand for dasatinib) - Tier 2; PA; SP; QL</i></p> <p><i>SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL</i></p> <p>TABRECTA - Tier 2; PA; SP; QL</p> <p>TAGRISSO - Tier 2; PA; SP; QL</p> <p><i>TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL</i></p> <p><i>TASIGNA (brand for nilotinib hcl) - Tier 2; PA; SP; QL</i></p> <p>TEPMETKO - Tier 2; PA; SP; QL</p> <p>VIZIMPRO - Tier 2; PA; SP; QL</p> <p><i>VOTRIENT (brand for pazopanib hcl) - Tier 2; PA; SP; QL</i></p> <p>XOSPATA - Tier 2; PA; SP; QL</p>

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## Preferred Agents

everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL  
everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL  
gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL  
GILOTRIF - Tier 2; PA; SP; QL  
IBRANCE ORAL CAPSULE - Tier 2; PA; SP; QL  
IBRANCE ORAL TABLET - Tier 2; PA; QL  
ICLUSIG - Tier 2; PA; SP; QL  
IDHIFA - Tier 2; PA; SP; QL  
imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL  
IMBRUVICA - Tier 2; PA; SP; QL  
INLYTA - Tier 2; PA; SP; QL  
JAKAFI - Tier 2; PA; SP; QL  
lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL  
LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL  
LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL  
LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL  
LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL  
LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL  
LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL  
LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL  
LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL  
LYNPARZA - Tier 2; PA; SP; QL  
MEKINIST - Tier 2; PA; SP; QL  
nilotinib hcl (generic for TASIGNA) - Tier 1; PA; SP; QL  
ODOMZO - Tier 2; PA; SP; QL  
pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL  
RUBRACA - Tier 2; PA; SP; QL  
RYDAPT - Tier 2; PA; SP; QL  
sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL  
STIVARGA - Tier 2; PA; SP; QL  
sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL  
TAFINLAR - Tier 2; PA; SP; QL

## Non-Preferred Agents

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Preferred Agents	Non-Preferred Agents
TIBSOVO - Tier 2; PA; SP; QL TURALIO - Tier 2; SP; QL; AL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL XALKORI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL; AL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG ORAL TABLET 100 MG - Tier 2; PA; SP; QL	
<b>Monoamine Oxidase B (MAO-B) Inhibitors - Parkinson's Disease Drugs</b>	
<b>Antiparkinson Agents - Drugs to Treat Parkinson's Disease</b>	
<i>selegiline hcl oral - Tier 1; QL</i>	
<b>Monoamine Oxidase Inhibitors - Antidepressants</b>	
<b>Antidepressants - Drugs to Treat Depression</b>	
<i>tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL</i>	
<b>Mood Stabilizers - Mood Disorder Drugs</b>	
<b>Bipolar Agents - Drugs to Treat Mood Disorders</b>	
<i>divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; ^; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
Multiple Sclerosis Agents	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	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
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
<i>dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i>dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL</i> <i> fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL</i> <i>glatiramer acetate (generic for GLATOPIA) - Tier 1; DX2RX; SP; QL</i> <i>glatopa (generic for GLATOPIA) - Tier 1; DX2RX; SP; QL</i> 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 <i>teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL</i>	<i>AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; QL</i> 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; QL <i>COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL</i> <i>GILENYA (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL</i> KESIMPTA - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL <i>TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL</i> VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL

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**Preferred Agents**

**Non-Preferred Agents**

ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL

**N-methyl-D-aspartate (NMDA) Receptor Antagonist - Alzheimer's Disease and Dementia Drugs**

**Antidementia Agents - Drugs to Treat Alzheimer's Disease and Dementia**

*memantine hcl oral solution 2 mg/ml - Tier 1; QL*  
*memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members <18 years of age will require PA; QL; AL*

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**Preferred Agents****Non-Preferred Agents****Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs****Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions**

*addaprin (generic for ADDAPRIN) - Tier 1; QL*  
*ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL*  
*ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL*  
*ALEVE ALL DAY STRONG (brand for all day pain relief) - Tier 2; QL*  
*all day pain relief (generic for MEDIPROXEN) - Tier 1; QL*  
*all day relief (generic for MEDIPROXEN) - Tier 1; QL*  
*aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL*  
*aspirin ec adult low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*  
*aspirin ec oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL*  
*aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL*  
*aspirin ec oral tablet delayed release 81 mg (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*

*DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL*  
*EC-NAPROSYN (brand for ec-naproxen) - Tier 2; PA; QL*  
*FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL*  
*NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA*  
*NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL*  
*NAPROSYN (brand for naproxen) - Tier 2; PA; QL*

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## Preferred Agents

aspirin oral tablet 325 mg (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL  
aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL  
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 aspirin) - Tier 2; QL  
aspirin rectal suppository 300 mg - Tier 1  
aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL  
BAYER ASPIRIN (brand for aspirin) - Tier 2; QL  
BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL  
celecoxib oral (generic for CELEBREX) - Tier 1; QL  
childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL  
diclofenac potassium oral tablet 50 mg - Tier 1; QL  
diclofenac sodium er - Tier 1; QL  
diclofenac sodium external solution 1.5 % - Tier 1; PA; QL  
diclofenac sodium oral - Tier 1; QL  
ec-naproxen (generic for EC-NAPROSYN) - Tier 1; QL  
enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL  
etodolac (generic for LODINE) - Tier 1; QL  
FLANAX (brand for all day pain relief) - Tier 2; QL  
ft all day pain relief (generic for MEDIPROXEN) - Tier 1; QL  
ft aspirin (generic for BAYER LOW DOSE) - Tier 1; QL  
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 ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL

## Non-Preferred Agents

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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

*ft ibuprofen infants (generic for INFANTS ADVIL) - Tier 1; QL*  
*ft ibuprofen oral tablet (generic for ADDAPRIN) - Tier 1; QL*  
*ft pain relief oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL*  
*genuine aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL*  
*h-e-b aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*  
*ibuprofen (generic for IBU) - Tier 1; QL*  
*ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL*  
*ibuprofen ib oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL*  
*ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL*  
*ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL*  
*ibuprofen junior strength oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL*  
*ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL*  
*ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL*  
*ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL*  
*indomethacin oral capsule - Tier 1; QL*  
*INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL*  
*infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL*  
*ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL*  
*ketorolac tromethamine oral - Tier 1; QL*  
*medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL*  
*medi-first ibuprofen (generic for ADDAPRIN) - Tier 1; QL*  
*mediproxen (generic for MEDIPROXEN) - Tier 1; QL*  
*medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL*  
*meloxicam oral tablet - Tier 1; QL*  
*mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*  
*MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL*  
*MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL*

## Non-Preferred Agents

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

*MOTRIN INFANTS DROPS (brand for cvs ibuprofen infants) - Tier 2; QL*  
*nabumetone oral - Tier 1; QL*  
*naproxen dr (generic for EC-NAPROSYN) - Tier 1; QL*  
*naproxen oral suspension - Tier 1; QL; AL*  
*naproxen oral tablet (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 oral tablet (generic for DAYPRO) - Tier 1; QL*  
*piroxicam oral - Tier 1; QL*  
*salsalate oral - Tier 1; QL*  
*ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL*  
*sulindac oral - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
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Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
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Ophthalmic Agents - Drugs to Treat Eye Conditions	
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<p><i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i></p> <p><i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i></p> <p><i>altafrin (generic for ALTAFRIN) - Tier 1</i></p> <p><i>altalube (generic for ALTALUBE) - Tier 1; QL</i></p> <p><i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1</i></p> <p><i>artificial tears pf (generic for BION TEARS PF) - Tier 1</i></p> <p><i>astringent eye drops (generic for VISINE A.C.) - Tier 1; QL</i></p> <p><i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i></p> <p><i>bacitracin-polymyxin b (generic for POLYICIN) - Tier 1</i></p> <p><i>BIOLLE TEARS (brand for carboxymethylcellulose sod pf) - Tier 2</i></p> <p><i>BION TEARS PF (brand for artificial tears pf) - Tier 2</i></p> <p><i>carboxymethylcellulose sod pf ophthalmic solution (generic for BIOLLE TEARS) - Tier 1</i></p> <p><i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i></p>	<p>CEQUA - Tier 2; PA; QL</p> <p>OXERVATE - Tier 2; PA; SP; QL</p> <p>RESTASIS (brand for cyclosporine) - Tier 2; PA; QL</p> <p>RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL</p> <p>RHOPRESSA - Tier 2; PA; QL</p> <p>ROCKLATAN - Tier 2; PA; QL</p> <p>TOBRADEX ST - Tier 2; PA; QL</p> <p>VERKAZIA - Tier 2; PA; QL</p> <p>XIIDRA - Tier 2; PA; QL</p>
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Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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

*cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL*  
*cyclosporine ophthalmic (generic for RESTASIS) - Tier 1; PA; QL*  
*CYSTARAN - Tier 2; DX2RX; SP; QL*  
*dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL*  
*eye drops adv relief - Tier 1; QL*  
*eye drops advanced relief - Tier 1; QL*  
*eye drops long lasting (generic for SYSTANE) - Tier 1; QL*  
*eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL*  
*eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE A.C.) - Tier 1; QL*  
*eye lubricant (generic for ALTALUBE) - Tier 1; QL*  
*eye lubricant nighttime (generic for ALTALUBE) - Tier 1; QL*  
*EYES ALIVE (brand for carboxymethylcellulose sod pf) - Tier 2*  
*for sty relief (generic for ALTALUBE) - Tier 1; QL*  
*ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*  
*ft lubricant eye drops ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1*  
*GENTEAL SEVERE - Tier 2; QL*  
*GENTEAL TEARS MODERATE PF (brand for artificial tears pf) - Tier 2*  
*GENTEAL TEARS NIGHT-TIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL*  
*GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (brand for artificial tears) - Tier 2*  
*GENTEAL TEARS PF (brand for artificial tears pf) - Tier 2*  
*GENTEAL TEARS SEVERE DAY/NIGHT - Tier 2; QL*  
*HYPOTEARs (brand for cvs dry-eye relief nighttime) - Tier 2; QL*  
*lubricant drops fast act (generic for SYSTANE) - Tier 1; QL*  
*lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL*  
*lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL*  
*lubricant eye drop (generic for SYSTANE BALANCE) - Tier 1; QL*

## Non-Preferred Agents

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**Preferred Agents**

*lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL*  
*lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1*  
*lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*  
*lubricant eye drops ophthalmic solution 0.5 % (generic for ULTRA FRESH) - Tier 1; QL*  
*lubricant eye drops ophthalmic solution 0.6 % (generic for SYSTANE BALANCE) - Tier 1; QL*  
*lubricant eye drops pf (generic for BIOLLE TEARS) - Tier 1*  
*lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL*  
*lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL*  
*lubricant eye pm (generic for ALTALUBE) - Tier 1; QL*  
*lubricating eye drops (generic for SYSTANE) - Tier 1; QL*  
*lubricating eyelovernight (generic for ALTALUBE) - Tier 1; QL*  
*lubricating plus pf (generic for BIOLLE TEARS) - Tier 1*  
*lubricating tears eye drops (generic for ULTRA FRESH) - Tier 1; QL*  
*lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL*  
*MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2*  
*MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL*  
*natural tears pf (generic for BION TEARS PF) - Tier 1*  
*neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1; QL*  
*neomycin-polymyxin-gramicidin - Tier 1; QL*  
*nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL*  
*nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL*  
*phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1*  
*polymyxin b-trimethoprim - Tier 1; QL*  
*polyvinyl alcohol ophthalmic - Tier 1*  
*PURE & GENTLE LUBRICANT - Tier 2*

**Non-Preferred Agents**

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**Preferred Agents**

*REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL*  
*REFRESH PLUS (brand for carboxymethylcellulose sod pf) - Tier 2*  
*REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL*  
*relief eye drops (generic for VISINE A.C.) - Tier 1; QL*  
*restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1*  
*restore pm (generic for ALTALUBE) - Tier 1; QL*  
*RETAINÉ CMC (brand for carboxymethylcellulose sod pf) - Tier 2*  
*sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1*  
*sodium chloride (hypertonic) ophthalmic ointment (generic for ALTACHLORE) - Tier 1*  
*sodium chloride (hypertonic) ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL*  
*sodium chloride ophthalmic ointment 5 % (generic for ALTACHLORE) - Tier 1*  
*sodium chloride ophthalmic solution 5 % (generic for ALTACHLORE) - Tier 1; QL*  
*SYSTANE (brand for cvs lubricant drops fast act) - Tier 2; QL*  
*SYSTANE BALANCE (brand for cvs lubricant drops) - Tier 2; QL*  
*SYSTANE COMPLETE (brand for cvs lubricant drops) - Tier 2; QL*  
*SYSTANE CONTACTS (brand for artificial tears) - Tier 2*  
*SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL*  
*SYSTANE NIGHT - Tier 2; QL*  
*SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL*  
*SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL*  
*SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL*  
*SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL*  
*tobramycin-dexamethasone - Tier 1*

**Non-Preferred Agents**

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Preferred Agents	Non-Preferred Agents
<ul style="list-style-type: none"> <li><i>ultra fresh (generic for ULTRA FRESH) - Tier 1; QL</i></li> <li><i>ultra fresh pm (generic for ALTALUBE) - Tier 1; QL</i></li> <li><i>ultra lubricant drop (generic for SYSTANE) - Tier 1; QL</i></li> <li><i>ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL</i></li> <li><i>ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL</i></li> </ul>	
<b>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</b>	
<b>Ophthalmic Agents - Drugs to Treat Eye Conditions</b>	
<ul style="list-style-type: none"> <li><i>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</i></li> <li><i>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</i></li> <li><i>allergy eye drops (generic for ALAWAY) - Tier 1; QL</i></li> <li><i>azelastine hcl ophthalmic - Tier 1; ST; QL</i></li> <li><i>cromolyn sodium ophthalmic - Tier 1; QL</i></li> <li><i>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL</i></li> <li><i>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL</i></li> <li><i>NAPHCON-A (brand for allergy eye) - Tier 2</i></li> <li><i>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL</i></li> <li><i>PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL</i></li> <li><i>VISINE (brand for allergy eye) - Tier 2</i></li> <li><i>ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</i></li> </ul>	

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Preferred Agents	Non-Preferred Agents
Ophthalmic Antibiotics - Drugs to treat Eye Infections	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<i>bacitracin ophthalmic - Tier 1; QL</i> <i>ciprofloxacin hcl ophthalmic - Tier 1; QL</i> <i>erythromycin ophthalmic - Tier 1; QL</i> <i>gentamicin sulfate ophthalmic - Tier 1; QL</i> <i>moxifloxacin hcl (2x day) - Tier 1; QL</i> <i>moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL</i> <i>ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL</i> <i>sulfacetamide sodium ophthalmic - Tier 1; QL</i> <i>tobramycin ophthalmic - Tier 1; QL</i>	AZASITE - Tier 2; PA; QL BESIVANCE - Tier 2; PA; QL CILOXAN - Tier 2; PA; QL VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL
Ophthalmic Antiglaucoma Agents - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<i>acetazolamide er - Tier 1; QL</i> <i>acetazolamide oral - Tier 1; QL</i> <i>apraclonidine hcl - Tier 1; QL</i> <i>betaxolol hcl ophthalmic - 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>carteolol hcl - Tier 1</i> DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>levobunolol hcl - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> PHOSPHOLINE IODIDE - Tier 2 <i>pilocarpine hcl ophthalmic - Tier 1</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i>	ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL BETOPTIC-S - 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 ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<p><i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYICIN HC) - Tier 1; QL</i></p> <p><i>dexamethasone sodium phosphate ophthalmic - Tier 1</i></p> <p><i>diclofenac sodium ophthalmic - Tier 1; QL</i></p> <p><i>fluorometholone (generic for FML LIQUIFILM) - Tier 1</i></p> <p><i>flurbiprofen sodium - Tier 1; QL</i></p> <p><i>ketorolac tromethamine ophthalmic solution 0.4 % (generic for ACULAR LS) - Tier 1</i></p> <p><i>ketorolac tromethamine ophthalmic solution 0.5 % (generic for ACULAR) - Tier 1; QL</i></p> <p><i>neomycin-polymyxin-dexameth (generic for MAXITROL) - Tier 1; QL</i></p> <p><i>NEO-POLYICIN HC (brand for bacitra-neomycin-polymyxin-hc) - Tier 2; QL</i></p> <p><i>prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL</i></p> <p><i>PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL</i></p> <p><i>prednisolone sodium phosphate ophthalmic - Tier 1</i></p> <p><i>sulfacetamide-prednisolone - Tier 1</i></p>	<p><i>ACUVAIL - Tier 2; PA; QL</i></p> <p><i>EYSUVIS - Tier 2; PA; QL</i></p> <p><i>FLAREX - Tier 2; PA; QL</i></p> <p><i>ILEVRO - Tier 2; PA; QL</i></p> <p><i>INVELTYS - Tier 2; PA; QL</i></p> <p><i>LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL</i></p> <p><i>LOTEMAX SM - Tier 2; PA; QL</i></p> <p><i>NEVANAC - Tier 2; PA; QL</i></p> <p><i>PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL</i></p> <p><i>PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL</i></p> <p><i>ZYLET - Tier 2; PA; QL</i></p>

Ophthalmic Antivirals - Drugs to treat Eye Infections

Ophthalmic Agents - Drugs to Treat Eye Conditions

<i>trifluridine - Tier 1; QL</i>	
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Preferred Agents	Non-Preferred Agents
Ophthalmic Prostaglandin and Prostanamide Analogs - Glaucoma Drugs	
Ophthalmic Agents - Drugs to Treat Eye Conditions	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	LUMIGAN - 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
Opioid Analgesics, Long-acting - Opioid Pain Relievers	
Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<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>hydrocodone bitartrate er oral capsule extended release 12 hour - Tier 1; PA; QL</i> <i>methadone hcl oral tablet - Tier 1; PA; QL</i> <i>methadone hcl oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL</i> <i>methadose oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL</i> <i>morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL</i>	BELBUCA - Tier 2; PA; QL BUTRANS (brand for buprenorphine) - Tier 2; PA; QL HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL OXYCONTIN - Tier 2; PA; QL

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**Preferred Agents**

**Non-Preferred Agents**

Opioid Analgesics, Short-acting - Opioid Pain Relievers

Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions

acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL  
 acetaminophen-codeine oral tablet - Tier 1; QL  
 ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL  
 butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL  
 butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL  
 butorphanol tartrate nasal - Tier 1; QL  
 codeine sulfate - Tier 1; QL  
 endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL  
 hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml - Tier 1; QL  
 hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL  
 hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL  
 hydromorphone hcl rectal - Tier 1; QL  
 morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL  
 morphine sulfate oral - Tier 1; QL  
 morphine sulfate rectal - Tier 1; QL  
 oxycodone hcl oral concentrate - Tier 1; QL  
 oxycodone hcl oral solution - Tier 1; QL  
 oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL  
 OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL  
 oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL  
 pentazocine-naloxone hcl - Tier 1; QL  
 tramadol hcl oral tablet 50 mg - Tier 1; QL

apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL  
 ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (brand for oxycodone hcl) - Tier 2; PA; QL  
 TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Opioid Dependence Treatments - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
<i>buprenorphine hcl sublingual - Tier 1; QL</i> <i>buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; QL</i> <i>naltrexone hcl oral - Tier 1</i>	<i>SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL</i> <i>ZUBSOLV - Tier 2; PA; ^; QL</i>
Opioid Reversal Agents - Antidotes/Deterrents/Protectants	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
<i>ft naloxone hcl (generic for NARCAN) - Tier 1; QL</i> <i>naloxone hcl injection solution - Tier 1; QL</i> <i>naloxone hcl injection solution cartridge - Tier 1; QL</i> <i>naloxone hcl nasal (generic for NARCAN) - Tier 1; QL</i> <i>naloxone hcl solution prefilled syringe 2 mg/2ml injection - Tier 1; ^; QL</i> <i>NARCAN (brand for ft naloxone hcl) - Tier 2; QL</i> <i>REXTOVY - Tier 2; ^; QL</i>	<i>KLOXXADO - Tier 2; PA; ^; QL</i> <i>ZIMHI - Tier 2; PA; ^; QL</i>

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Preferred Agents	Non-Preferred Agents
Otic Agents - Drugs for the Ear	
Otic Agents - Drugs to Treat Ear Conditions	
<p><i>acetic acid otic - Tier 1; QL</i></p> <p><i>ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL</i></p> <p><i>CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2</i></p> <p><i>CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2</i></p> <p><i>ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>earwax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1</i></p> <p><i>hydrocortisone-acetic acid - Tier 1</i></p> <p><i>neomycin-polymyxin-hc otic - Tier 1; QL</i></p>	
Otic Agents - Drugs to Treat Ear Conditions	
<p><i>ofloxacin otic - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Parasympathomimetics - Myasthenia Gravis Drugs	
Antimyasthenic Agents - Drugs to Treat Myasthenia Gravis	
<p><i>pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL</i>  <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i>  <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i></p>	
Pediculicides/Scabicides - Scabies and Lice Drugs	
Antiparasitics - Drugs to Treat Parasitic Infections	
<p><i>CROTAN LOTION 10 % EXTERNAL - Tier 2; QL</i>  <i>CROTAN LOTION 10 % EXTERNAL - Tier 2; PA; QL</i>  <i>ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>  <i>lice killing external liquid 1 % (generic for NIX CREME RINSE) - Tier 1</i>  <i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>  <i>lice killing shampoo max str (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 (generic for NIX CREME RINSE) - Tier 1</i>  <i>malathion (generic for OVIDE) - Tier 1; QL</i>  <i>permethrin external (generic for ELIMITE) - Tier 1; QL</i>  <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>  <i>spinosad (generic for NATROBA) - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Phosphate Binders - Phosphate-Removing Agents	
Electrolytes/Minerals/Metals/Vitamins	
<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>	<i>AURYXIA (brand for ferric citrate) - Tier 2; PA; QL</i> <i>VELPHORO - Tier 2; PA; QL</i>
Phosphodiesterase Inhibitors, Airways Disease - Drugs for the Lungs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i> <i>roflumilast (generic for DALIRESP) - Tier 1; DX2RX; QL</i> <i>THEO-24 - Tier 2</i> <i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 12 hour 450 mg - Tier 1</i> <i>theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL</i> <i>theophylline er oral tablet extended release 24 hour 600 mg - Tier 1</i> <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i>	
Platelet Modifying Agents - Platelet Modifying Drugs	
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
<i>CABLIVI - Tier 2; PA; SP; QL</i> <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (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> <i>ticagrelor (generic for BRILINTA) - Tier 1; DX2RX; QL</i>	<i>BRILINTA (brand for ticagrelor) - Tier 2; DX2RX; QL</i> <i>EFFIENT (brand for prasugrel hcl) - Tier 2; DX2RX; QL</i>

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Preferred Agents	Non-Preferred Agents
Progesterone Agonists/Antagonists - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
ELLA - Tier 2; QL	
Progestins	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
OPILL - Tier 2; QL	
Progestins - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<i>aftera (generic for AFTERA) - Tier 1; QL; GE</i> <i>camila (generic for CAMILA) - Tier 1; QL; GE</i> <i>deblitane (generic for CAMILA) - Tier 1; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>emzahh (generic for CAMILA) - Tier 1; QL; GE</i> <i>errin (generic for CAMILA) - Tier 1; QL; GE</i> <i>gallifrey (generic for GALLIFREY) - Tier 1; QL</i> <i>heather (generic for CAMILA) - Tier 1; QL; GE</i> <i>her style (generic for AFTERA) - 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>levonorgestrel (generic for AFTERA) - 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>	

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

*medroxyprogesterone acetate oral (generic for PROVERA) - Tier 1; QL*  
*megestrol acetate oral suspension 40 mg/ml - Tier 1; QL*  
*megestrol acetate oral tablet 20 mg - Tier 1*  
*megestrol acetate oral tablet 40 mg - Tier 1; QL*  
*my choice (generic for AFTERA) - Tier 1; QL; GE*  
*my way (generic for AFTERA) - Tier 1; QL; GE*  
*new day (generic for AFTERA) - Tier 1; QL; GE*  
*nora-be (generic for CAMILA) - Tier 1; QL; GE*  
*norethindrone acetate oral (generic for GALLIFREY) - Tier 1; QL*  
*norethindrone oral (generic for CAMILA) - Tier 1; QL; GE*  
*norlyroc (generic for CAMILA) - Tier 1; QL; GE*  
*opcicon one-step (generic for AFTERA) - Tier 1; QL; GE*  
*option 2 (generic for AFTERA) - Tier 1; QL; GE*  
*PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE*  
*progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL*  
*react (generic for AFTERA) - Tier 1; QL; GE*  
*sharobel (generic for CAMILA) - Tier 1; QL; GE*  
*take action (generic for AFTERA) - Tier 1; QL; GE*

**Protectants - Ulcer and Stomach Acid Drugs****Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions**

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

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

## Proton Pump Inhibitors - Ulcer and Stomach Acid Drugs

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

*acid reducer oral capsule delayed release - Tier 1; QL*  
*esomeprazole magnesium oral capsule delayed release (generic for GOODSENSE ESOMEPRAZOLE) - Tier 1; QL*  
*esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL*  
*ft acid reducer oral capsule delayed release 15 mg (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*  
*omeprazole magnesium - Tier 1; QL*  
*omeprazole magnesium oral capsule delayed release - Tier 1; QL*  
*omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL*  
*pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL*  
*PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL*

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Preferred Agents	Non-Preferred Agents
<b>Pulmonary Antihypertensives - Asthma/Lung Drugs</b>	
<b>Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</b>	
<p>ADEMPAS - Tier 2; DX2RX; SP; QL  <i>alyq (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i>  <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 suspension reconstituted - Tier 1; DX2RX; SP; QL</i>  <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i>  <i>tadalafil (pah) (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i></p>	<p>LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL  ORENITRAM - Tier 2; PA; SP; QL  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  REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL  TADLIQ - Tier 2; PA; SP; QL  TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL  TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL  TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL  UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG - Tier 2; PA; SP; QL  UPTRAVI ORAL TABLET 200 MCG - Tier 2; PA; SP; QL  UPTRAVI TITRATION - Tier 2; PA; SP; QL</p>
<b>Pulmonary Fibrosis Agents - Drugs to treat Pulmonary Fibrosis</b>	
<b>Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions</b>	
<p>OFEV - Tier 2; PA; SP; QL  <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i></p>	
<b>Quinolones - Antibiotics</b>	
<b>Antibacterials - Drugs to Treat Bacterial Infections</b>	
<p>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL  <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i>  <i>levofloxacin oral tablet - Tier 1; QL</i>  <i>moxifloxacin hcl oral - Tier 1; QL</i>  <i>ofloxacin oral - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p>12 hour decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</p> <p>12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</p> <p>4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2</p> <p>acetylcysteine inhalation solution 10 % - Tier 1; QL</p> <p>acetylcysteine inhalation solution 20 % - Tier 1</p> <p>ADVIL COLD/SINUS (brand for cold &amp; sinus) - Tier 2; AL</p> <p>altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL</p> <p>altarussin dm - Tier 1; QL; AL</p> <p>altarussin-pe - Tier 1; AL</p> <p>ANORO ELLIPTA (brand for umeclidinium-vilanterol) - Tier 2; QL</p> <p>APRODINE (brand for cold &amp; allergy d max strength) - Tier 2; AL</p> <p>breyna (generic for BREYNA) - Tier 1; PA; QL</p> <p>BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL</p>	<p>ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL</p> <p>ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL</p> <p>BEVESPI AEROSPHERE - Tier 2; PA; QL</p> <p>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</p> <p>BREZTRI AEROSPHERE - Tier 2; PA; QL</p> <p>COMBIVENT RESPIMAT - Tier 2; PA; QL</p> <p>DUAKLIR PRESSAIR - Tier 2; PA; QL</p> <p>DULERA - Tier 2; PA; QL</p> <p>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL</p> <p>TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL</p> <p>TRELEGY ELLIPTA - Tier 2; PA; QL</p>

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## Preferred Agents

budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; PA; ST; QL  
chest congestion relief dm oral syrup - 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  
cold & allergy - Tier 1; AL  
cold & allergy d max strength (generic for APRODINE) - Tier 1; AL  
cold & cough childrens oral liquid 1-5-2.5 mg/5ml, 2.5-1-5 mg/5ml (generic for ENDACOF-DM) - Tier 1; QL; AL  
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 ENDACOF-DM) - Tier 1; QL; AL  
cold/cough childrens (generic for ENDACOF-DM) - Tier 1; QL; AL  
cold/cough dm childrens oral liquid 2.5-1-5 mg/5ml (generic for ENDACOF-DM) - Tier 1; QL; AL  
cold/cough dm oral liquid 2.5-1-5 mg/5ml (generic for ENDACOF-DM) - 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 (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 cvs cough & chest congestion) - Tier 2  
DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL  
DELSYM COUGH/CHEST CONGEST DM (brand for cvs cough & chest congestion) - Tier 2  
DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL

## Non-Preferred Agents

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## Preferred Agents

*dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL*  
*dextromethorphan-guaifenesin oral syrup - Tier 1; QL; AL*  
*dibromm childrens cold/cgh (generic for ENDACOF-DM) - 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*  
*FASENRA PEN - Tier 2; PA; SP; QL*  
*FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL*  
*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*  
*FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL*  
*ft 12 hour cough relief (generic for DELSYM) - Tier 1; QL; AL*  
*ft chest congestion relief (generic for XPECT) - Tier 1*  
*ft cold & cough relief dm oral liquid 2.5-1-5 mg/5ml (generic for ENDACOF-DM) - Tier 1; QL; AL*  
*ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL*  
*ft mucus relief d 12 hour (generic for MUCINEX D) - Tier 1; AL*  
*ft mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL*  
*ft mucus relief-d (generic for MUCINEX D) - Tier 1; AL*  
*ft mucus relief-d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*  
*ft nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL*  
*ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL; AL*

## Non-Preferred Agents

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

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

g tussin ac - Tier 1; QL; AL

geri-tussin dm oral syrup - Tier 1; QL; AL

geri-tussin oral liquid (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

guaifenesin-codeine - Tier 1; QL; AL

guaifenesin-dm oral syrup - Tier 1; QL; AL

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

hydromet (generic for HYCODAN) - 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

ipratropium-albuterol - Tier 1; QL

KALYDECO ORAL TABLET - Tier 2; PA; SP; QL

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

maxi-tuss ac - Tier 1; QL; AL

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

medifin 400 (generic for XPECT) - Tier 1

medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL

MUCINEX COUGH CHILDRENS (brand for cvs cough & chest congestion) - Tier 2

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

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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

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

*MUCINEX FAST-MAX CHEST CONG MS (brand for altarusin) - Tier 2; QL; AL*

*MUCINEX FAST-MAX DM MAX (brand for cvs cough & chest congestion) - Tier 2*

*MUCINEX FAST-MAX SEVERE CONICG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2*

*MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL*

*mucus & chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL*

*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 st er (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 er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL*

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

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

*mucus relief 12 hour max st (generic for EQ MUCUS ER) - Tier 1; QL; AL*

*mucus relief chest oral tablet 400 mg (generic for XPECT) - Tier 1*

*mucus relief childrens oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL*

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

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

*mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL*

*mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL*

*mucus relief dm max oral liquid 20-400 mg/20ml, 5-100 mg/5ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*

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

*mucus relief dm oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; 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 oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL*

*mucus relief oral tablet (generic for XPECT) - Tier 1*

*mucus-d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL*

*mucus-dm (generic for MUCINEX DM) - 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 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*

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

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

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

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

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

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

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## Preferred Agents

*nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1*  
*NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2*  
*NEO-SYNEPHRINE COLD/ALLRG MILD - Tier 2*  
*NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2*  
*NEO-SYNEPHRINE COLD/ALLRGY REG - Tier 2*  
*nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1*  
*pharbinex (generic for XPECT) - Tier 1*  
*pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL*  
*promethazine-codeine oral solution - Tier 1; QL; AL*  
*promethazine-phenylephrine - 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; QL*  
*pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL*  
*PULMOSAL (brand for sodium chloride) - Tier 2*  
*PULMOZYME - Tier 2; DX2RX; SP; QL*  
*refenesen 400 (generic for XPECT) - 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 CHILDRENS COUGH LA - Tier 2; AL*  
*ROBITUSSIN COUGH & CHEST ADULT (brand for cvs cough & chest congestion) - Tier 2*  
*ROBITUSSIN COUGH & CHEST CHILD (brand for cvs cough & chest congestion) - Tier 2*

## Non-Preferred Agents

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

ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for cvs cough & chest congestion) - Tier 2  
 RYNEX DM (brand for cold & cough childrens) - Tier 2; QL; AL  
 RYNEX PE - Tier 2; AL  
 rynex pse - Tier 1; AL  
 sb mucus relief (generic for XPECT) - Tier 1  
 sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL  
 sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1  
 sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1  
 sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1  
 sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1  
 sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1  
 STIOLTO RESPIMAT - Tier 2; QL  
 SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL  
 SUDAFED CHILDRENS - Tier 2; QL  
 SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL  
 SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2  
 sudogest maximum strength (generic for SUDOGEST) - Tier 1; QL  
 sudogest oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL  
 suphedrine 12hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1  
 suphedrine maximum strength (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1  
 suphedrine oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL  
 suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1  
 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

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

tussin adult oral liquid 200 mg/10ml (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 dm sugar free - 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 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 - Tier 1; QL; AL

tussin maximum strength oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL

tussin mucus & chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL

tussin mucus+chest congest sf (generic for TUSNEL-EX) - Tier 1; QL; AL

tussin mucus+chest congestion (generic for TUSNEL-EX) - Tier 1; QL; AL

tussin oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL

UMECLIDINIUM-VILANTEROL (brand for umeclidinium-vilanterol) - Tier 2; QL

wixela inhub (generic for WIXELA INHUB) - Tier 1; QL

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Preferred Agents	Non-Preferred Agents
<p>XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL  XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL  XPECT (brand for chest congestion relief) - Tier 2</p>	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
<p>12 hour decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1  12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1  12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1  allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1  altamist spray (generic for AYR) - Tier 1  anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1  AYR (brand for altamist spray) - Tier 2  AYR NASAL MIST ALLERGY/SINUS - Tier 2  AYR SALINE NASAL DROPS - Tier 2  BABY AYR SALINE (brand for altamist spray) - Tier 2  benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL  bromphen-pseudoeph-dm - Tier 1; QL; AL  cough &amp; cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL</p>	

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## Preferred Agents

*cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL*  
*cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL*  
*deep sea nasal spray (generic for AYR) - Tier 1*  
*ed bron gp - Tier 1; AL*  
*ft nasal decongestant pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*  
*ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*long acting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*maxi-tuss pe max - Tier 1; AL*  
*MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2*  
*MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2*  
*nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*  
*nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2*  
*nasal moisturizing spray (generic for AYR) - Tier 1*  
*nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal spray saline (generic for AYR) - Tier 1*

## Non-Preferred Agents

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**Preferred Agents**

**Non-Preferred Agents**

*no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*  
*OCEAN FOR KIDS (brand for altamist spray) - Tier 2*  
*OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2*  
*oxymetazoline hcl nasal (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*promethazine-dm - Tier 1; QL; AL*  
*pseudoephedrine-bromphen-dm - Tier 1; QL; AL*  
 ROBITUSSIN CHILD COUGH/COLD LA - Tier 2; AL  
 ROBITUSSIN NIGHTTIME COUGH - Tier 2; AL  
*saline mist spray (generic for AYR) - Tier 1*  
*saline nasal spray (generic for AYR) - Tier 1*  
*sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - 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*

**Retinoids - Chemotherapy Agents**

**Antineoplastics - Drugs to Treat Cancer**

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

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Preferred Agents	Non-Preferred Agents
Selective Estrogen Receptor Modifying Agents - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
<i>raloxifene hcl (generic for EVISTA) - Tier 1; QL</i>	<i>EVISTA (brand for raloxifene hcl) - Tier 2; PA; QL</i> <i>OSPHENA - Tier 2; PA; QL; GE</i>
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
Antimigraine Agents - Drugs to Treat Migraines	
<i>eletriptan hydrobromide (generic for RELPAX) - Tier 1; QL</i> <i>naratriptan hcl - Tier 1; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i> <i>zolmitriptan oral tablet (generic for ZOMIG) - Tier 1; QL</i>	<i>FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL</i> <i>IMITREX (brand for sumatriptan succinate) - Tier 2; PA; QL</i> <i>MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL</i> <i>MAXALT-MLT (brand for rizatriptan benzoate) - Tier 2; PA; QL</i> <i>RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL</i> <i>REYVOW - Tier 2; PA; QL</i> <i>TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL</i> <i>ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL</i>
Skeletal Muscle Relaxants - Drugs for Muscle Pain and Spasm	
Skeletal Muscle Relaxants - Drugs to Treat Muscle Tension and Spasm	
<i>baclofen oral tablet 10 mg, 20 mg - Tier 1; QL</i> <i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i> <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i> <i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</i> <i>orphenadrine citrate er - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i>	<i>ZANAFLEX (brand for tizanidine hcl) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
Skeletal Muscle Relaxants - Pain/Swelling Management Drugs	
Skeletal Muscle Relaxants - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions	
<i>baclofen oral tablet 5 mg - Tier 1; QL</i>	
Sleep Disorders, Other - Drugs for Sleeping	
Sleep Disorder Agents - Drugs for Sedation and Sleep	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; QL</i>	BELSOMRA - Tier 2; PA DAYVIGO - Tier 2; PA; ^; QL QUVIVIQ - Tier 2; PA; QL <i>ramelteon (generic for ROZEREM) - Tier 1; PA; QL</i> <i>ROZEREM (brand for ramelteon) - Tier 2; PA; QL</i> <i>SILENOR (brand for doxepin hcl) - Tier 2; PA; QL</i> <i>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> SUNOSI - Tier 2; PA; QL WAKIX - Tier 2; PA; QL <i>XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</i> XYWAV - Tier 2; PA; QL

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**Preferred Agents****Non-Preferred Agents****Smoking Cessation Agents - Deterrents****Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence**

*bupropion hcl er (smoking det) - Tier 1*  
*ft nicotine (generic for HABITROL) - Tier 1; QL*  
*ft nicotine mini (generic for KLS QUIT2) - Tier 1; QL*  
*habitrol (generic for HABITROL) - Tier 1; QL*  
*mini nicotine (generic for KLS QUIT2) - Tier 1; QL*  
*NICODERM CQ (brand for cvs nicotine) - Tier 2; QL*  
*NICORETTE (brand for cvs nicotine) - Tier 2; QL*  
*NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL*  
*NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL*  
*nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL*  
*nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL*  
*nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL*  
*nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL*

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**Preferred Agents**

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

**Non-Preferred Agents**

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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**

Sodium Channel Agents - Seizure Control Drugs

Anticonvulsants - Drugs to Treat Seizures

*carbamazepine er (generic for CARBATROL) - Tier 1; QL*  
*carbamazepine oral suspension 100 mg/5ml (generic for TEGRETOL) - Tier 1; QL*  
*carbamazepine oral tablet (generic for EPITOL) - Tier 1; QL*  
*carbamazepine oral tablet chewable 100 mg - Tier 1; QL*  
 DILANTIN ORAL CAPSULE 30 MG - Tier 2  
*epitol (generic for EPITOL) - Tier 1; QL*  
*lacosamide oral tablet (generic for VIMPAT) - Tier 1; QL; AL*  
*oxcarbazepine oral suspension (generic for TRILEPTAL) - Tier 1; Maximum age of 9 years for solution; 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 (generic for DILANTIN-125) - Tier 1; QL*  
*phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL*  
*rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL*

*APTIOM (brand for eslicarbazepine acetate) - Tier 2; PA; QL*  
*VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL*

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Preferred Agents	Non-Preferred Agents
SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitor) - Antidepressants	
Antidepressants - Drugs to Treat Depression	
<i>citalopram hydrobromide oral solution 10 mg/5ml - Tier 1; QL</i> <i>citalopram hydrobromide oral tablet (generic for CELEXA) - Tier 1; QL</i> <i>escitalopram oxalate oral tablet (generic for LEXAPRO) - Tier 1; QL</i> <i>fluoxetine hcl oral capsule (generic for PROZAC) - Tier 1; QL</i> <i>fluoxetine hcl oral solution - Tier 1; QL</i> <i>fluvoxamine maleate - Tier 1; QL</i> <i>paroxetine hcl oral tablet (generic for PAXIL) - Tier 1; QL</i> <i>sertraline hcl oral concentrate (generic for ZOLOFT) - Tier 1; QL</i> <i>sertraline hcl oral tablet (generic for ZOLOFT) - Tier 1; QL</i> <i>trazodone hcl oral tablet 100 mg, 150 mg, 50 mg - Tier 1; QL</i> <i>venlafaxine hcl - Tier 1; QL</i> <i>venlafaxine hcl er oral capsule extended release 24 hour (generic for EFFEXOR XR) - Tier 1; QL</i>	FETZIMA - Tier 2; PA; ^; QL LYBALVI - Tier 2; PA; ^; QL; AL PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; ^; QL TRINTELLIX - Tier 2; PA; ^; QL VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; ^; QL
Sulfonamides - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i> <i>sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL</i> <i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i>	
Inflammatory Bowel Disease Agents - Drugs to Treat Inflammatory Bowel Disease	
<i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
Tetracyclines - Antibiotics	
Antibacterials - Drugs to Treat Bacterial Infections	
<i>doxycycline hyclate oral capsule - Tier 1; QL</i> <i>doxycycline hyclate oral tablet 100 mg - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</i> <i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i> <i>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</i> NUZYRA ORAL - Tier 2; PA; QL	<i>ORACEA (brand for doxycycline) - Tier 2; PA</i>
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
<i>prenatal gummy oral tablet chewable 0.4 mg - Tier 1; QL</i> <i>prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL</i>	
Treatment Adjuncts - Supportive Chemotherapy Drugs	
Antineoplastics - Drugs to Treat Cancer	
<i>mesna oral (generic for MESNEX) - Tier 1; SP; QL</i>	
Treatment-Resistant - Mood Disorder Drugs	
Antipsychotics - Drugs to Treat Mood Disorders	
<i>clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL</i>	<i>CLOZARIL (brand for clozapine) - Tier 2; PA; QL; AL</i>

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

## Tricyclics - Antidepressants

## Antidepressants - Drugs to Treat Depression

*amitriptyline hcl oral - Tier 1; QL*  
*amoxapine - Tier 1; QL*  
*clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL*  
*desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL*  
*doxepin hcl oral capsule - Tier 1; QL*  
*doxepin hcl oral concentrate - Tier 1; QL*  
*imipramine hcl oral - Tier 1; QL*  
*nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL*  
*perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1*  
*perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL*

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

## Vaccines

## Immunological Agents - Drugs that Stimulate or Suppress the Immune System

ABRYSSVO - Tier 2; QL  
 ACTHIB - Tier 2; QL  
 ADACEL - Tier 2; QL  
 AFLURIA - Tier 2; QL  
 AFLURIA PRESERVATIVE FREE - Tier 2; QL  
 AREXVY - Tier 2; QL; AL  
 BEXSERO - Tier 2; QL  
 BOOSTRIX - Tier 2; QL  
 CAPVAXIVE - Tier 2; QL  
 COMIRNATY - Tier 2; QL  
 DAPTACEL - Tier 2; QL  
 DENGVAXIA - Tier 2; QL  
 ENGERIX-B - Tier 2; QL  
 FLUAD - Tier 2; QL  
 FLUARIX - Tier 2; QL  
 FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL

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

FLULAVAL - Tier 2; QL  
FLUZONE HIGH-DOSE - Tier 2; QL  
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE  
- Tier 2; QL  
GARDASIL 9 - Tier 2; QL  
HAVRIX - Tier 2; QL  
HEPLISAV-B - Tier 2; QL; AL  
HIBERIX - Tier 2; QL  
INFANRIX - Tier 2; QL  
IPOL - Tier 2; QL  
MENQUADFI - Tier 2; QL  
MENVEO - Tier 2; QL  
M-M-R II - Tier 2; QL  
PEDIARIX - Tier 2; QL  
PEDVAX HIB - Tier 2; QL  
PENBRAYA - Tier 2; QL  
PENTACEL - Tier 2; QL  
PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL  
PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL  
PNEUMOVAX 23 - Tier 2; QL  
PREVNAR 20 - 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; QL  
ROTATEQ - Tier 2; QL  
SHINGRIX - Tier 2; QL; AL  
SPIKEVAX - Tier 2; QL  
TENIVAC - Tier 2; QL  
TRUMENBA - Tier 2; QL  
TWINRIX - Tier 2; QL  
VAQTA - Tier 2; QL  
VARIVAX - Tier 2; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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
VAXELIS - Tier 2; QL VAXNEUVANCE - Tier 2; QL	
Vasodilators, Direct-acting Arterial - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	
Vasodilators, Direct-acting Arterial/Venous - Chest Pain Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
<i>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL</i> <i>isosorbide mononitrate - Tier 1; QL</i> <i>isosorbide mononitrate er - Tier 1; QL</i> NITRO-BID - Tier 2; QL <i>nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL</i> <i>nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL</i> <i>nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL</i> <i>nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</i>	

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**Preferred Agents**

**Non-Preferred Agents**

Vitamins

Electrolytes/Minerals/Metals/Vitamins

*a-25 - Tier 1; QL*  
*b complex vitamins - Tier 1; QL*  
*b complex-b12 - Tier 1*  
*b-1 - Tier 1; QL*  
*b-12 oral tablet extended release - Tier 1*  
*b6 - Tier 1; QL*  
*b-complex oral tablet - Tier 1*  
*b-complex with b-12 - Tier 1*  
*b-complex/b-12 oral - Tier 1*  
*b-plex plus (generic for ALIVE CALCIUM BONE SUPPORT) - Tier 1; QL*  
*calcidol (generic for CALCIDOL) - Tier 1; QL*  
*CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL*  
*CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL*  
*CENTRUM KIDS MULTIGUMMIES (brand for cvs gummy dinos) - Tier 2; QL*

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

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

CENTRUM SPECIALIST PRENATAL - Tier 2  
cerovite jr (generic for CEROVITE JR) - Tier 1; QL  
chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL  
childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL  
childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL  
classic prenatal - Tier 1; QL  
COMPLETE NATAL DHA - Tier 2; QL  
COMPLETENATE - Tier 2; QL  
cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL  
daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
DIALYVITE 800 ORAL TABLET (brand for full spectrum b/vitamin c) - Tier 2; QL  
e - Tier 1  
e-400-clear - Tier 1; QL  
EMERGEN-C KIDZ DAILY IMMUNE (brand for cvs gummy dinos) - Tier 2; QL  
EMERGEN-C KIDZ IMMUNE+ (brand for cvs gummy dinos) - Tier 2; QL  
ENFAMIL EXPECTA - Tier 2; QL  
ergocalciferol oral (generic for CALCIDOL) - Tier 1; QL  
essential one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
essentials (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
FLINTSTONES + EXTRA IRON (brand for cvs gummy dinos) - Tier 2; QL  
FLINTSTONES COMPLETE (brand for cvs gummy dinos) - Tier 2; QL  
folic acid oral tablet 1 mg - Tier 1; QL

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**Preferred Agents**

*folic acid oral tablet 400 mcg, 800 mcg - Tier 1*  
*ft childrens multi (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL*  
*ft folic acid - Tier 1*  
*ft prenatal - Tier 1; QL*  
*ft vitamin a - Tier 1; QL*  
*ft vitamin b-1 - Tier 1; QL*  
*ft vitamin b-12 pr - Tier 1*  
*ft vitamin b-6 - Tier 1; QL*  
*ft vitamin e - Tier 1; QL*  
*full spectrum bl/vitamin c (generic for DIALYVITE 800) - Tier 1; QL*  
*gummy dinos (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL*  
*gummy multivitamin kids (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL*  
*healthy hair/skin/nails (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*MINCORA (brand for daily multiple vitamins) - Tier 2*  
*M-NATAL PLUS (brand for prenatal) - Tier 2; QL*  
*multi vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*multi vitamin w/d-3 (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*multiple vitamin-folic acid (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*multivitamin w/fluoride (generic for FLOTREX) - Tier 1; QL*  
*multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL*  
*MULTIVITAMIN/FLUORIDE ORAL SOLUTION 0.25 MG/ML - Tier 2; QL*  
*multivitamin/fluoride oral tablet chewable (generic for FLOTREX) - Tier 1; QL*  
*multi-vitamin/fluorideliron - Tier 1; QL*  
*MYNEPHRON (brand for triphrocaps) - Tier 2*  
*natural vitamin e - Tier 1; QL*

**Non-Preferred Agents**

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## Preferred Agents

NEOMULTIVITE (brand for daily multiple vitamins) - 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  
niacin er oral capsule extended release 500 mg - Tier 1  
niacin er oral tablet extended release 1000 mg - Tier 1  
niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1  
niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1  
NIVA-PLUS (brand for prenatal) - Tier 2; QL  
OBSTETRIX DHA - Tier 2; QL  
once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2  
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2  
ONE VITE WOMENS - Tier 2; QL  
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL  
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
phytonadione oral - Tier 1; QL  
pnv 27-calfelva - Tier 1; QL  
prenatal 19 oral tablet - Tier 1; QL  
prenatal 19 oral tablet chewable 29-1 mg - Tier 1; QL  
prenatal formula oral tablet 28-0.8 mg - Tier 1; QL  
prenatal multi+dha - Tier 1; QL  
prenatal multivitamin - Tier 1; QL  
prenatal multivitamins - Tier 1; QL  
prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL

## Non-Preferred Agents

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**Preferred Agents**

*prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL*  
*prenatal oral tablet 28-0.8 mg - Tier 1; QL*  
*prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL*  
*prenatal/folic acid - Tier 1; QL*  
*prenatal/iron - Tier 1; QL*  
*pyridoxine hcl oral - Tier 1; QL*  
*QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL*  
*RELCARE (brand for daily multiple vitamins) - Tier 2*  
*RENAL (brand for triphrocaps) - Tier 2*  
*rena-vite (generic for DIALYVITE 800) - Tier 1; QL*  
*SE-NATAL 19 - Tier 2; QL*  
*SLO-NIACIN (brand for niacin er) - Tier 2*  
*stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*STUART ONE - Tier 2*  
*tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*THERA (brand for daily multiple vitamins) - Tier 2*  
*thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*thiamine hcl oral - Tier 1; QL*  
*thiamine mononitrate oral - Tier 1; QL*  
*THRIVITE RX - Tier 2; QL*  
*TRINATAL RX 1 - Tier 2; QL*  
*triphrocaps (generic for MYNEPHRON) - Tier 1*  
*TRI-VITAMIN WITH FLUORIDE - Tier 2; QL*  
*tri-vite pediatric - Tier 1; QL*  
*TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2*  
*TRUE FOLIC ACID TABLET 1 MG ORAL - Tier 2; QL*  
*TRUE VITAMIN A - Tier 2; QL*  
*TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL*  
*TRUE VITAMIN B3 ORAL TABLET 250 MG, 50 MG - Tier 2*

**Non-Preferred Agents**

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

TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2; QL  
TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL  
TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2  
*vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS)* - Tier 1; QL  
*vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut)* - Tier 1; QL  
*vitamin b complex oral capsule* - Tier 1; QL  
*vitamin b complex w/b-12* - Tier 1  
*vitamin b1 oral tablet* - Tier 1; QL  
*vitamin b-1 oral tablet 100 mg, 250 mg* - Tier 1; QL  
*vitamin b-12 er oral tablet extended release 1000 mcg* - Tier 1  
*vitamin b12 oral tablet extended release 1000 mcg* - Tier 1  
*vitamin b-12 tr oral tablet extended release 1000 mcg* - Tier 1  
*vitamin b-6* - Tier 1; QL  
*vitamin b-6 er* - Tier 1; QL  
*vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL)* - Tier 1; QL  
*vitamin e natural* - Tier 1  
*vitamin e oral capsule 134 mg (200 unit), 45 mg (100 unit), 450 mg (1000 ut), 90 mg (200 unit)* - Tier 1  
*vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit)* - Tier 1; QL  
*vitamin-b complex* - Tier 1  
*vitamins complete childrens (generic for CEROVITE JR)* - Tier 1; QL  
*wescaps (generic for MYNEPHRON)* - Tier 1  
WESNATAL DHA COMPLETE - Tier 2; QL  
WESTAB PLUS (brand for prenatal) - Tier 2; QL  
womens prenatal+dha - Tier 1; QL

Tier 1: Generic; Tier 2: Brand; ^: Medical Office Attestation Needed if Prescribed by Behavioral Health Provider, Full Prior Authorization Needed if Prescribed by Non-Behavioral Health Provider; \*: Available without PA for participating Behavioral Health Prescribers; 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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VERZENIO.....	47	<i>vitamin c oral liquid</i> .....	89	<i>vitamin d3 oral tablet 50 mcg (2000 ut)</i> .....	91
VESICARE.....	49	<i>vitamin c oral tablet 1000 mg, 250 mg</i> .....	89	<i>vitamin d3 oral tablet chewable 10 mcg (400 unit)</i> .....	91
<i>vestura</i> .....	98	<i>vitamin c oral tablet 500 mg</i> .....	89	<i>vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i> .....	91
VFEND.....	31	<i>vitamin c oral tablet chewable 100 mg, 250 mg</i> .....	89	<i>vitamin d-400 oral tablet 10 mcg (400 unit)</i> ..	91
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VICTOZA.....	26	<i>vitamin c/rose hips oral tablet 1000 mg</i> .....	89	<i>vitamin e oral capsule 180 mg (400 unit), 268 mg (400 unit)</i> .....	195
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