



# Preferred Drug List (PDL)

## Maryland

Effective Date: April 1, 2025



# Listing of preferred drugs

## Introduction

UnitedHealthcare Community Plan is pleased to provide this **Listing of Preferred Drugs** to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this Listing of Preferred Drugs 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 Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice.

## Notice

The information contained in this Listing of Preferred Drugs 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 Listing of Preferred Drugs is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

## Preface

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.

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 Listing of Preferred Drugs. Generics should be considered the first line of prescribing.

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 preferred drug listing. Preferred drug listing 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.

## Listing of preferred drugs product descriptions

To assist in understanding which specific strengths and dosage forms are covered on the Listing of Preferred Drugs, 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 Listing of Preferred Drugs.

**When a strength or dosage form is specified, only the specified strength and dosage form is on the Listing of Preferred Drugs. Other strengths/dosage forms of the reference product are not.** cefixime (400mg tabs only) SUPRAX

## 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 Listing of Preferred Drugs **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 Listing of Preferred Drugs 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 Listing of Preferred Drugs.

- 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 Listing of Preferred 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 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-preferred drug request. The UnitedHealthcare Community Plan Pharmacy Department will respond to all requests in accordance with state requirements.

Physicians are requested to adhere to this Listing of Preferred Drugs when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-preferred drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this Listing of Preferred Drugs. If a preferred 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 Services Department at **800-310-6826** with questions concerning the prior authorization process.

## **Non-preferred 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**.

## **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 Listing of Preferred Drugs 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 preferred 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 preferred alternatives may be appropriate in many instances, other non-preferred 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>fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
<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>Optivar</b>	14-day trial of ketotifen within previous 90 days required first.

STEP Drug	First-Line Agent(s)
<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>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>tolterodine</b>	30-day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>trosipium</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.

## Listing of preferred drugs suggestions

Providers who wish to propose Listing of Preferred Drugs 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 Listing of Preferred Drugs addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current Listing of Preferred Drugs 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 Listing of Preferred Drugs are encouraged. Your input is vital to this Listing of Preferred Drugs' 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

*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 Listing of Preferred Drugs via the Internet, please be advised that the Listing of Preferred Drugs is updated periodically and changes may appear prior to their effective date to allow for notification.

**There are certain medications which are carved out of the UnitedHealthcare Community Plan drug benefit and are paid by the Maryland Department of Health Pharmacy Program. Some examples of these medications are:**

- **Mental health agents**
- **Specific anticonvulsants**
- **Nicotine replacement products**
- **Parkinson's agents - benztropine and trihexyphenidyl**
- **Substance use disorder**

For a complete listing, refer to the Maryland Medicaid Mental Health Formulary at [mmcp.health.maryland.gov/pap/Pages/paphome.aspx](http://mmcp.health.maryland.gov/pap/Pages/paphome.aspx).

### **Nondiscrimination Statement**

It is the policy of UnitedHealthcare Community Plan not to discriminate on the basis of race, color, national origin, sex, age or disability. UnitedHealthcare Community Plan has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of Civil Rights Coordinator who has been designated to coordinate the efforts of UnitedHealthcare Community Plan to comply with Section 1557.

Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure. It is against the law for UnitedHealthcare Community Plan to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

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](mailto:UHC_Civil_Rights@uhc.com)**

Procedure:

- Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of UnitedHealthcare Community Plan relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of their right to pursue further administrative or legal remedies.

The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> by mail or phone at:

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

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

Complaint forms are available at: <http://www.hhs.gov/ocr/office/file/index.html>. Such complaints must be filed within 180 days of the date of the alleged discrimination.

UnitedHealthcare Community Plan will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

### **Declaración Antidiscriminatoria**

La política de UnitedHealthcare Community Plan es la de no discriminar en base a la raza, color, nacionalidad, sexo, edad o discapacidad. UnitedHealthcare Community Plan ha adoptado un procedimiento interno en casos de agravios para proveer una pronta y justa resolución a reclamaciones en las cuáles se alegue cualquier acción prohibida por la Sección 1557 del Acta de Cuidados Asequibles (Affordable Care Act - 42 U.S.C. 18116) y la implementación de sus regulaciones en 45 CFR parte 92, emitidas por el Departamento de Salud y Recursos Humanos de los Estados Unidos (U.S. Department of Health and Human Services). La Sección 1557 prohíbe la discriminación en bases de la raza, el color, la nacionalidad, el sexo, la edad o la discapacitación en ciertos programas de salud y de actividades. La Sección 1557 y sus regulaciones implementadas pueden ser examinadas en la oficina del Coordinador de los Derechos Civiles, quien es una persona que ha sido designada para coordinar los esfuerzos de UnitedHealthcare Community Plan para cumplir con los requisitos de la Sección 1557.

Cualquier persona que crea que alguien ha sido discriminado en base a su raza, color, nacionalidad, sexo, edad o discapacidad puede presentar una reclamación siguiendo este procedimiento. Es contra la ley que UnitedHealthcare Community Plan tome represalias en contra de cualquier persona que se oponga a la discriminación, presente una reclamación o participe en una investigación acerca de una acción discriminatoria.

Usted 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](mailto:UHC_Civil_Rights@uhc.com)**

Procedimiento:

- Las reclamaciones deben presentarse ante el Coordinador de la Sección 1557 dentro de los primeros 60 días, a partir de la fecha en que la persona que presenta la reclamación tomó consciencia de ser objeto de una posible acción discriminatoria.
- Una reclamación debe presentarse por escrito y contener el nombre y la dirección de la persona que la presenta. La reclamación debe declarar cual es el problema o la posible acción discriminatoria y cuál es la solución o asistencia que se desea obtener.
- El Coordinador de la Sección 1557 (o la persona que se designe) podrá conducir una investigación acerca de esta reclamación. Esta investigación puede ser informal, pero será exhaustiva, ofreciendo a todas las personas interesadas una oportunidad para presentar evidencias relevantes a la reclamación. El Coordinador de la Sección 1557 conservará en su poder todos los expedientes y records de UnitedHealthcare Community Plan relativos a tales reclamaciones. En la medida posible y de acuerdo a las leyes vigentes aplicables,

el Coordinador de la Sección 1557 tomará todas las acciones necesarias para preservar la confidencialidad de los expedientes y records relativos a las reclamaciones y compartirá la información solamente con aquellas personas que tengan la necesidad de conocer esa información.

- El Coordinador de la Sección 1557 emitirá una decisión acerca de la reclamación, basándose en la preponderancia de la evidencia, no más tarde de 30 días a partir de la fecha en que se presentó esta reclamación y se incluirá una notificación para el demandante acerca de su derecho para proseguir con esta reclamación por medio de otras resoluciones legales o administrativas.

La disponibilidad y el uso de este procedimiento de reclamaciones no le impide a la persona que la presenta, proseguir con otras reclamaciones legales o administrativas, incluyendo la presentación de una reclamación por discriminación basada en la raza, color, nacionalidad, sexo, edad o discapacidad en la corte o ante el Departamento de Salud y Recursos Humanos de los Estados Unidos, Oficina de los Derechos Civiles (U.S. Department of Health and Human Services, Office for Civil Rights). Una persona puede presentar una reclamación por discriminación electrónicamente a través del portal de la Oficina de Reclamaciones para los Derechos Civiles (Office for Civil Rights Complaint Portal), disponible en: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> o hacerlo por correo a la dirección:

U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
**1-800-368-1019, 1-800-537-7697 (TDD)**

Las formas para las reclamaciones se encuentran disponibles en: <http://www.hhs.gov/ocr/office/file/index.html>. Estas reclamaciones deben presentarse dentro de los primeros 180 días a partir de la fecha en que esta posible acción discriminatoria tuvo lugar.

UnitedHealthcare Community Plan llevará a cabo todos los arreglos necesarios para asegurar que a las personas con discapacidades o aquellas personas con un limitado dominio del idioma inglés se les provea con apoyos auxiliares y servicios o asistencia en el lenguaje, respectivamente, si existe la necesidad de que estas personas tengan que participar en este procedimiento de reclamación. Tales arreglos pueden incluir, pero no estar limitados a, proveer intérpretes calificados, proveer casetes conteniendo el material para aquellos individuos con problemas de visión o asegurando localidades existentes para los procedimientos que sean libres de barreras que impidan el acceso a los procedimientos. El Coordinador de la Sección 1557 será la parte responsable para esos arreglos.

## Language Accessibility Statement Interpreter Services Are Available for Free

*Help is available in your language:*

**1-800-318-8821, TTY 711.**

*These services are available for free.*

### **Español/Spanish**

Hay ayuda disponible en su idioma: **1-800-318-8821, TTY 711.**

Estos servicios están disponibles de forma gratuita.

### **አማርኛ/Amharic**

እገዛ በቋንቋዎ ማግኘት ይቻላል:- **1-800-318-8821** መስማት ለተሳናቸው/ **TTY**

:- **711**። እነዚህን አገልግሎቶች ያለ ምንም ክፍያ ማግኘት ይቻላል።

### **العربية/Arabic**

المساعدة متوفرة بلغتك: اتصل على الرقم **1-800-318-8821**، الهاتف النصي:

**711**. هذه الخدمات متوفرة مجاناً.

### **中文/Chinese**

用您的语言为您提供帮助: **1-800-318-8821, TTY 711**。这些服务都是免费的。

### **فارسی/Farsi**

خط تلفن کمک به زبانی که شما صحبت می کنید: **1-800-318-8821**، خط تماس  
برای افراد ناشنوا **711**. این خدمات به صورت رایگان در دسترس هستند.

### **Français/French**

Vous pouvez disposer d'une assistance dans votre langue :

**1-800-318-8821, TTY 711**. Ces services sont disponibles

gratuitement.

### **ગુજરાતી/Gujarati**

તમારી ભાષામાં મદદ ઉપલબ્ધ છે: **1-800-318-8821** ટીટીવાય: **711**.

આ સેવાઓ મફત ઉપલબ્ધ છે.

## **Kreyòl Ayisyen/Haitian Creole**

Gen èd ki disponib nan lang ou: **1-800-318-8821**, TTY 711. Sèvis sa yo disponib gratis.

## **Igbo**

Ọrụ Ndị Ọkọwa Okwu Dị N'efu Enyemaka dị n'asụsụ gị: **1-800-318-8821**, TTY 711. Ọrụ ndị a dị n'efu.

## **한국어/Korean**

사용하시는 언어로 지원해드립니다: **1-800-318-8821**, TTY 711. 이 서비스는 무료로 제공됩니다.

## **Português/Portuguese**

Está disponível ajuda no seu idioma: **1-800-318-8821**, TTY 711. Estes serviços são disponibilizados gratuitamente.

## **Русский/Russian**

Помощь доступна на вашем языке: **1-800-318-8821**, TTY 711. Эти услуги предоставляются бесплатно.

## **Tagalog**

Makakakuha kayo ng tulong sa inyong wika: **1-800-318-8821**, TTY 711. Ang mga serbisyong ito ay makukuha ng libre.

## **Urdu/اردو**

آپ کی زبان میں مدد دستیاب ہے: **1-800-318-8821**، ٹی ٹی وائی: **711**۔ یہ خدمات مفت میں دستیاب ہیں۔

## **Tiếng Việt/Vietnamese**

Có hỗ trợ ngôn ngữ của quý vị: **1-800-318-8821**, TTY 711. Các dịch vụ này được cung cấp miễn phí.

## **Yorùbá/Yoruba**

Ìrànlọwọ wà ní àrọwọtó ní èdè rẹ: **1-800-318-8821**, TTY 711. Àwọn isẹ yíi wà ní àrọwọtó lófèfẹ.

## **Bassa**

U nla kosna mahola ni hop won I nsinga ini: **1-800-318-8821**, TTY 711. Ngui nsaa wogui wo.



# Listing of preferred drugs

## Introduction

UnitedHealthcare Community Plan is pleased to provide this **Listing of Preferred Drugs** to be used when prescribing for patients covered by the pharmacy benefit plan offered by UnitedHealthcare Community Plan. The drugs listed in this Listing of Preferred Drugs 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 Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice as of the date of review.

This edition incorporates drugs added to the Listing of Preferred Drugs 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 Listing of Preferred Drugs is reflective of current medical practice.

## Notice

The information contained in this Listing of Preferred Drugs 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 Listing of Preferred Drugs is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in their choice of prescription drugs.

## Preface

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 websites listed in the website section or go to the National Guideline Clearinghouse site at [guideline.gov](http://guideline.gov).

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 Listing of Preferred Drugs. Generics should be considered the first line of prescribing.

The UnitedHealthcare Community Plan Listing of Preferred Drugs 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 preferred drug listing. Preferred drug listing decisions are also communicated quarterly on the UnitedHealthcare Community Plan internet site.

## Outpatient prescription drug benefit covered medications

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

## Product selection criteria

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

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

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

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

## Listing of preferred drugs product descriptions

To assist in understanding which specific strengths and dosage forms are covered on the Listing of Preferred Drugs, 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 Listing of Preferred Drugs.

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

cefixime (400mg tabs only)      SUPRAX

## 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 Listing of Preferred Drugs **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 NDAC 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 NDAC 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 Listing of Preferred Drugs 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 Listing of Preferred Drugs.

- 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 Listing of Preferred 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 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-preferred drug request. The UnitedHealthcare Community Plan Pharmacy Department will respond to all requests in accordance with state requirements.

Physicians are requested to adhere to this Listing of Preferred Drugs when prescribing for patients covered by their pharmacy benefit plan offered by UnitedHealthcare Community Plan. If a pharmacist receives a prescription for a non-preferred drug, the pharmacist should contact the prescribing physician and request that the prescription be changed to a medication included in this Listing of Preferred Drugs. If a preferred 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 Services Department at **800-310-6826** with questions concerning the prior authorization process.



## Non-preferred 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 "072". 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**.

## 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 Listing of Preferred Drugs 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 preferred 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 preferred alternatives may be appropriate in many instances, other non-preferred 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>Eucrisa</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, 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>Optivar</b>	14 day trial of ketotifen within previous 90 days required first.
<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>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>trosipium</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.

## Listing of preferred drugs suggestions

Providers who wish to propose Listing of Preferred Drugs 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 Listing of Preferred Drugs addition. This literature should include information documenting clinical necessity as well as therapeutic advantages over current Listing of Preferred Drugs 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 Listing of Preferred Drugs are encouraged. Your input is vital to this Listing of Preferred Drugs' 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

*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 Listing of Preferred Drugs via the Internet, please be advised that the Listing of Preferred Drugs is updated periodically and changes may appear prior to their effective date to allow for notification.

**There are certain medications which are carved out of the UnitedHealthcare Community Plan drug benefit and are paid by the Maryland Department of Health Pharmacy Program. Some examples of these medications are:**

- **Mental health agents**
- **Specific anticonvulsants**
- **Nicotine replacement products**
- **Parkinson's agents - benzotropine and trihexyphenidyl**
- **Substance use disorder**

Refer to the Maryland Medicaid Mental Health Formulary for a complete listing  
[mmcp.health.maryland.gov/pap/Pages/paphome.aspx](http://mmcp.health.maryland.gov/pap/Pages/paphome.aspx)

# UnitedHealthcare Community Plan of Maryland

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Preferred Agents	Non-Preferred Agents
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Analgesics

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Nonsteroidal Anti-inflammatory Drugs

*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*  
*all day pain relief (generic for MEDIPROXEN) - Tier 1; QL*  
*all day relief (generic for MEDIPROXEN) - Tier 1; QL*  
*celecoxib oral (generic for CELEBREX) - Tier 1; QL*  
*diclofenac potassium oral tablet 50 mg - Tier 1; QL*  
*diclofenac sodium er - Tier 1; QL*  
*diclofenac sodium external gel 1 % (generic for ASPERCREME ARTHRITIS PAIN) - Tier 1; Brand OTC and Generic; QL*  
*diclofenac sodium external solution 1.5 % - Tier 1; PA; QL*  
*diclofenac sodium oral - Tier 1; QL*  
*ec-naproxen (generic for EC-NAPROSYN) - 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 ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL*  
*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*  
*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*

*FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL*  
*LICART - 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*

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

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

*ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL*  
*ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL*  
*ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL*  
*ibuprofen oral 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 ibuprofen (generic for ADDAPRIN) - Tier 1; QL*  
*mediproxen (generic for MEDIPROXEN) - Tier 1; QL*  
*meloxicam oral tablet - Tier 1; QL*  
*MOTRIN CHILDRENS (brand for cvs ibuprofen childrens) - Tier 2; QL*  
*MOTRIN IB ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL*  
*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*  
*sulindac oral - Tier 1; QL*

**Preferred Agents**

**Non-Preferred Agents**

Opioid Analgesics, Long-acting

*buprenorphine (generic for BUTRANS) - Tier 1; PA; QL*  
*fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL*  
*hydrocodone bitartrate er oral capsule extended release 12 hour - Tier 1; PA; QL*  
*morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL*  
*oxymorphone hcl er - Tier 1; PA; QL*

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

Opioid Analgesics, Short-acting

*acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL; ARL*  
*acetaminophen-codeine oral tablet - Tier 1; QL; ARL*  
*ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL*  
*bac (generic for BAC) - Tier 1; QL*  
*butalbital-acetaminophen oral tablet 50-325 mg (generic for TENCON) - Tier 1; QL*  
*butalbital-apap-caff-cod oral capsule 50-325-40-30 mg - Tier 1; QL*  
*butalbital-apap-caffeine oral capsule 50-325-40 mg - Tier 1; QL*  
*butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL*  
*butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL*  
*butalbital-aspirin-caffeine - Tier 1; QL*  
*butorphanol tartrate nasal - Tier 1; QL*  
*codeine sulfate - Tier 1; QL; ARL*

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



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

*endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL; ARL*  
*hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml - Tier 1; QL; ARL*  
*hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL; ARL*  
*hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL; ARL*  
*hydromorphone hcl rectal - Tier 1; QL; ARL*  
*morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL; ARL*  
*morphine sulfate oral - Tier 1; QL; ARL*  
*morphine sulfate rectal - Tier 1; QL; ARL*  
*oxycodone hcl oral concentrate - Tier 1; QL; ARL*  
*oxycodone hcl oral solution - Tier 1; QL; ARL*  
**OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL; ARL**  
*oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL; ARL*  
*pentazocine-naloxone hcl - Tier 1; QL; ARL*  
*TENCON (brand for butalbital-acetaminophen) - Tier 2; QL*  
*tramadol hcl oral tablet 50 mg - Tier 1; QL; ARL*

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

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

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

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

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

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

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

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

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

*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*  
*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*

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

*ft pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL*  
*ft pain reliever ex str adult (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*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*  
*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*

## Preferred Agents

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 oral tablet 250-250-65 mg (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  
pain & fever child (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
pain & fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL  
pain & fever childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL  
pain & fever infants oral suspension 160 mg/5ml (generic for 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

## Non-Preferred Agents

## Preferred Agents

*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*

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

## Non-Preferred Agents



**Preferred Agents**

**Non-Preferred Agents**

*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*  
*sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL*  
*sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*  
*TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL*  
*TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL*  
*TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL*  
*TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL*  
*TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL*  
*VANQUISH EXTRA STRENGTH (brand for cvs headache relief) - Tier 2*

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

*salsalate oral - Tier 1; QL*

Preferred Agents	Non-Preferred Agents
<b>Opioid Analgesics, Short-acting</b>	
<i>oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL; ARL</i> <i>oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; QL; ARL</i>	
<b>Anesthetics</b>	
<b>Local Anesthetics</b>	
<i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i> <i>lidocaine external cream 4 % (generic for ANECREAM) - Tier 1; QL</i> <i>lidocaine external patch 5 % (generic for LIDOCAN) - Tier 1; DX2RX; QL</i> <i>lidocaine hcl external cream 3 % - Tier 1; QL</i> <i>lidocaine viscous hcl - Tier 1; QL</i> <i>lidocaine-prilocaine external cream - Tier 1; QL</i> <i>LIDOCAN (brand for lidocaine) - Tier 2; DX2RX; QL</i> <i>LIDOPIN EXTERNAL CREAM 3 % - Tier 2; QL</i> <i>LIDOZALL (brand for lidocaine) - Tier 2; QL</i> <i>LIDOZALL PLUS (brand for lidocaine) - Tier 2; QL</i> <i>LMX 4 (brand for lidocaine) - Tier 2; QL</i> <i>ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i>	
<b>Antiandrogens - Hormone Suppressants</b>	
<b>Antineoplastics - Drugs to Treat Cancer</b>	
	ORGOVYX - Tier 2; PA; SP; QL
<b>Antibacterials</b>	
<b>Aminoglycosides</b>	
<i>neomycin sulfate oral - Tier 1; QL</i> <i>streptomycin sulfate intramuscular - Tier 1; QL</i> <i>ZEMDRI - Tier 2; QL</i>	

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## Preferred Agents

## Non-Preferred Agents

### Antibacterials, Other

*chloramphenicol sod succinate* - Tier 1; QL  
*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  
*daptomycin* - Tier 1; QL  
*FIRVANQ (brand for vancomycin hcl)* - Tier 2; DX2RX; QL  
*lincomycin hcl injection (generic for LINCOCIN)* - Tier 1; QL  
*linezolid in sodium chloride* - Tier 1; QL  
*linezolid intravenous (generic for ZYVOX)* - Tier 1; QL  
*linezolid oral suspension reconstituted (generic for ZYVOX)* - Tier 1; DX2RX; QL  
*linezolid oral tablet (generic for ZYVOX)* - Tier 1; DX2RX  
*methenamine hippurate (generic for HIPREX)* - Tier 1; QL  
*metronidazole external (generic for METROCREAM)* - Tier 1; QL  
*metronidazole oral tablet 250 mg, 500 mg* - Tier 1; QL  
*metronidazole vaginal (generic for VANDAZOLE)* - Tier 1; QL  
*nitrofurantoin macrocrystal (generic for MACRODANTIN)* - Tier 1; QL  
*nitrofurantoin monohydrate macrocrystals (generic for MACROBID)* - Tier 1; QL  
*nitrofurantoin oral suspension 25 mg/5ml* - Tier 1; Members >= 8 years of age will require PA; QL; AL  
*polymyxin b sulfate injection* - Tier 1; QL  
 SIVEXTRO INTRAVENOUS - Tier 2; QL  
*tigecycline (generic for TYGACIL)* - Tier 1; QL  
*tinidazole oral tablet 250 mg* - Tier 1  
*tinidazole oral tablet 500 mg* - Tier 1; QL  
*trimethoprim oral* - Tier 1; QL  
*vancomycin hcl intravenous solution 1250 mg/250ml, 1750 mg/350ml, 500 mg/100ml, 750 mg/150ml* - Tier 1  
*vancomycin hcl oral capsule (generic for VANCOCIN)* - Tier 1; QL  
*vancomycin hcl oral solution reconstituted 25 mg/ml (generic for FIRVANQ)* - Tier 1; DX2RX; QL  
 VANDAZOLE (brand for metronidazole) - Tier 2; QL  
 ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML - Tier 2; QL

CLINDESSE - Tier 2; PA  
 SOLOSEC - Tier 2; PA; QL  
 XACIATO - Tier 2; PA; QL

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

**Preferred Agents****Non-Preferred Agents****Beta-lactam, Cephalosporins**

*cefaclor oral capsule - Tier 1; QL*  
*cefadroxil - Tier 1; QL*  
*cefazolin sodium injection solution reconstituted 1 gm, 10 gm - Tier 1; QL*  
*cefdinir - Tier 1; QL*  
*cefepime hcl intravenous solution reconstituted 2 gm - Tier 1; QL*  
*cefixime oral capsule - Tier 1; QL*  
*cefotetan disodium (generic for CEFOTAN) - Tier 1; QL*  
*cefpodoxime proxetil oral tablet - Tier 1; QL*  
*cefprozil - Tier 1; QL*  
*ceftazidime injection (generic for TAZICEF) - Tier 1; QL*  
*ceftazidime intravenous (generic for TAZICEF) - Tier 1; QL*  
*ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg - Tier 1; QL*  
*cefuroxime axetil - Tier 1; QL*  
*cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL*  
*cephalexin oral suspension reconstituted - Tier 1; QL*  
*tazicef injection (generic for TAZICEF) - Tier 1; QL*  
*tazicef intravenous solution reconstituted 1 gm - Tier 1; QL*  
*tazicef intravenous solution reconstituted 2 gm (generic for TAZICEF) - Tier 1; QL*  
**TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG - Tier 2; QL**

**Preferred Agents**

**Non-Preferred Agents**

Beta-lactam, Penicillins

*amoxicillin - Tier 1; QL*  
*amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL*  
*ampicillin - Tier 1; QL*  
*ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm (generic for UNASYN) - Tier 1; QL*  
 BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 2400000 UNIT/4ML - Tier 2; QL  
*dicloxacillin sodium - Tier 1; QL*  
*nafcillin sodium injection solution reconstituted 1 gm - Tier 1; QL*  
*nafcillin sodium intravenous - Tier 1; QL*  
*oxacillin sodium injection solution reconstituted 1 gm - Tier 1; QL*  
*oxacillin sodium intravenous - Tier 1; QL*  
*penicillin g potassium injection solution reconstituted 5000000 unit (generic for PFIZERPEN) - Tier 1; QL*  
*penicillin g sodium - Tier 1; QL*  
*penicillin v potassium - Tier 1; QL*  
*piperacillin sod-tazobactam so intravenous solution reconstituted 4.5 (4-0.5) gm - Tier 1; QL*

Carbapenems

*ertapenem sodium - Tier 1; QL*  
*imipenem-cilastatin intravenous solution reconstituted 250 mg - Tier 1; QL*  
*meropenem intravenous solution reconstituted 500 mg - Tier 1; QL*  
 RECARBRIO - Tier 2  
 VABOMERE - Tier 2; QL

Preferred Agents	Non-Preferred Agents
<b>Macrolides</b>	
<p>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 (generic for E.E.S. 400) - Tier 1; QL  erythromycin base oral (generic for ERY-TAB) - Tier 1; QL  erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL  erythromycin oral (generic for ERY-TAB) - Tier 1; QL</p>	
<b>Quinolones</b>	
<p>BAXDELA INTRAVENOUS - Tier 2; QL  CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL  ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL  levofloxacin oral tablet - Tier 1; QL  moxifloxacin hcl in nacl - Tier 1; QL  moxifloxacin hcl oral - Tier 1; QL  ofloxacin oral - Tier 1; QL</p>	
<b>Sulfonamides</b>	
<p>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL  sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL  sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</p>	
<b>Tetracyclines</b>	
<p>doxy 100 (generic for DOXY 100) - Tier 1; QL  doxycycline hyclate intravenous (generic for DOXY 100) - Tier 1; QL  doxycycline hyclate oral capsule - Tier 1; QL  doxycycline hyclate oral tablet 100 mg - Tier 1; QL  doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL  doxycycline monohydrate oral capsule 50 mg - Tier 1; QL  minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL  NUZYRA ORAL - Tier 2; PA; QL</p>	<p>ORACEA (brand for doxycycline) - Tier 2; PA</p>

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Preferred Agents	Non-Preferred Agents
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Antibacterials - Drugs to Treat Bacterial Infections	
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Antibacterials, Other - Antibiotics	
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<p><i>antibiotic external ointment 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p> <p><i>antiseptic (generic for BETADINE) - Tier 1</i></p> <p><i>BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2</i></p> <p><i>first aid antibiotic external ointment , 3.5-400-5000 (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p> <p><i>first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1</i></p> <p><i>ft triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p> <p><i>medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p> <p><i>NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL</i></p> <p><i>povidone iodine (generic for BETADINE) - Tier 1</i></p> <p><i>povidone-iodine external solution (generic for BETADINE) - Tier 1</i></p> <p><i>SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2</i></p> <p><i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</i></p>	<p>SUTAB - Tier 2; PA</p>
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Anticonvulsants	
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Calcium Channel Modifying Agents	
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<i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i>	
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Gamma-aminobutyric Acid (GABA) Augmenting Agents	
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<p><i>phenobarbital oral - Tier 1; QL</i></p> <p><i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i></p>	
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Preferred Agents	Non-Preferred Agents
<b>Sodium Channel Agents</b>	
<p>DILANTIN ORAL CAPSULE 30 MG - Tier 2; QL  <i>phenytek (generic for PHENYTEK) - Tier 1; QL</i>  <i>phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL</i>  <i>phenytoin oral (generic for DILANTIN) - Tier 1; QL</i>  <i>phenytoin sodium extended oral capsule 200 mg, 300 mg (generic for PHENYTEK) - Tier 1; QL</i></p>	
<b>Antidementia Agents</b>	
<b>Antidementia Agents, Other</b>	
	<p>NAMZARIC (brand for memantine hcl-donepezil hcl) - Tier 2; PA; QL; AL</p>
<b>Cholinesterase Inhibitors</b>	
<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>  <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>  <i>galantamine hydrobromide oral solution - Tier 1; QL; AL</i>  <i>galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL</i>  <i>galantamine hydrobromide oral tablet 4 mg - Tier 1; Members &lt;18 years of age will require PA; QL; AL</i>  <i>rivastigmine (generic for EXELON) - Tier 1; Members &lt;18 years of age will require PA; QL; AL</i>  <i>rivastigmine tartrate - Tier 1; QL; AL</i></p>	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>	
<p><i>memantine hcl oral solution - Tier 1; QL</i>  <i>memantine hcl oral tablet (generic for NAMENDA TITRATION PAK) - Tier 1; Members &lt;18 years of age will require PA; QL; AL</i></p>	

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**Preferred Agents**

**Non-Preferred Agents**

**Antiemetics**

**Antiemetics, Other**

ANTIVERT ORAL TABLET CHEWABLE 25 MG (brand for cvs motion sickness relief) - Tier 2  
 BONINE (brand for cvs motion sickness relief) - Tier 2  
 driminate (generic for DRIMINATE) - Tier 1  
 ft motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1  
 meclizine hcl oral tablet 12.5 mg - Tier 1; QL  
 meclizine hcl oral tablet 25 mg (generic for DRAMAMINE) - Tier 1; QL  
 meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1  
 metoclopramide hcl oral solution 5 mg/5ml - Tier 1; QL  
 metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL  
 motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1  
 motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1  
 motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1  
 motion-time (generic for BONINE) - Tier 1  
 prochlorperazine (generic for COMPRO) - Tier 1; QL  
 prochlorperazine maleate oral - Tier 1; QL  
 promethazine hcl oral solution 6.25 mg/5ml - Tier 1; QL  
 promethazine hcl oral tablet - Tier 1; QL  
 promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL  
 PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL  
 travel ease (generic for BONINE) - Tier 1  
 trimethobenzamide hcl oral - Tier 1; QL

SANCUSO - Tier 2; PA; QL

**Emetogenic Therapy Adjuncts**

aprepitant (generic for EMEND) - Tier 1; QL  
 dronabinol (generic for MARINOL) - Tier 1; PA; QL  
 ondansetron hcl oral solution - Tier 1; QL  
 ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL  
 ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL

Preferred Agents	Non-Preferred Agents
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
<i>anti-nausea (generic for EMETROL) - Tier 1</i> <i>anti-nausea relief (generic for EMETROL) - Tier 1</i> <i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i> <i>nausea control (generic for EMETROL) - Tier 1</i> <i>nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i>	
Antifungals	
<i>clotrimazole mouth/throat troche 10 mg - Tier 1; QL</i> <i>fluconazole oral (generic for DIFLUCAN) - Tier 1; QL</i> <i>ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>griseofulvin microsize oral - Tier 1; QL</i> <i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; QL</i> <i>itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL</i> <i>ketoconazole oral - Tier 1; QL</i> <i>miconazole 3 - Tier 1; QL</i> <i>miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL</i> <i>miconazole 7 vaginal cream (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>miconazole 7 vaginal suppository - Tier 1</i> <i>miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL</i> <i>nystatin mouth/throat - Tier 1; QL</i> <i>nystatin oral - Tier 1; QL</i> <i>terbinafine hcl oral - Tier 1; QL</i> <i>terconazole vaginal cream - Tier 1; QL</i> <i>voriconazole oral tablet (generic for VFEND) - Tier 1; PA; QL</i>	GYNAZOLE-1 - Tier 2; PA; QL

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

3 day vaginal - Tier 1

antifungal external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1

antifungal external powder (generic for DESENEX) - Tier 1; QL

antifungal foot care (generic for LAMISIL AT) - Tier 1; QL

athletes foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1

athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL

athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1

athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL

athletes foot external powder 2 % (generic for DESENEX) - Tier 1; QL

athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1

athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1

baza antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1

clotrimazole 3 - Tier 1

clotrimazole 7 - 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 POWDER (brand for antifungal) - Tier 2; QL

DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2

foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL

ft antifungal external cream 2 % (generic for MEDPURA ANTIFUNGAL) - Tier 1

Preferred Agents	Non-Preferred Agents
<p><i>ft athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL</i>  <i>ft clotrimazole - Tier 1; QL</i>  <i>ft clotrimazole 3 - Tier 1</i>  <i>jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i>  <i>LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL</i>  <i>LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL</i>  <i>MEDPURA ANTIFUNGAL (brand for antifungal) - Tier 2</i>  <i>micaderm (generic for MEDPURA ANTIFUNGAL) - Tier 1</i>  <i>MICATIN (brand for antifungal) - Tier 2</i>  <i>miconazole antifungal (generic for MEDPURA ANTIFUNGAL) - Tier 1</i>  <i>miconazole nitrate external cream (generic for MEDPURA ANTIFUNGAL) - Tier 1</i>  <i>miconazorb af (generic for DESENEK) - Tier 1; QL</i>  <i>MICRO GUARD (brand for antifungal) - Tier 2; QL</i>  <i>terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL</i>  <i>terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL</i>  <i>ZEASORB-AF (brand for antifungal) - Tier 2; QL</i></p>	
<b>Antigout Agents</b>	
<p><i>allopurinol oral tablet 100 mg, 300 mg - Tier 1; QL</i>  <i>colchicine oral tablet - Tier 1; QL</i>  <i>febuxostat (generic for ULORIC) - Tier 1; ST; QL</i>  <i>probenecid - Tier 1; QL</i></p>	<p><i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i></p>
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI) - HIV Drugs</b>	
Antivirals - Drugs to Treat Viral Infections	
<p><i>CABENUVA - Tier 2; PA; QL</i></p>	
<b>Anti-HIV Agents, Other - HIV Drugs</b>	
Antivirals - Drugs to Treat Viral Infections	
<p><i>APRETUDE - Tier 2; PA; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
<b>Antimigraine Agents</b>	
<b>Ergot Alkaloids</b>	
<i>dihydroergotamine mesylate injection</i> - Tier 1; QL MIGERGOT - Tier 2; QL	QULIPTA - Tier 2; PA; QL
<b>Prophylactic</b>	
AIMOVIG - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL	AJOVY - Tier 2; PA; QL
<b>Antimigraine Agents - Drugs to Treat Migraines</b>	
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs</b>	
NURTEC - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	
<b>Serotonin (5-HT) Receptor Agonists - Migraine Drugs</b>	
<i>eletriptan hydrobromide (generic for RELPAX)</i> - Tier 1; QL <i>naratriptan hcl</i> - Tier 1; QL <i>rizatriptan benzoate (generic for MAXALT)</i> - Tier 1; QL <i>sumatriptan nasal</i> - Tier 1; QL <i>sumatriptan succinate oral (generic for IMITREX)</i> - Tier 1; QL <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL)</i> - Tier 1; QL <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM)</i> - Tier 1; QL <i>zolmitriptan oral tablet (generic for ZOMIG)</i> - Tier 1; QL	<i>ZOMIG NASAL (brand for zolmitriptan)</i> - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Antimyasthenic Agents	
Parasympathomimetics	
<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>	
Antimycobacterials	
Antimycobacterials, Other	
<p><i>dapsone oral - Tier 1; QL</i>  <i>rifabutin - Tier 1; QL</i></p>	
Antituberculars	
<p><i>cycloserine oral - Tier 1; QL</i>  <i>ethambutol hcl oral tablet 100 mg - Tier 1</i>  <i>ethambutol hcl oral tablet 400 mg - 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</p>	
Antineoplastics	
Alkylating Agents	
<p><i>cyclophosphamide oral capsule - Tier 1</i>            CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2            LEUKERAN - Tier 2            MATULANE - Tier 2; SP; QL            MYLERAN - Tier 2  <i>temozolomide oral capsule 100 mg - Tier 1; PA; SP</i>  <i>temozolomide oral capsule 140 mg, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
<b>Antiandrogens</b>	
<i>abiraterone acetate oral tablet 250 mg (generic for ZYTIGA) - Tier 1; PA; SP; QL</i> <i>bicalutamide (generic for CASODEX) - Tier 1; QL</i> ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL
<b>Antiangiogenic Agents</b>	
<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>
<b>Antiestrogens/Modifiers</b>	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	
<b>Antimetabolites</b>	
<i>hydroxyurea oral (generic for HYDREA) - Tier 1; QL</i> <i>mercaptopurine oral tablet - Tier 1; QL</i> TABLOID - Tier 2; SP	
<b>Antineoplastics, Other</b>	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	
<b>Aromatase Inhibitors, 3rd Generation</b>	
<i>anastrozole oral (generic for ARIMIDEX) - Tier 1; QL</i> <i>exemestane (generic for AROMASIN) - Tier 1; QL</i> <i>letrozole oral (generic for FEMARA) - Tier 1; QL</i>	
<b>Enzyme Inhibitors</b>	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP; QL	

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## Preferred Agents

## Non-Preferred Agents

### Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL  
 COTELLIC - Tier 2; PA; SP; QL  
 DAURISMO - Tier 2; PA; SP; QL  
 ERIVEDGE - Tier 2; PA; SP; QL  
*everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL*  
*everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL*  
 IBRANCE - Tier 2; PA; SP; QL  
 JAKAFI - Tier 2; PA; SP; QL  
 LYNPARZA - Tier 2; PA; SP; QL  
 MEKINIST - Tier 2; PA; SP; QL  
 ODOMZO - Tier 2; PA; SP; QL  
 PIQRAY (200 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 PIQRAY (250 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 PIQRAY (300 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 ROZLYTREK ORAL CAPSULE - Tier 2; PA; SP; QL  
 ROZLYTREK ORAL PACKET - Tier 2; SP; QL; AL  
 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  
 TIBSOVO - Tier 2; PA; SP; QL  
 VENCLEXTA - Tier 2; PA; SP; QL  
 VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL  
 VERZENIO - Tier 2; PA; SP; QL  
 VITRAKVI - Tier 2; PA; SP; QL  
 ZEJULA - Tier 2; PA; SP; QL; AL  
 ZELBORAF - Tier 2; PA; SP; QL  
 ZYDELIG - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
<b>Retinoids</b>	
<i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP; QL</i> <i>tretinoin oral - Tier 1; SP; QL</i>	
<b>Treatment Adjuncts</b>	
<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> <i>mesna oral (generic for MESNEX) - Tier 1; SP; QL</i>	
<b>Antineoplastics - Drugs to Treat Cancer</b>	
<b>Antimetabolites - Chemotherapy Agents</b>	
<i>capecitabine (generic for XELODA) - Tier 1; SP; QL</i>	
<b>Molecular Target Inhibitors - Chemotherapy Agents</b>	
	SCEMBLIX ORAL TABLET 20 MG, 40 MG - Tier 2; PA; SP; QL
<b>Antineoplastics, Other - Chemotherapy Agents</b>	
<b>Antineoplastics - Drugs to Treat Cancer</b>	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS ORAL TABLET 120 MG, 320 MG - Tier 2; PA; SP; QL
<b>Anti-Obesity Agents - Drugs for Weight Loss</b>	
WEGOVY - Tier 2; PA; QL; AL ZEPBOUND SUBCUTANEOUS SOLUTION VIAL - Tier 2; PA; QL; AL ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; QL; AL	
<b>Antiparasitics</b>	
<b>Anthelmintics</b>	
<i>albendazole oral - Tier 1; DX2RX; QL</i> <i>BILTRICIDE (brand for praziquantel) - Tier 2; DX2RX; QL</i> <i>ivermectin oral (generic for STROMECTOL) - Tier 1; DX2RX; QL</i> <i>praziquantel oral (generic for BILTRICIDE) - Tier 1; DX2RX; QL</i>	EMVERM - Tier 2; PA; QL

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**Preferred Agents**

**Non-Preferred Agents**

**Antiprotozoals**

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

**Antiparasitics - Drugs to Treat Parasitic Infections**

**Pediculicides/Scabicides - Scabies and Lice Drugs**

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

Preferred Agents	Non-Preferred Agents
<b>Antiparkinson Agents</b>	
<b>Anticholinergics</b>	
<i>benztropine mesylate oral tablet 1 mg, 2 mg - Tier 1; QL</i>	
<b>Antiparkinson Agents, Other</b>	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	ONGENTYS - Tier 2; PA; QL
<b>Dopamine Agonists</b>	
<i>pramipexole dihydrochloride - Tier 1; QL</i> <i>ropinirole hcl - Tier 1; QL</i>	
<b>Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors</b>	
<i>carbidopa-levodopa er - Tier 1; QL</i> <i>carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL</i> <i>DHIVY (brand for carbidopa-levodopa) - Tier 2; QL</i>	INBRIJA - Tier 2; PA; SP; QL RYTARY - Tier 2; PA; QL
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>	
<i>selegiline hcl oral - Tier 1; QL</i>	
<b>Antispasticity Agents</b>	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL</i> <i>dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL</i> <i>tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL</i>	
<b>Antivirals</b>	
<b>Anti-cytomegalovirus (CMV) Agents</b>	
<i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	

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

Preferred Agents	Non-Preferred Agents
<b>Anti-hepatitis B (HBV) Agents</b>	
BARACLUDE ORAL SOLUTION - Tier 2; QL <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	
<b>Anti-hepatitis C (HCV) Agents</b>	
MAVYRET ORAL PACKET - Tier 2; PA; SP; QL MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL <i>ribavirin oral - Tier 1; QL</i> <i>SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> ZEPATIER - Tier 2; PA; SP; QL	<i>EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL</i> <i>HARVONI ORAL TABLET (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> <i>LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL</i> SOVALDI ORAL TABLET - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL
<b>Antiherpetic Agents</b>	
<i>acyclovir external ointment (generic for ZOVIRAX) - Tier 1; QL</i> <i>acyclovir oral - Tier 1; QL</i> <i>valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL</i>	
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>	
BIKTARVY - Tier 2; DX2RX; QL DOVATO - Tier 2; DX2RX; QL GENVOYA - Tier 2; DX2RX; QL ISENTRESS HD - Tier 2; DX2RX; QL ISENTRESS ORAL PACKET - Tier 2; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL JULUCA - Tier 2; DX2RX; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL	

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Preferred Agents	Non-Preferred Agents
<p>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</p> <p>COMPLERA - Tier 2; DX2RX; QL            DELSTRIGO - Tier 2; DX2RX; QL            EDURANT - Tier 2; DX2RX; QL  <i>efavirenz</i> - Tier 1; DX2RX; QL  <i>efavirenz-emtricitab-tenofo df</i> - Tier 1; DX2RX; QL  <i>efavirenz-lamivudine-tenofovir (generic for SYMFI)</i> - Tier 1; DX2RX; QL  <i>etravirine (generic for INTELENCE)</i> - Tier 1; DX2RX; QL            INTELENCE ORAL TABLET 25 MG - Tier 2; DX2RX; QL  <i>nevirapine</i> - Tier 1; DX2RX; QL  <i>nevirapine er</i> - Tier 1; DX2RX; QL</p>	<p><i>SYMFI (brand for efavirenz-lamivudine-tenofovir)</i> - Tier 2; DX2RX; QL  <i>SYMFI LO (brand for efavirenz-lamivudine-tenofovir)</i> - Tier 2; DX2RX; QL</p>
<p>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</p> <p><i>abacavir sulfate (generic for ZIAGEN)</i> - Tier 1; DX2RX; QL  <i>abacavir sulfate-lamivudine</i> - Tier 1; DX2RX; QL            DESCOVY - Tier 2; QL  <i>emtricitabine (generic for EMTRIVA)</i> - Tier 1; DX2RX; QL  <i>emtricitabine-tenofovir df (generic for TRUVADA)</i> - Tier 1; QL            EMTRIVA ORAL SOLUTION - Tier 2; DX2RX; QL  <i>lamivudine oral solution (generic for EPIVIR)</i> - Tier 1; DX2RX; QL  <i>lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR)</i> - Tier 1; DX2RX; QL  <i>lamivudine-zidovudine</i> - Tier 1; DX2RX; QL            ODEFSEY - Tier 2; DX2RX; QL  <i>tenofovir disoproxil fumarate (generic for VIREAD)</i> - Tier 1; DX2RX; QL            TRIUMEQ - Tier 2; DX2RX; QL            TRIUMEQ PD - Tier 2; QL            VIREAD ORAL POWDER - Tier 2; DX2RX; QL            VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; DX2RX; QL  <i>zidovudine (generic for RETROVIR)</i> - Tier 1; DX2RX; QL</p>	<p>CIMDUO - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<b>Anti-HIV Agents, Other</b>	
FUZEON - Tier 2; DX2RX; QL <i>maraviroc (generic for SELZENTRY)</i> - Tier 1; DX2RX; QL SELZENTRY ORAL SOLUTION - Tier 2; DX2RX; QL TYBOST - Tier 2; DX2RX; QL	
<b>Anti-HIV Agents, Protease Inhibitors (PI)</b>	
APTIVUS - Tier 2; DX2RX; QL <i>atazanavir sulfate (generic for REYATAZ)</i> - Tier 1; DX2RX; QL EVOTAZ - Tier 2; DX2RX; QL <i>fosamprenavir calcium</i> - Tier 1; DX2RX; QL <i>lopinavir-ritonavir (generic for KALETRA)</i> - Tier 1; DX2RX; QL NORVIR ORAL PACKET - Tier 2; DX2RX; QL PREZCOBIX - Tier 2; DX2RX; QL REYATAZ ORAL PACKET - Tier 2; DX2RX; QL; AL <i>ritonavir (generic for NORVIR)</i> - Tier 1; DX2RX; QL VIRACEPT - Tier 2; DX2RX; QL	
<b>Anti-influenza Agents</b>	
<i>oseltamivir phosphate oral capsule (generic for TAMIFLU)</i> - Tier 1; QL <i>oseltamivir phosphate oral suspension reconstituted (generic for TAMIFLU)</i> - Tier 1; QL; AL RELENZA DISKHALER - Tier 2; QL <i>rimantadine hcl</i> - Tier 1; QL	XOFLUZA (40 MG DOSE) - Tier 2; PA; QL XOFLUZA (80 MG DOSE) - Tier 2; PA; QL
<b>Antivirals - Drugs to Treat Viral Infections</b>	
<b>Antivirals</b>	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	

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Preferred Agents	Non-Preferred Agents
Blood Glucose Regulators	
Antidiabetic Agents	
<p><i>acarbose oral - Tier 1; QL</i></p> <p>ALOGLIPTIN BENZOATE - Tier 2; DX2RX; QL</p> <p>ALOGLIPTIN-METFORMIN HCL - Tier 2; DX2RX; QL</p> <p>ALOGLIPTIN-PIOGLITAZONE - Tier 2; DX2RX; QL</p> <p>DAPAGLIFLOZIN PROPANEDIOL (brand for dapagliflozin propanediol) - Tier 2; DX2RX; QL</p> <p><i>glimepiride oral tablet 1 mg, 2 mg, 4 mg - Tier 1; QL</i></p> <p><i>glipizide er (generic for GLUCOTROL XL) - Tier 1; QL</i></p> <p><i>glipizide oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>glyburide micronized - Tier 1; QL</i></p> <p><i>glyburide oral - Tier 1; QL</i></p> <p><i>glyburide-metformin - Tier 1; QL</i></p> <p><i>liraglutide (generic for VICTOZA) - Tier 1; PA; QL</i></p> <p><i>metformin hcl er - Tier 1; QL</i></p> <p><i>metformin hcl er (osm) - Tier 1; PA; QL</i></p> <p><i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL</i></p> <p><i>nateglinide - Tier 1; QL</i></p> <p>OZEMPIC - Tier 2; PA; QL</p> <p>OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL</p> <p><i>pioglitazone hcl (generic for ACTOS) - Tier 1; QL</i></p> <p><i>repaglinide - Tier 1; QL</i></p> <p>RYBELSUS - Tier 2; PA; QL</p> <p>RYBELSUS (FORMULATION R2) - Tier 2; PA; QL</p> <p><i>saxagliptin hcl (generic for ONGLYZA) - Tier 1; DX2RX; QL</i></p> <p>SEGLUROMET - Tier 2; DX2RX; QL</p> <p>SOLIQUA - Tier 2; ST; QL</p> <p>STEGLATRO - Tier 2; DX2RX; QL</p> <p>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; QL</p> <p>VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS (brand for liraglutide) - Tier 2; PA; ST; QL</p>	<p>BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL</p> <p>BYETTA 10 MCG PEN - Tier 2; PA; QL</p> <p>BYETTA 5 MCG PEN - Tier 2; PA; QL</p> <p><i>FARXIGA (brand for dapagliflozin propanediol) - Tier 2; DX2RX; QL</i></p> <p>GLYXAMBI - Tier 2; PA; QL</p> <p>JANUMET - Tier 2; PA; QL</p> <p>JANUMET XR - Tier 2; PA; QL</p> <p>JANUVIA - Tier 2; PA; QL</p> <p>JARDIANCE - Tier 2; PA; QL</p> <p>JENTADUETO - Tier 2; PA; QL</p> <p>JENTADUETO XR - Tier 2; PA; QL</p> <p>QTERN - Tier 2; PA; QL</p> <p>STEGLUJAN - Tier 2; PA; QL</p> <p>SYMLINPEN 120 - Tier 2; PA; QL</p> <p>SYMLINPEN 60 - Tier 2; PA; QL</p> <p>SYNJARDY - Tier 2; PA; QL</p> <p>SYNJARDY XR - Tier 2; PA; QL</p> <p>TRADJENTA - Tier 2; PA; QL</p> <p>TRIJARDY XR - Tier 2; PA; QL</p> <p><i>XIGDUO XR (brand for dapagliflozin pro-metformin er) - Tier 2; PA; QL</i></p> <p>XULTOPHY - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
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Glycemic Agents

BAQSIMI ONE PACK - Tier 2; QL  
 BAQSIMI TWO PACK - Tier 2; QL  
*glucagon emergency injection kit - Tier 1; QL*  
 GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL  
 GVOKE HYPOPEN 1-PACK - Tier 2; QL  
 GVOKE HYPOPEN 2-PACK - Tier 2; QL  
 GVOKE KIT - Tier 2; QL  
 GVOKE PFS - Tier 2; QL

Insulins

HUMULIN 70/30 VIAL - Tier 2; QL  
 HUMULIN N VIAL - Tier 2; QL  
 HUMULIN R VIAL - Tier 2; QL  
*INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL*  
*INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL*  
*INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; ST; QL*  
 INSULIN LISPRO JUNIOR KWIKPEN - Tier 2; ST; QL  
 INSULIN LISPRO PROT & LISPRO - Tier 2; QL  
*LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; QL*  
*LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL*  
 NOVOLIN 70/30 RELION - Tier 2; QL  
 NOVOLIN 70/30 VIAL - Tier 2; QL

*ADMELOG (brand for insulin lispro) - Tier 2; PA; QL*  
*ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL*  
 APIDRA SOLOSTAR - Tier 2; PA; QL  
 APIDRA VIAL - Tier 2; PA; QL  
 FIASP - Tier 2; PA; QL  
 FIASP FLEXTOUCH - Tier 2; PA; QL  
 FIASP PENFILL - Tier 2; PA; QL  
 HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML - Tier 2; PA; QL  
 HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL  
 HUMULIN N KWIKPEN - Tier 2; PA; QL  
*INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; PA; QL*

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

Blood Glucose Regulators - Drugs to Regulate Blood Sugar

Glycemic Agents - Diabetic Drugs

<p>GLUCO TO GO (brand for cvs glucose) - Tier 2; QL  glucose oral tablet chewable 4 gm (generic for GLUCO TO GO) - Tier 1; QL  soft glucose (generic for GLUCO TO GO) - Tier 1; QL  TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE (brand for cvs glucose) - Tier 2; QL</p>	
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**Preferred Agents**

**Non-Preferred Agents**

**Insulins - Diabetic Drugs**

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

**Blood Products and Modifiers**

**Anticoagulants**

dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL  
 ELIQUIS - Tier 2; QL  
 ELIQUIS DVT/PE STARTER PACK - Tier 2; QL  
 enoxaparin sodium (generic for LOVENOX) - Tier 1; QL  
 heparin sodium (porcine) injection solution 1000 unit/ml, 20000 unit/ml - Tier 1; QL  
 heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml - Tier 1  
 heparin sodium (porcine) injection solution prefilled syringe - Tier 1; QL  
 heparin sodium (porcine) pf injection solution 1000 unit/ml - Tier 1; QL  
 heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml - Tier 1  
 jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL  
 jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1  
 warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL  
 warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1

PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
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Blood Products and Modifiers, Other

*anagrelide hcl (generic for AGRYLIN) - Tier 1*  
 ARANESP (ALBUMIN FREE) - Tier 2; PA; SP; QL  
 DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2  
 DROXIA ORAL CAPSULE 400 MG - Tier 2; 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  
*plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL*  
 PROCRT - Tier 2; PA; SP; QL  
 PROMACTA - 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  
 UDENYCA ONBODY - Tier 2; PA; SP  
 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

FULPHILA - Tier 2; PA; SP; QL  
 NEUPOGEN - Tier 2; PA; SP; QL  
 NIVESTYM - Tier 2; PA; SP; QL  
 NYVEPRIA - Tier 2; PA; SP  
 RELEUKO - Tier 2; PA; SP  
 ZIEXTENZO - Tier 2; PA; SP

Hemostasis Agents

*aminocaproic acid oral - Tier 1; QL*  
*tranexamic acid oral - Tier 1; DX2RX; QL*

Platelet Modifying Agents

BRILINTA - Tier 2; DX2RX; QL  
 CABLIVI - Tier 2; PA; SP; QL  
*cilostazol - Tier 1; QL*  
*clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL*  
*dipyridamole oral - Tier 1; QL*  
*prasugrel hcl (generic for EFFIENT) - Tier 1; DX2RX; QL*

DOPTELET - Tier 2; PA; SP; QL  
 TAVALISSE - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Hemostasis Agents - Drugs to Stop Bleeding	
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	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
<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	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral - Tier 1; QL</i>	
Angiotensin II Receptor Antagonists	
<i>irbesartan (generic for AVAPRO) - Tier 1; QL</i> <i>losartan potassium oral (generic for COZAAR) - Tier 1; QL</i> <i>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

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**Preferred Agents**

**Non-Preferred Agents**

Angiotensin-converting Enzyme (ACE) Inhibitors

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

Antiarrhythmics

*amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL* - MULTAQ - Tier 2; PA; QL  
*disopyramide phosphate (generic for NORPACE) - Tier 1; QL*  
*dofetilide (generic for TIKOSYN) - Tier 1; QL*  
*flecainide acetate - Tier 1; QL*  
*mexiletine hcl oral - Tier 1; QL*  
 NORPACE CR - Tier 2; QL  
*propafenone hcl - Tier 1; QL*  
*quinidine gluconate er - Tier 1; QL*  
*quinidine sulfate - Tier 1; QL*  
*sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL*  
*sotalol hcl oral (generic for BETAPACE) - Tier 1; QL*

**Preferred Agents**

**Non-Preferred Agents**

**Beta-adrenergic Blocking Agents**

atenolol oral (generic for TENORMIN) - Tier 1; QL  
 betaxolol hcl oral - Tier 1; QL  
 bisoprolol fumarate oral - Tier 1; QL  
 carvedilol (generic for COREG) - Tier 1; QL  
 labetalol hcl oral - Tier 1; QL  
 metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL  
 metoprolol tartrate oral (generic for LOPRESSOR) - Tier 1; QL  
 nadolol oral - Tier 1; QL  
 nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL  
 pindolol - Tier 1; QL  
 propranolol hcl er (generic for INDERAL LA) - Tier 1; QL  
 propranolol hcl oral - Tier 1; QL

HEMANGEOL - Tier 2; PA; QL

**Calcium Channel Blocking Agents, Dihydropyridines**

amlodipine besylate oral (generic for NORVASC) - Tier 1; QL  
 felodipine er - Tier 1; QL  
 nifedipine er - Tier 1; QL  
 nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL  
 nifedipine oral - Tier 1; QL  
 nimodipine oral capsule - Tier 1; QL  
 NIMODIPINE ORAL SOLUTION - Tier 2; QL  
 NYMALIZE - Tier 2; QL

NORLIQVA - Tier 2; PA; QL

Preferred Agents	Non-Preferred Agents
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Calcium Channel Blocking Agents, Nondihydropyridines

*cartia xt (generic for CARTIA XT) - Tier 1; QL*  
*diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL*  
*diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL*  
*diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL*  
*diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL*  
*diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL*  
*dilt-xr - Tier 1; QL*  
*tiadytl er (generic for TIADYLT ER) - Tier 1; QL*  
*verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL*  
*verapamil hcl er oral tablet extended release - Tier 1; QL*  
*verapamil hcl oral - Tier 1; QL*

Cardiovascular Agents, Other

*acetazolamide er - Tier 1; QL*  
*acetazolamide oral - Tier 1; QL*  
*amiloride-hydrochlorothiazide - Tier 1; QL*  
*amlodipine besylate-benazepril hcl (generic for LOTREL) - Tier 1; QL*  
*amlodipine besylate-valsartan (generic for EXFORGE) - Tier 1; QL*  
*amlodipine-olmesartan (generic for AZOR) - Tier 1; QL*  
*atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL*  
*benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL*  
*bisoprolol-hydrochlorothiazide - Tier 1; QL*  
*captopril-hydrochlorothiazide - Tier 1; QL*  
*digoxin oral solution - Tier 1; QL*  
*digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL*  
*enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL*

*CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL*  
*EDARBYCLOR - Tier 2; PA; QL*  
*KERENDIA - Tier 2; PA; QL*  
*TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
<p>ENTRESTO ORAL TABLET - Tier 2; PA; QL  <i>fosinopril sodium-hctz</i> - Tier 1; QL  <i>irbesartan-hydrochlorothiazide</i> (generic for AVALIDE) - Tier 1; QL  <i>lisinopril-hydrochlorothiazide</i> (generic for ZESTORETIC) - Tier 1; QL  <i>losartan potassium-hctz</i> (generic for HYZAAR) - Tier 1; QL  <i>olmesartan medoxomil-hctz</i> (generic for BENICAR HCT) - Tier 1; QL  <i>pentoxifylline er</i> - Tier 1; QL  <i>quinapril-hydrochlorothiazide</i> (generic for ACCURETIC) - Tier 1; QL  <i>ranolazine er</i> - Tier 1; QL  <i>spironolactone-hctz</i> - Tier 1; QL  <i>triamterene-hctz</i> - Tier 1; QL  <i>valsartan-hydrochlorothiazide</i> (generic for DIOVAN HCT) - Tier 1; QL</p>	
Diuretics, Loop	
<p><i>bumetanide oral</i> (generic for BUMEX) - Tier 1; QL  <i>furosemide oral solution 10 mg/ml</i> - Tier 1; QL  <i>furosemide oral tablet</i> (generic for LASIX) - Tier 1; QL            SOAANZ ORAL TABLET 20 MG (brand for torsemide) - Tier 2; QL  <i>torsemide</i> (generic for SOAANZ) - Tier 1; QL</p>	FUROSCIX - Tier 2; PA; QL
Diuretics, Potassium-sparing	
<p><i>amiloride hcl oral</i> - Tier 1; QL  <i>spironolactone oral tablet</i> (generic for ALDACTONE) - Tier 1; QL</p>	
Diuretics, Thiazide	
<p><i>chlorthalidone</i> - Tier 1; QL            DIURIL - Tier 2; QL  <i>hydrochlorothiazide oral</i> - Tier 1; QL  <i>indapamide</i> - Tier 1; QL  <i>metolazone</i> - Tier 1; QL</p>	
Dyslipidemics, Fibric Acid Derivatives	
<p><i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i> - Tier 1; QL  <i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i> - Tier 1; QL  <i>fenofibrate oral tablet</i> (generic for TRICOR) - Tier 1; QL  <i>gemfibrozil oral</i> (generic for LOPID) - Tier 1; QL</p>	

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Preferred Agents	Non-Preferred Agents
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>	
<i>atorvastatin calcium oral (generic for LIPITOR) - Tier 1; QL</i> <i>lovastatin oral - Tier 1; QL; AL</i> <i>pravastatin sodium - Tier 1; QL</i> <i>rosuvastatin calcium oral (generic for CRESTOR) - Tier 1; QL</i> <i>simvastatin oral (generic for ZOCOR) - Tier 1; QL</i>	ATORVALIQ - Tier 2; PA; QL LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL
<b>Dyslipidemics, Other</b>	
<i>cholestyramine light oral powder (generic for PREVALITE) - Tier 1; QL</i> <i>cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL</i> <i>ezetimibe (generic for ZETIA) - Tier 1; QL</i> <i>niacin er (antihyperlipidemic) - Tier 1; QL</i> <i>omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL</i> <i>prevalite oral powder (generic for PREVALITE) - Tier 1; QL</i>	NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; SP; QL REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL
<b>Vasodilators, Direct-acting Arterial</b>	
<i>hydralazine hcl oral - Tier 1; QL</i> <i>minoxidil oral - Tier 1; QL</i>	
<b>Vasodilators, Direct-acting Arterial/Venous</b>	
<i>isosorbide dinitrate (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>	
<b>Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs</b>	
<b>Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions</b>	
	VERQUVO - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
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Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

*clonidine hcl er - Tier 1; QL; AL*  
*guanfacine hcl er (generic for INTUNIV) - Tier 1; PA, for recipients 6-17 years of age, Intuniv is part of the Mental Health Formulary and billed fee-for-service For individuals not in this age range, Intuniv continues to be part of the MCO pharmacy benefit; QL*

Central Nervous System, Other

AUSTEDO - Tier 2; PA; SP; QL  
*caffeine citrate oral - Tier 1; QL; AL*  
 NUEDEXTA - Tier 2; DX2RX; QL  
*riluzole - Tier 1; QL*  
*tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL*

*GRALISE ORAL TABLET 300 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL*  
 RADICAVA ORS - Tier 2; PA; SP; QL  
 RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL  
 TIGLUTIK - Tier 2; PA; QL

Multiple Sclerosis Agents

*dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL*  
*dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL*  
*dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL*  
*ingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL*  
 GILENYA ORAL CAPSULE 0.25 MG - Tier 2; SP; QL  
*glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL*  
*glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL*  
 MAYZENT - Tier 2; PA; SP; QL  
 MAYZENT STARTER PACK - Tier 2; PA; SP; QL  
 PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL  
 PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL  
*teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL*

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  
*COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL*  
 KESIMPTA - Tier 2; PA; SP; QL  
 PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL  
 VUMERITY - Tier 2; PA; SP; QL  
 ZEPOSIA - Tier 2; PA; SP; QL  
 ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
<i>chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL</i> <i>perio gard (generic for PERIOGARD) - Tier 1; QL</i> <i>pilocarpine hcl oral (generic for SALAGEN) - Tier 1; QL</i> <i>triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL</i>	
Dermatological Agents	
Acne and Rosacea Agents	
<i>acitretin - Tier 1; PA; QL</i> <i>amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL</i> <i>azelaic acid external (generic for FINACEA) - Tier 1; QL</i> <i>claravis (generic for AMNESTEEM) - Tier 1; PA; QL</i> <i>DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL</i> <i>isotretinoin oral capsule 10 mg, 20 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL</i> <i>isotretinoin oral capsule 30 mg (generic for CLARAVIS) - Tier 1; PA; QL</i> <i>tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL</i> <i>zenatane (generic for AMNESTEEM) - Tier 1; PA; QL</i>	<i>ABSORICA (brand for isotretinoin) - Tier 2; PA; QL</i> <i>ABSORICA LD - Tier 2; PA; QL</i> <i>EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL</i> <i>FINACEA EXTERNAL FOAM - Tier 2; PA; QL</i> <i>MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL</i> <i>ONEXTON (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL</i> <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % - Tier 2; PA; QL; AL</i> <i>RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL</i>

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## Preferred Agents

## Non-Preferred Agents

### Dermatitis and Pruritus Agents

*ala-cort (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*alclometasone dipropionate external ointment - Tier 1; QL*  
*ammonium lactate external (generic for AL12) - Tier 1; QL*  
*anti-itch aloe (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*anti-itch intensive heal (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*anti-itch max str external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*anti-itch maximum strength external cream 1 % (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL*  
*betamethasone dipropionate external lotion - Tier 1*  
*betamethasone dipropionate external ointment - Tier 1; QL*  
*betamethasone valerate external cream - Tier 1; QL*  
*betamethasone valerate external lotion - Tier 1; QL*  
*betamethasone valerate external ointment - Tier 1; QL*  
*clobetasol 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*  
*EUCRISA - Tier 2; ST; QL*  
*fluocinolone acetonide body (generic for DERMA-SMOOTHIE/FS BODY) - Tier 1; QL*

*BRYHALI - Tier 2; PA; QL*  
*CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL*  
*CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL*

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

*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-SMOOTH/FS SCALP) - Tier 1; QL*

*fluocinonide emulsified base - Tier 1; QL*

*fluocinonide external cream (generic for VANOS) - Tier 1; QL*

*fluocinonide external solution - Tier 1; QL*

*fluticasone propionate external cream - Tier 1; QL*

*fluticasone propionate external ointment - Tier 1; QL*

*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*

*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*

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

*hydrocortisone external ointment 2.5 % - Tier 1; QL*  
*hydrocortisone max st external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone max st/12 moist (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone plus (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*  
*LAC-HYDRIN FIVE - Tier 2; QL*  
*medi-first hydrocortisone (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*mometasone furoate external - Tier 1; QL*  
*pimecrolimus (generic for ELIDEL) - Tier 1; Minimum age of 2 years; QL; AL*  
*selenium sulfide external lotion - Tier 1; QL*  
*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*  
*triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL*  
*triamcinolone acetonide external lotion 0.025 % - Tier 1*  
*triamcinolone acetonide external lotion 0.1 % - Tier 1; QL*  
*triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL*  
*triderm (generic for TRIDERM) - Tier 1; QL*

**Preferred Agents**

**Non-Preferred Agents**

**Dermatological Agents, Other**

*calcipotriene external cream - Tier 1; QL*  
*calcipotriene external ointment (generic for CALCITRENE) - Tier 1; QL*  
*calcipotriene external solution - Tier 1; QL*  
*clotrimazole-betamethasone - Tier 1; QL*  
*fluorouracil external cream - Tier 1; QL*  
*fluorouracil external solution - Tier 1*  
*imiquimod external cream 5 % - Tier 1; QL*  
*methoxsalen rapid - Tier 1*  
*podofilox external solution - Tier 1; QL*  
*silver sulfadiazine external (generic for SSD) - Tier 1; QL*  
*ssd (generic for SSD) - Tier 1; QL*

*ENSTILAR - Tier 2; PA; QL*  
*PROCTOFOAM HC - Tier 2; PA*  
*TACLONEX (brand for calcipotriene-betameth diprop) - Tier 2; PA; QL*  
*VECTICAL (brand for calcitriol) - Tier 2; PA; ST; QL*

**Pediculicides/Scabicides**

*lice killing (generic for NIX CREME RINSE) - Tier 1*  
*lice treatment (generic for NIX CREME RINSE) - Tier 1*  
*malathion (generic for OVIDE) - Tier 1; QL*  
*permethrin external (generic for ELIMITE) - Tier 1; QL*  
*spinosad (generic for NATROBA) - Tier 1; QL*

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

**Topical Anti-infectives**

*ciclodan (generic for CICLODAN) - Tier 1; QL*  
*ciclopirox external solution (generic for CICLODAN) - Tier 1; QL*  
*clindamycin phosphate external gel (generic for CLINDAGEL) - Tier 1; QL*  
*clindamycin phosphate external lotion (generic for CLEOCIN-T) - Tier 1; QL*  
*clindamycin phosphate external solution - Tier 1; QL*  
*clindamycin phosphate external swab (generic for CLINDACIN ETZ) - Tier 1; QL*  
*clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL*  
*clotrimazole external solution 1 % - Tier 1; QL*  
*erythromycin external (generic for ERYGEL) - Tier 1; QL*  
*gentamicin sulfate external - Tier 1; QL*  
*ketconazole external cream - Tier 1; QL*

*JUBLIA - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
<p> <i>ketoconazole external shampoo - Tier 1; QL</i>  <i>klayesta (generic for KLAYESTA) - Tier 1; QL</i>  <i>mupirocin ointment - Tier 1; QL</i>  <i>nyamyc (generic for KLAYESTA) - Tier 1; QL</i>  <i>nystatin external (generic for KLAYESTA) - Tier 1; QL</i>  <i>nystop (generic for KLAYESTA) - Tier 1; QL</i>  <i>tgt clotrimazole external cream 1 % (generic for DESENE X) - Tier 1; QL</i> </p>	

**Dermatological Agents - Drugs to Treat Skin Conditions**

<p> <i>advanced healing external ointment (generic for HYDROLATUM) - Tier 1</i>  <i>astringent (generic for DOMEBORO) - Tier 1</i>  <i>astringent solution (generic for DOMEBORO) - Tier 1</i>  <i>AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2</i>  <i>baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i>  <i>beauty 360 pure glycerin - Tier 1</i>  <i>beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1</i>  <i>boro-packs (generic for DOMEBORO) - Tier 1</i>  <i>BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL</i>  <i>bp 10-1 - Tier 1</i>  <i>diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i>  <i>DR SMITHS DIAPER - Tier 2; QL</i>  <i>ft glycerin - Tier 1</i>  <i>glycerin external liquid , 99.5 % - Tier 1</i>  <i>hydrolatum (generic for HYDROLATUM) - Tier 1</i>  <i>hydrophor (generic for HYDROLATUM) - Tier 1</i>  <i>ointment base (generic for HYDROLATUM) - Tier 1</i>  <i>renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1</i>  <i>sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1</i>  <i>sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1</i> </p>	
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Preferred Agents	Non-Preferred Agents
<p><i>sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</i></p> <p><i>sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL</i></p> <p><i>sulfamez wash - Tier 1</i></p> <p><i>SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL</i></p> <p><i>zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL</i></p>	
<b>Dermatological Agents - Skin Agents</b>	
<p><i>ABREVA (brand for docosanol) - Tier 2; QL</i></p> <p><i>calamine external - Tier 1</i></p> <p><i>calamine-zinc oxide external lotion - Tier 1</i></p> <p><i>docosanol external (generic for ABREVA) - Tier 1; QL</i></p> <p><i>ft docosanol (generic for ABREVA) - Tier 1; QL</i></p> <p><i>gormel - Tier 1; QL</i></p> <p><i>gormel 10 (generic for NUTRAPLUS) - Tier 1; QL</i></p> <p><i>hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1</i></p> <p><i>NUTRAPLUS (brand for gormel 10) - Tier 2; QL</i></p> <p><i>urea 20 intensive hydrating - Tier 1; QL</i></p> <p><i>urea external cream 20 % - Tier 1; QL</i></p> <p><i>urea external lotion - Tier 1; QL</i></p> <p><i>ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL</i></p> <p><i>ureacin-20 - Tier 1; QL</i></p> <p><i>XERAC AC - Tier 2</i></p>	<p><i>CIBINQO - Tier 2; PA; SP; QL</i></p> <p><i>OPZELURA - Tier 2; PA; SP; QL</i></p>

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

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



Preferred Agents	Non-Preferred Agents
<p><i>EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE 2 READER - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE LIBRE READER - Tier 2; PA; QL</i></p> <p><i>IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>KETO-DIASTIX - Tier 2; QL</i></p> <p><i>KETONE CARE - Tier 2; QL</i></p> <p><i>KETONE TEST (brand for ketone test) - Tier 2; QL</i></p> <p><i>KETOSTIX (brand for ketone test) - Tier 2; QL</i></p> <p><i>LANCETS (brand for cvs lancets original) - Tier 2; QL</i></p> <p><i>LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL</i></p> <p><i>MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL</i></p>	<p><i>FREESTYLE LIBRE 3 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>GUARDIAN SENSOR (3) (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>GUARDIAN SENSOR 3 (brand for guardian sensor 3) - Tier 2; PA; QL</i></p> <p><i>INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH ULTRA 2 KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH VERIO FLEX SYSTEM KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>ONETOUCH VERIO REFLECT KIT WIDEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL</i></p> <p><i>PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL</i></p> <p><i>RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL</i></p>

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

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

ONETOUCH ULTRA STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL

ONETOUCH ULTRA TEST 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

Preferred Agents	Non-Preferred Agents
<p><i>ONETOUCH VERIO TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL</i></p> <p><i>PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>QUINTET CONTROL HIGHINORMAL (brand for element compact control 2) - Tier 2; QL</i></p> <p><i>VIVAGUARD INO CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL</i></p>	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
	ACCRUFER - Tier 2; PA; QL
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
<p><i>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP; QL</i></p> <p><i>DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL</i></p> <p><i>DENTAGEL (brand for sf) - Tier 2</i></p> <p><i>EASYGEL - Tier 2</i></p> <p><i>FLUORIDEX DAILY RENEWAL - Tier 2</i></p> <p><i>FRAICHE 5000 DENTAL (brand for sf) - Tier 2</i></p> <p><i>klor-con (generic for KLOR-CON) - Tier 1; QL</i></p> <p><i>klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL</i></p> <p><i>klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL</i></p> <p><i>klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL</i></p> <p><i>potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL</i></p> <p><i>potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL</i></p>	<p><i>ENDARI (brand for l-glutamine) - Tier 2; PA; QL</i></p>

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

*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*

*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*

*sodium fluoride oral solution (generic for SOLUVITA) - Tier 1; QL*

*sodium fluoride oral tablet chewable - Tier 1; QL*

**Preferred Agents**

**Non-Preferred Agents**

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

*BPROTECTED PEDIA IRON (brand for fe-vite iron) - Tier 2; QL*  
*cal mag zinc +d3 (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL*  
*calcium + vitamin d3 oral tablet 600-10 mg-mcg (generic for ONE VITE CALCIUM + D3) - 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 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL*  
*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 600-5 mg-mcg - 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 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*

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

*calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL*  
*calcium citrate-vit d - Tier 1; QL*  
*calcium citrate-vitamin d oral tablet 315-5 mg-mcg - Tier 1; QL*  
*calcium high potency/vitamin d - Tier 1; QL*  
*calcium plus vitamin d (generic for 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*  
*calcium-magnesium-zinc oral tablet 333-133-5 mg, 333.33-133.33-5 mg - Tier 1*  
*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*  
*EZFE 200 - Tier 2*  
*ferate (generic for FERATE) - Tier 1*  
*FER-IN-SOL (brand for fe-vite iron) - Tier 2; QL*  
*ferosul (generic for FEROSUL) - Tier 1; QL*  
*ferretts - Tier 1*  
*ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1*  
*FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2*  
*FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2*  
*ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1*  
*ferrous gluconate - Tier 1*

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

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

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

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

*ferrous sulfate (generic for FEROSUL) - Tier 1; QL*

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

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

*ferrous sulfate oral tablet delayed release - Tier 1; QL*

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

*ft 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 electrolyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL*

*ft iron (generic for FEROSUL) - Tier 1; QL*

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

*iferex 150 (generic for FERREX 150) - Tier 1*

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

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

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

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

*K-PHOS - Tier 2; QL*

*magnesium oral tablet 500 mg - Tier 1*



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

magnesium oxide -mg supplement oral tablet 400 (240 mg) mg  
(generic for MAGNESIUM-OXIDE) - Tier 1

magnesium oxide -mg supplement oral tablet 500 mg - Tier 1

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

NU-IRON (brand for polysaccharide iron complex) - Tier 2

ONE VITE CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2;  
QL

oralyte (generic for ENFAMIL ENFALYTE) - Tier 1; QL

ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1;  
QL

PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) -  
Tier 2; QL

PEDIALYTE IMMUNE SUPPORT (brand for cvs electrolyte solution) -  
Tier 2; QL

PEDIALYTE ORAL SOLUTION (brand for cvs electrolyte solution) -  
Tier 2; QL

PEDIALYTE SINGLES (brand for cvs electrolyte solution) - Tier 2; QL

pediatric electrolyte oral solution (generic for ENFAMIL ENFALYTE) -  
Tier 1; QL

PHOSPHA 250 NEUTRAL (brand for phosphorous) - Tier 2; QL

phosphorous (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1;  
QL

phospho-trin 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL)  
- Tier 1; QL

PHOSPHO-TRIN K500 - Tier 2; QL

poly-iron 150 (generic for FERREX 150) - Tier 1

polysaccharide iron complex (generic for FERREX 150) - Tier 1

polysaccharide-iron complex (generic for FERREX 150) - Tier 1

Preferred Agents	Non-Preferred Agents
<p>potassium citrate-citric acid - Tier 1  REHYDRALYTE (brand for cvs electrolyte solution) - Tier 2; QL  sod citrate-citric acid oral solution 500-334 mg/5ml - Tier 1  TRUE FERROUS SULFATE - Tier 2; QL  TRUE MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2  ultra calcium + vitamin d3 (generic for ONE VITE CALCIUM + D3) - Tier 1; QL  WELL MAGNESIUM OXIDE (brand for ft magnesium oxide) - Tier 2  wes-phos 250 neutral (generic for PHOSPHO-TRIN 250 NEUTRAL) - Tier 1; QL</p>	
Electrolyte/Mineral/Metal Modifiers	
<p>CHEMET - Tier 2; QL  deferasirox (generic for EXJADE) - Tier 1; PA; SP; QL  deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL  trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP; QL</p>	
Phosphate Binders	
<p>calcium acetate (phos binder) (generic for CALPHRON) - Tier 1; QL  calcium acetate oral tablet 667 mg (generic for CALPHRON) - Tier 1; QL  sevelamer carbonate oral tablet (generic for RENVELA) - Tier 1; ST; QL</p>	AURYXIA - Tier 2; PA; QL
Potassium Binders	
<p>LOKELMA - Tier 2; PA; QL  SPS (SODIUM POLYSTYRENE SULF) - Tier 2; QL  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**

Vitamins

*a-25 - Tier 1; QL*  
 AQUASOL A - Tier 2; QL  
*aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL*  
*b complex vitamins - Tier 1; QL*  
*b complex-b12 - Tier 1*  
*b-complex oral tablet - Tier 1*  
*b-complex with b-12 - Tier 1*  
*b-complex/b-12 oral - Tier 1*  
*BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL*  
 CENTRUM SPECIALIST PRENATAL - Tier 2  
*classic prenatal - Tier 1; 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*

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

*DECARA ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL*

*DECARA ORAL CAPSULE 625 MCG (25000 UT) - Tier 2*

*DIALYVITE 800 ORAL TABLET (brand for full spectrum blvitamin c) - Tier 2; QL*

*DIALYVITE VITAMIN D 5000 (brand for cvs d3) - Tier 2*

*D-VI-SOL (brand for aqueous vitamin d) - Tier 2; QL*

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

*ENFAMIL EXPECTA - Tier 2; QL*

*ft prenatal - 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*

*full spectrum blvitamin c (generic for DIALYVITE 800) - Tier 1; QL*

*M-NATAL PLUS (brand for prenatal) - Tier 2; QL*

*NEONATAL PLUS (brand for prenatal) - Tier 2; QL*

*nephro vitamins (generic for DIALYVITE 800) - Tier 1; QL*

*NEPHRO-VITE (brand for full spectrum blvitamin 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*

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

*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*  
*ONE VITE WOMENS - Tier 2; QL*  
*ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL*  
*phytonadione injection - Tier 1; QL*  
*phytonadione oral - Tier 1; QL*  
*prenatal formula - Tier 1*  
*prenatal formula oral tablet 28-0.8 mg - Tier 1; QL*  
*prenatal gummy oral tablet chewable 0.4-25 mg (generic for ONE A DAY PRENATAL) - Tier 1; QL*  
*prenatal multi+dha - Tier 1; QL*  
*prenatal multivitamin - Tier 1; QL*  
*prenatal multivitamins - Tier 1; QL*  
*prenatal oral tablet 27-0.8 mg (generic for NEONATAL VITAMIN) - Tier 1; QL*  
*prenatal oral tablet 27-1 mg (generic for NEONATAL PLUS) - Tier 1; QL*  
*prenatal oral tablet 28-0.8 mg - Tier 1; QL*  
*prenatal vitamins oral tablet 28-0.8 mg - Tier 1; QL*  
*prenataliron - Tier 1; QL*  
*PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2*  
*radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1*  
*rena-vite (generic for DIALYVITE 800) - Tier 1; QL*  
*SLO-NIACIN (brand for niacin er) - Tier 2*

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

*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*  
*thiamine mononitrate oral - Tier 1; QL*  
*tri-vite pediatric - Tier 1; 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*  
*TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT) (brand for vitamin d3) - Tier 2; QL*  
*TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT), 50 MCG (2000 UT) - Tier 2; QL*  
*TRUE VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2*  
*TRUE VITAMIN D3 ORAL CAPSULE 250 MCG (10000 UT) - Tier 2*  
*TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT) - Tier 2; QL*  
*TRUE VITAMIN D3 ORAL TABLET 125 MCG (5000 UT) (brand for ft vitamin d3) - Tier 2*  
*TRUE VITAMIN D3 ORAL TABLET 25 MCG (1000 UT) - Tier 2*  
*vitachew vitamin d3 (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1*  
*vitamin a oral capsule 2400 mcg (8000 ut), 3 mg, 3 mg (10000 ut) - Tier 1; QL*  
*vitamin b complex oral capsule - Tier 1; QL*  
*vitamin b complex w/b-12 - Tier 1*  
*vitamin b-1 oral tablet 100 mg - Tier 1; QL*

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

*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*



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></p> <p><i>vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL</i></p> <p><i>vitamin d3 oral tablet chewable 10 mcg (400 unit) - Tier 1</i></p> <p><i>vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1</i></p> <p><i>vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL</i></p> <p><i>vitamin k1 injection - Tier 1; QL</i></p> <p><i>vitamin-b complex - Tier 1</i></p> <p><i>weekly-d (generic for D3-50) - Tier 1; QL</i></p> <p><i>WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2</i></p> <p><i>WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL</i></p> <p><i>WESTAB PLUS (brand for prenatal) - Tier 2; QL</i></p> <p><i>womens prenatal+dha - Tier 1; QL</i></p>	
<p><b>Estrogens - Hormone Replacement/Modifying Drugs</b></p>	
<p><b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones</b></p>	
	<p><i>MYFEMBREE - Tier 2; PA; QL</i></p> <p><i>NEXTSTELLIS - Tier 2; PA; QL; GE</i></p>
<p><b>Gastrointestinal Agents</b></p>	
	<p><i>VOQUEZNA TRIPLE PAK - Tier 2; PA; QL</i></p>
<p><b>Anti-Constipation Agents</b></p>	
<p><i>constulose - Tier 1; QL</i></p> <p><i>enulose - Tier 1; QL</i></p> <p><i>generlac - Tier 1; QL</i></p> <p><i>lactulose encephalopathy - Tier 1; QL</i></p> <p><i>lactulose oral solution - Tier 1; QL</i></p> <p><i>lubiprostone (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i></p> <p><i>MOVANTI - Tier 2; DX2RX; ST; QL</i></p> <p><i>prucalopride succinate (generic for MOTTEGRITY) - Tier 1; ST; QL</i></p>	<p><i>LINZESS - Tier 2; PA; QL</i></p> <p><i>MOTTEGRITY (brand for prucalopride succinate) - Tier 2; PA; ST; QL</i></p> <p><i>RELISTOR SUBCUTANEOUS - Tier 2; PA; QL</i></p> <p><i>SYMPROIC - Tier 2; PA; QL</i></p> <p><i>TRULANCE - Tier 2; DX2RX; ST; QL</i></p>

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

Preferred Agents	Non-Preferred Agents
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**Anti-Diarrheal Agents**

<p><i>anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1</i>  <i>diamode (generic for IMODIUM A-D) - Tier 1</i>  <i>diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL</i>  <i>ft anti-diarrheal oral tablet (generic for IMODIUM A-D) - Tier 1</i>  <i>IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2</i>  <i>loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL</i>  <i>loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1</i>  <i>meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1</i>            MYTESI - Tier 2; DX2RX; QL</p>	<p>VIBERZI - Tier 2; PA; QL</p>
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**Antispasmodics, Gastrointestinal**

<p><i>dicyclomine hcl oral capsule - Tier 1; QL</i>  <i>dicyclomine hcl oral tablet - Tier 1; QL</i>  <i>glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1</i></p>	
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**Gastrointestinal Agents, Other**

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

**Non-Preferred Agents**

**Histamine2 (H2) Receptor Antagonists**

*acid controller (generic for PEPCID AC) - Tier 1; QL*  
*acid reducer oral tablet (generic for PEPCID AC) - Tier 1; QL*  
*acid reducer oral tablet 200 mg (generic for TAGAMET HB 200) - Tier 1; QL*  
*cimetidine oral (generic for TAGAMET HB 200) - Tier 1; QL*  
*famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL*  
*famotidine oral 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; QL*  
*PEPCID AC (brand for acid controller) - Tier 2; QL*  
*TAGAMET HB 200 (brand for cimetidine) - Tier 2; QL*

**Irritable Bowel Syndrome Agents**

BYLVAY - Tier 2; PA; SP; QL; AL  
 BYLVAY (PELLETS) - Tier 2; PA; SP; QL; AL

**Protectants**

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

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

## Proton Pump Inhibitors

*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*

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

*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 , 10 mg (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*  
*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*

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## Preferred Agents

*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*  
*antacid maximum strength oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS 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 tablet chewable 1000 mg (generic for TUMS CHEWY BITES ULTRA STR) - Tier 1*

## Non-Preferred Agents

## Preferred Agents

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

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

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

*antacid regular strength oral suspension 200-200-20 mg/5ml (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*

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

## Non-Preferred Agents



## Preferred Agents

*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*  
*BOLSITOL (brand for acidophilus) - Tier 2*  
*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 WOMENS 4 IN 1 (brand for acidophilus) - Tier 2*  
*diarrhea (generic for SOOTHE) - Tier 1*  
*diarrhea relief (generic for SOOTHE) - Tier 1*  
*digestive probiotic oral capsule (generic for FLORA VANCE) - Tier 1; QL*

## Non-Preferred Agents

## Preferred Agents

*digestive probiotic oral capsule 250 mg (generic for FLORASTOR) - Tier 1*  
*enema (generic for FLEET ENEMA) - Tier 1*  
*enema disposable (generic for FLEET ENEMA) - Tier 1*  
*enema ready-to-use (generic for FLEET ENEMA) - Tier 1*  
*enema rectal enema , 16-6 gml/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; QL*  
*FLORASTART - Tier 2*  
*foaming antacid oral tablet chewable 80-20 mg - Tier 1*  
*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/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1*  
*ft enema saline (generic for FLEET ENEMA) - Tier 1*  
*ft gas relief - Tier 1*  
*ft gas relief extra strength (generic for GAS-X EXTRA STRENGTH) - Tier 1*

## Non-Preferred Agents

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

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

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

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

*gas relief 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*

*GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*

*GAVICON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2*

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

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-mox (generic for MINTOX) - Tier 1; QL  
geri-mox maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL  
GUTVITE IMMUNE SUPPORT (brand for acidophilus) - Tier 2  
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  
IMODIUM MULTI-SYMPTOM RELIEF (brand for eqi anti-diarrheal anti-gas) - Tier 2  
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  
lacto-pectin (generic for FLORA VANCE) - Tier 1; QL  
long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1  
loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1  
MAALOX CHILDRENS (brand for childrens pepto) - Tier 2

## Preferred Agents

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  
mega probiotic (generic for FLORA VANCE) - Tier 1; QL  
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  
PAXOTIN (brand for acidophilus) - Tier 2  
PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2  
PHAZYME (brand for cvs gas relief extra strength) - Tier 2  
PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2  
pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1  
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

## Non-Preferred Agents

## Preferred Agents

## Non-Preferred Agents

*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 maximum strength (generic for FLORA VANCE) - Tier 1; QL*

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

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

*probiotic pearls ex st (generic for FLORA VANCE) - Tier 1; QL*

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

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

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

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

*saccharomyces boulardii (generic for FLORASTOR) - Tier 1*

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

*senior probiotic (generic for FLORA VANCE) - Tier 1; QL*

*simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1*

*simethicone oral tablet chewable (generic for GAS-X EXTRA STRENGTH) - Tier 1*

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

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

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

## Preferred Agents

*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*  
*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*  
*VISBIOME HIGH POTENCY ORAL CAPSULE (brand for cvs adult 50+ probiotic) - Tier 2; QL*  
*ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL*

## Non-Preferred Agents

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



**Preferred Agents**

**Non-Preferred Agents**

**Laxatives - Bowel Treatment Drugs**

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

**Preferred Agents**

*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 oral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1*  
*mineral oil rectal enema (generic for FLEET 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*  
*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*

**Non-Preferred Agents**

Preferred Agents	Non-Preferred Agents
<p>polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>reguloid oral powder 43 % (generic for REGULOID) - Tier 1</p> <p>smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p> <p>sorbitol oral - Tier 1</p> <p>true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL</p>	

Laxatives - Drugs to treat Constipation

<p>AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2</p> <p>BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL</p> <p>citroma (generic for CITROMA) - Tier 1; QL</p> <p>CITRUCCEL (brand for cvs fiber therapy) - Tier 2</p> <p>COLACE (brand for cvs stool softener) - Tier 2; QL</p> <p>col-rite oral capsule 250 mg - Tier 1; QL</p> <p>docusate calcium (generic for SURFAK) - Tier 1</p> <p>docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL</p> <p>docusate sodium oral (generic for COLACE) - Tier 1; QL</p> <p>DOCUZEN (brand for cvs senna plus) - Tier 2</p> <p>dss (generic for COLACE) - Tier 1; QL</p> <p>easy-lax plus (generic for SENOKOT S) - Tier 1</p> <p>ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL</p>	
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**Preferred Agents****Non-Preferred Agents**

*EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2*

*fiber laxative (generic for FIBERCON) - Tier 1*

*fiber laxative + calcium (generic for FIBERCON) - Tier 1*

*fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1*

*fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1*

*fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1*

*fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1*

*fiber-caps (generic for FIBERCON) - Tier 1*

*fiber-lax (generic for FIBERCON) - Tier 1*

*FLEET STOOL SOFTENER (brand for cvs stool softener) - Tier 2; QL*

*FRESKARO MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL*

*ft fiber laxative (generic for CITRUCEL) - Tier 1*

*ft magnesium citrate (generic for CITROMA) - Tier 1; QL*

*ft senna laxative (generic for BLACK-DRAUGHT LAX-SENN) - Tier 1; QL*

*ft senna laxatives (generic for BLACK-DRAUGHT LAX-SENN) - Tier 1; QL*

*ft senna-s (generic for SENOKOT S) - Tier 1*

*ft stool softener oral capsule (generic for COLACE) - Tier 1; QL*

*ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1*

*geri-kot (generic for BLACK-DRAUGHT LAX-SENN) - 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 (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1*

## Preferred Agents

glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1  
glycerin childrens - Tier 1  
glycerin pediatric rectal suppository 1.2 gm - Tier 1  
LAXACIN (brand for cvs senna plus) - Tier 2  
laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1  
laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1  
laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1  
laxative regular strength (generic for SENNA SMOOTH) - Tier 1  
magnesium citrate oral solution (generic for CITROMA) - Tier 1; QL  
mm stool softener (generic for COLACE) - Tier 1; QL  
mm stool softener laxative (generic for COLACE) - Tier 1; QL  
natural senna laxative (generic for 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 MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2; QL  
ONELAX SENNA (brand for senna) - Tier 2  
p col-rite (generic for SENOKOT S) - Tier 1  
PEDIA-LAX ORAL LIQUID - Tier 2  
PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2  
sb docusate sodium/senna (generic for SENOKOT S) - Tier 1  
senexon-s (generic for SENOKOT S) - Tier 1  
senna lax (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL

## Non-Preferred Agents

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

*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-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*  
*stimulant laxative (generic for SENOKOT S) - Tier 1*  
*stool softener extra str - 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*

Preferred Agents	Non-Preferred Agents
<p><i>stool softener oral capsule 250 mg - Tier 1; QL</i>  <i>stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1</i>  <i>stool softener pls laxative (generic for SENOKOT S) - Tier 1</i>  <i>stool softener plus laxative (generic for SENOKOT S) - Tier 1</i>  <i>stool softener/laxative (generic for SENOKOT S) - Tier 1</i>  <i>stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1</i>  <i>vegetable lax+stool softener (generic for SENOKOT S) - Tier 1</i>  <i>vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL</i></p>	
<p>Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment</p>	
<p>CHOLBAM - Tier 2; PA; SP; QL  CREON - Tier 2; QL  CYSTAGON - Tier 2; SP; QL  NITYR - Tier 2; DX2RX; SP; QL  RAVICTI - Tier 2; PA; SP; QL  <i>sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL</i>  <i>sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL</i>  STRENSIQ - Tier 2; PA; SP; QL  VYNDAMAX - Tier 2; PA; SP; QL  VYNDAQEL - Tier 2; PA; SP; QL</p>	<p>CERDELGA - Tier 2; PA; SP; QL  <i>ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL</i>  PHEBURANE - 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; QL</p>
<p>Genitourinary Agents</p>	
<p>Antispasmodics, Urinary</p>	
<p><i>oxybutynin chloride er - Tier 1; QL</i>  <i>oxybutynin chloride oral tablet 5 mg - Tier 1; QL</i>  OXYTROL FOR WOMEN - Tier 2; QL  <i>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; ST; QL</i>  <i>tropium chloride - Tier 1; QL</i></p>	<p>MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL  <i>MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
<b>Benign Prostatic Hypertrophy Agents</b>	
<i>alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL</i> <i>dutasteride oral (generic for AVODART) - Tier 1; QL</i> <i>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; PA; QL</i> <i>tamsulosin hcl - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i>	
<b>Genitourinary Agents, Other</b>	
<i>bethanechol chloride oral - Tier 1</i> <i>ELMIRON - Tier 2; DX2RX; QL</i> <i>penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL</i>	<i>DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL</i> <i>THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL</i> <i>THIOLA EC (brand for tiopronin) - Tier 2; PA; SP; QL</i>
<b>Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions</b>	
<b>Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs</b>	
<i>azo (generic for PHENAZO) - Tier 1</i> <i>ft urinary pain relief (generic for PHENAZO) - Tier 1</i> <i>phenazo (generic for PHENAZO) - Tier 1</i> <i>phenazopyridine hcl oral tablet 100 mg, 200 mg (generic for PYRIDIUM) - 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>	
<b>Glycemic Agents - Diabetic Drugs</b>	
<b>Blood Glucose Regulators - Drugs to Regulate Blood Sugar</b>	
<i>ZEGALOGUE - Tier 2; QL</i>	

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
<p><i>dexamethasone intensol - Tier 1</i>  <i>dexamethasone oral elixir - Tier 1; QL</i>  <i>dexamethasone oral solution - Tier 1; QL</i>  <i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1</i>  <i>dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL</i>  <i>fludrocortisone acetate oral - Tier 1; QL</i>  <i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL</i>  <b>MEDROL ORAL TABLET 2 MG - Tier 2</b>  <i>methylprednisolone oral (generic for MEDROL) - Tier 1; QL</i>  <i>prednisolone oral solution - Tier 1; QL</i>  <i>prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1</i>  <i>prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL</i>  <i>prednisone oral solution - Tier 1; QL</i>  <i>prednisone oral tablet - Tier 1; QL</i>  <i>prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL</i>  <i>prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1</i></p>	<p>ACTHAR - Tier 2; PA; SP; QL  CORTROPHIN - Tier 2; PA; SP; QL</p>
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
<p><b>CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; PA</b>  <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>  <b>EGRIFTA SV - Tier 2; DX2RX; SP; QL</b>  <b>INCRELEX - Tier 2; PA; SP; QL</b>  <b>NOCDURNA - Tier 2; PA; QL</b>  <b>NORDITROPIN FLEXPPO - Tier 2; PA; SP; QL</b>  <b>NOVAREL - Tier 2; PA</b>  <b>OMNITROPE - Tier 2; PA; SP; QL</b>  <b>PREGNYL (brand for chorionic gonadotropin) - Tier 2; PA</b></p>	<p>GENOTROPIN - Tier 2; PA; SP; QL  GENOTROPIN MINIQUICK - 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</p>

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
FOLLISTIM AQ - Tier 2; PA GONAL-F - Tier 2; PA GONAL-F RFF - Tier 2; PA GONAL-F RFF REDIJECT - Tier 2; PA OVIDREL - Tier 2; PA	SKYTROFA - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
<i>methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL</i> <i>mifepristone oral tablet 300 mg (generic for KORLYM) - Tier 1; PA; SP; QL</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<i>danazol oral - Tier 1; QL</i> <i>testosterone cypionate intramuscular solution 100 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; QL; AL</i> <i>testosterone cypionate intramuscular solution 200 mg/ml (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL; AL</i> <i>testosterone enanthate intramuscular - Tier 1; PA; QL; AL</i> <i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL; AL</i> <i>testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL; AL</i> <i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL; AL</i> <i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA; AL</i>	<i>TESTIM (brand for testosterone) - Tier 2; PA; QL; AL</i> <i>XYOSTED - Tier 2; PA; QL</i>

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## Preferred Agents

## Non-Preferred Agents

### Estrogens

<i>afirmelle</i> (generic for AFIRMELLE) - Tier 1; QL; GE	ANNOVERA - Tier 2; PA; QL; GE
<i>ALORA</i> (brand for estradiol) - Tier 2; QL	<i>BALCOLTRA</i> (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL; GE
<i>altavera</i> (generic for ALTAVERA) - Tier 1; QL; GE	<i>BEYAZ</i> (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL; GE
<i>alyacen 1/35</i> (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE	<i>BIJUVA ORAL CAPSULE 1-100 MG</i> - Tier 2; PA; QL
<i>alyacen 7/7/7</i> (generic for DASETTA 7/7/7) - Tier 1; QL; GE	<i>CLIMARA</i> (brand for estradiol) - Tier 2; PA; QL
<i>apri</i> - Tier 1; QL; GE	<i>CLIMARA PRO</i> - Tier 2; PA; QL
<i>aranelle</i> - Tier 1; QL; GE	<i>DIVIGEL</i> (brand for estradiol) - Tier 2; PA; QL
<i>ashlyna</i> (generic for ASHLYNA) - Tier 1; QL; GE	<i>ELESTRIN</i> - Tier 2; PA
<i>aubra eq</i> (generic for AFIRMELLE) - Tier 1; QL; GE	<i>EVAMIST</i> - Tier 2; PA; QL
<i>aurovela 1.5/30</i> (generic for AUROVELA 1.5/30) - Tier 1; QL; GE	<i>LO LOESTRIN FE</i> - Tier 2; PA; QL; GE
<i>aurovela 1/20</i> (generic for AUROVELA 1/20) - Tier 1; QL; GE	<i>NATAZIA</i> - Tier 2; PA; QL; GE
<i>aurovela 24 fe</i> - Tier 1; QL; GE	<i>NUVARING</i> (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE
<i>aurovela fe 1.5/30</i> (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE	<i>PREMARIN VAGINAL</i> - Tier 2; PA; QL
<i>aurovela fe 1/20</i> - Tier 1; QL; GE	<i>SAFYRAL</i> (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL; GE
<i>aviane</i> (generic for AFIRMELLE) - Tier 1; QL; GE	<i>VIVELLE-DOT</i> (brand for estradiol) - Tier 2; PA; QL
<i>ayuna</i> (generic for ALTAVERA) - Tier 1; QL; GE	
<i>azurette</i> (generic for AZURETTE) - Tier 1; QL; GE	
<i>balziva</i> (generic for BALZIVA) - Tier 1; QL; GE	
<i>blisovi 24 fe</i> - Tier 1; QL; GE	
<i>blisovi fe 1.5/30</i> (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE	
<i>blisovi fe 1/20</i> - Tier 1; QL; GE	
<i>briellyn</i> (generic for BALZIVA) - Tier 1; QL; GE	
<i>camrese</i> (generic for ASHLYNA) - Tier 1; QL; GE	
<i>camrese lo</i> (generic for CAMRESE LO) - Tier 1; QL; GE	
<i>charlotte 24 fe</i> (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE	
<i>chateal eq</i> (generic for ALTAVERA) - Tier 1; QL; GE	
<i>COMBIPATCH</i> - Tier 2; QL	
<i>cryselle-28</i> - Tier 1; QL; GE	

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

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

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 (generic for ASHLYNA) - Tier 1; QL; GE  
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; GE  
DUAVEE - Tier 2; QL  
elimest - 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 valerate intramuscular (generic for DELESTROGEN) - 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

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

*feirza 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; GE*  
*hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*hailey fe 1/20 - Tier 1; QL; GE*  
*haloette (generic for ELURYNG) - Tier 1; QL; GE*  
*iclevia (generic for ICLEVIA) - Tier 1; QL; GE*  
*introvale (generic for ICLEVIA) - Tier 1; QL; GE*  
*isibloom - Tier 1; QL; GE*  
*jaimiess (generic for ASHLYNA) - Tier 1; QL; GE*  
*jasmiel (generic for JASMIEL) - Tier 1; QL; GE*  
*jolessa (generic for ICLEVIA) - Tier 1; QL; GE*  
*juleber - Tier 1; QL; GE*  
*junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE*  
*junel fe (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*kalliga - Tier 1; QL; GE*  
*kariva (generic for AZURETTE) - Tier 1; QL; GE*  
*kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE*  
*kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE*  
*kurvelo (generic for ALTAVERA) - Tier 1; QL; GE*  
*larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE*  
*larin 24 fe - Tier 1; QL; GE*  
*larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*larin fe 1/20 - Tier 1; QL; GE*  
*leena - Tier 1; QL; GE*

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

*lessina (generic for AFIRMELLE) - Tier 1; QL; GE*  
*levonest (generic for ENPRESSE-28) - Tier 1; QL; GE*  
*levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; QL; GE*  
*levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE*  
*levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE*  
*levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE*  
*levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE*  
*lojaimiess (generic for CAMRESE LO) - Tier 1; QL; GE*  
*loryna (generic for JASMIEL) - Tier 1; QL; GE*  
*low-ogestrel - Tier 1; QL; GE*  
*lo-zumandimine (generic for JASMIEL) - Tier 1; QL; GE*  
*lutera (generic for AFIRMELLE) - Tier 1; QL; GE*  
*lyllana (generic for DOTTI) - Tier 1; QL*  
*marlissa (generic for ALTAVERA) - Tier 1; QL; GE*  
*MENEST - Tier 2; QL*  
*MENOSTAR - Tier 2; QL*  
*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 - Tier 1; QL; GE*  
*mili (generic for ESTARYLLA) - Tier 1; QL; GE*  
*mono-lynyah (generic for ESTARYLLA) - Tier 1; QL; GE*  
*necon 0.5/35 (28) - Tier 1; QL; GE*



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

*nikki (generic for JASMIEL) - Tier 1; QL; GE*  
*norelgestromin-eth estradiol (generic for XULANE) - Tier 1; QL; GE*  
*norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*norethin ace-eth estrad-fe oral tablet chewable (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE*  
*norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg (generic for TILIA FE) - Tier 1; QL; GE*  
*norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg (generic for WYMZYA FE) - Tier 1; QL; GE*  
*norgestimate-eth estradiol 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; GE*  
*philith (generic for BALZIVA) - Tier 1; QL; GE*  
*pimtrea (generic for AZURETTE) - Tier 1; QL; GE*  
*portia-28 (generic for ALTAVERA) - Tier 1; QL; GE*  
PREMARIN ORAL - Tier 2; QL  
PREMPHASE - Tier 2; QL

**Preferred Agents**

PREMPRO - Tier 2; QL  
*reclipsen* - Tier 1; QL; GE  
*setlakin* (generic for ICLEVIA) - Tier 1; QL; GE  
*simliya* (generic for AZURETTE) - Tier 1; QL; GE  
*simpesse* (generic for ASHLYNA) - Tier 1; QL; GE  
*sprintec 28* (generic for ESTARYLLA) - Tier 1; QL; GE  
*sronyx* (generic for AFIRMELLE) - Tier 1; QL; GE  
*syeda* (generic for OCELLA) - Tier 1; QL; GE  
*tarina 24 fe* - Tier 1; QL; GE  
*tarina fe 1/20 eq* - Tier 1; QL; GE  
*tilia fe* (generic for TILIA FE) - Tier 1; QL; GE  
*tri-estarylla* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*tri-legest fe* (generic for TILIA FE) - Tier 1; QL; GE  
*tri-linyah* (generic for TRI-ESTARYLLA) - Tier 1; QL; GE  
*tri-lo-estarylla* (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE  
*tri-lo-marzia* (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE  
*tri-lo-mili* (generic for TRI-LO-ESTARYLLA) - Tier 1; QL; GE  
*tri-lo-sprintec* (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* (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; GE  
*vestura* (generic for JASMIEL) - Tier 1; QL; GE

**Non-Preferred Agents**

Preferred Agents	Non-Preferred Agents
<p> <i>vienva (generic for AFIRMELLE) - Tier 1; QL; GE</i>  <i>viorele (generic for AZURETTE) - Tier 1; QL; GE</i>  <i>volnea (generic for AZURETTE) - Tier 1; QL; GE</i>  <i>vyfemla (generic for BALZIVA) - Tier 1; QL; GE</i>  <i>vylibra (generic for ESTARYLLA) - Tier 1; QL; GE</i>  <i>wera - Tier 1; QL; GE</i>  <i>wymzya fe (generic for WYMZYA FE) - Tier 1; QL; GE</i>  <i>xulane (generic for XULANE) - Tier 1; QL; GE</i>  <i>yuvaferm (generic for YUVAFERM) - Tier 1; QL</i>  <i>zafemy (generic for XULANE) - Tier 1; QL; GE</i>  <i>zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE</i>  <i>zumandimine (generic for OCELLA) - Tier 1; QL; GE</i> </p>	

Progestins

<p> <i>camila (generic for CAMILA) - Tier 1; QL; GE</i>  <i>deblitane (generic for CAMILA) - Tier 1; QL; GE</i>            DEPO-SUBQ PROVERA 104 - Tier 2; QL; GE            ELLA - Tier 2; Emergency contraception does not require a prescription; QL  <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>incassia (generic for CAMILA) - Tier 1; QL; GE</i>  <i>jencycla (generic for CAMILA) - Tier 1; QL; GE</i>  <i>lyleq (generic for CAMILA) - Tier 1; QL; GE</i>  <i>lyza (generic for CAMILA) - Tier 1; QL; GE</i> </p>	
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Preferred Agents	Non-Preferred Agents
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*medroxyprogesterone acetate intramuscular (generic for DEPO-PROVERA) - Tier 1; QL; GE*  
*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*  
 NEXPLANON - Tier 2; QL  
*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*  
*progesterone oral (generic for PROMETRIUM) - Tier 1; DX2RX; QL*  
*sharobel (generic for CAMILA) - Tier 1; QL; GE*

Selective Estrogen Receptor Modifying Agents

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

OSPHENA - Tier 2; PA; QL; GE

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

Estrogens - Hormone Replacement/Modifying Drugs

*COVARYX (brand for est estrogens-methyltest) - Tier 2; QL*  
*COVARYX HS (brand for est estrogens-methyltest hs) - Tier 2; QL*  
*EEMT (brand for est estrogens-methyltest) - Tier 2; QL*  
*est estrogens-methyltest (generic for ESTRATEST F.S.) - Tier 1; QL*  
*est estrogens-methyltest ds (generic for ESTRATEST F.S.) - Tier 1; QL*  
*est estrogens-methyltest hs (generic for COVARYX HS) - Tier 1; QL*  
*estratest f.s. (generic for ESTRATEST F.S.) - Tier 1; QL*  
*ESTRATEST H.S. (brand for est estrogens-methyltest hs) - Tier 2; QL*

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**Preferred Agents**

**Non-Preferred Agents**

**Progestins - Hormone Replacement/Modifying Drugs**

*aftera (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*curae oral tablet 1.5 mg (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*econtra one-step (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*her style (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*levonorgestrel (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*my choice (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*my way (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*new day (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*opcicon one-step (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*option 2 (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; Emergency contraception does not require a prescription; QL; GE*  
*react (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*  
*take action (generic for AFTERA) - Tier 1; Emergency contraception does not require a prescription; QL; GE*

**Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)**

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

*ERMEZA - Tier 2; PA; QL*  
*TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL*  
*TIROSINT-SOL - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i>
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; QL</i> FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL; AL LEUPROLIDE ACETATE (3 MONTH) - Tier 2; SP; QL; AL <i>leuprolide acetate injection - Tier 1; SP; QL; AL</i> LUPRON DEPOT (1-MONTH) - Tier 2; SP; QL; AL LUPRON DEPOT (3-MONTH) - Tier 2; SP; QL; AL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; SP; QL; AL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; SP; QL; AL LUPRON DEPOT-PED (1-MONTH) - Tier 2; SP; QL; AL LUPRON DEPOT-PED (3-MONTH) - Tier 2; SP; QL; AL <i>octreotide acetate injection (generic for SANDOSTATIN) - Tier 1; SP;            QL</i> <i>octreotide acetate subcutaneous - Tier 1; SP; QL</i> ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL TRIPTODUR - Tier 2; PA; SP; QL	ORIAHNN - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Suppressant (Pituitary) - Hormone Suppressants	
<i>ganirelix acetate (generic for FYREMADEL)</i> - Tier 1; PA MENOPUR - Tier 2; PA	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<i>methimazole oral</i> - Tier 1; QL <i>propylthiouracil oral</i> - Tier 1; QL	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	
HAEGARDA - Tier 2; PA; SP; QL <i>icatibant acetate (generic for FIRAZYR)</i> - Tier 1; PA; SP; QL RUCONEST - Tier 2; PA; SP; QL	



Preferred Agents	Non-Preferred Agents
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Immunological Agents, Other

<p>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            DUPIXENT - Tier 2; PA; SP; QL            ILARIS - Tier 2; PA; SP; QL            KINERET - Tier 2; PA; SP; QL            OLUMIANT ORAL TABLET 1 MG - Tier 2; SP; QL            OLUMIANT ORAL TABLET 2 MG - Tier 2; PA; SP; QL            OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP            OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL            OTEZLA ORAL TABLET THERAPY PACK 10 &amp; 20 &amp; 30 MG - Tier 2; PA; SP; QL            SYNAGIS - Tier 2; PA; SP; QL            XOLAIR - Tier 2; PA; SP; QL</p>	<p>ACTEMRA ACTPEN - Tier 2; PA; SP; QL            ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL            ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL            ILUMYA - Tier 2; PA; SP; QL            KEVZARA - Tier 2; PA; SP; QL            ORENCIA CLICKJECT - Tier 2; PA; SP; QL            ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL            RINVOQ - Tier 2; PA; SP; QL            SKYRIZI PEN - Tier 2; PA; SP; QL            SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL            TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL            TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML - Tier 2; PA; SP; QL            XELJANZ - Tier 2; PA; SP; QL            XELJANZ XR - Tier 2; PA; SP; QL</p>
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Immunostimulants

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

## Non-Preferred Agents

### Immunosuppressants

ADALIMUMAB-ADBIM (2 PEN) AUTO-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS - Tier 2; PA; SP; QL  
 ADALIMUMAB-ADBIM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.4ML - Tier 2; PA; SP; QL  
 ADALIMUMAB-ADBIM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL  
 ADALIMUMAB-ADBIM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML - Tier 2; PA; SP; QL  
 ADALIMUMAB-FKJP (2 PEN) - Tier 2; PA; SP; QL  
 ADALIMUMAB-FKJP (2 SYRINGE) - Tier 2; PA; SP; QL  
*azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL*  
*cyclosporine modified (generic for GENGRAF) - Tier 1; QL*  
*cyclosporine oral (generic for SANDIMMUNE) - Tier 1; QL*  
 ENBREL - Tier 2; PA; SP; QL  
*everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg (generic for ZORTRESS) - Tier 1; QL*  
*gengraf oral capsule (generic for GENGRAF) - Tier 1; QL*  
 HADLIMA - Tier 2; PA; SP; QL  
 HADLIMA PUSH TOUCH - Tier 2; PA; SP; QL  
*leflunomide oral (generic for ARAVA) - Tier 1; QL*  
*methotrexate sodium - Tier 1*  
*methotrexate sodium (pf) - Tier 1*  
*mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL*  
*mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL*  
*mycophenolic acid (generic for MYFORTIC) - Tier 1; QL*  
 OTULFI INJ - Tier 2; PA; SP; QL, AL  
 SIMLANDI (1 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL

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 PREFILLED SYRINGE 40 MG/0.8ML - Tier 2; PA; SP; QL  
 AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML - Tier 2; PA; SP; QL  
 HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML - Tier 2; PA; SP; QL  
 OTREXUP - Tier 2; PA; QL  
 RASUVO - Tier 2; PA; QL  
 STELARA INJ - Tier 2; PA; SP; QL, AL  
 TREXALL - Tier 2; PA

Preferred Agents	Non-Preferred Agents
<p>SIMLANDI (1 SYRINGE) - Tier 2; SP; QL  SIMLANDI (2 PEN) (brand for adalimumab-ryvk (2 pen)) - Tier 2; PA; SP; QL  SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML - Tier 2; SP; QL  SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-ryvk (2 syringe)) - Tier 2; PA; SP; QL  sirolimus oral solution - Tier 1; QL  sirolimus oral tablet 0.5 mg, 1 mg - Tier 1; QL  sirolimus oral tablet 2 mg - Tier 1  tacrolimus oral capsule 0.5 mg, 5 mg (generic for PROGRAF) - Tier 1  tacrolimus oral capsule 1 mg (generic for PROGRAF) - Tier 1; QL  YESINTEK INJ - Tier 2; PA; SP; QL, AL</p>	
<p>Vaccines</p>	
<p>ACTHIB - Tier 2; QL; AL  ADACEL - Tier 2; QL  BCG VACCINE - Tier 2; QL; AL  BEXSERO - Tier 2; QL  BOOSTRIX - Tier 2; QL  DAPTACEL - Tier 2; QL  ENGERIX-B - Tier 2; QL  GARDASIL 9 - Tier 2; QL  HAVRIX - Tier 2; QL  HIBERIX - Tier 2; QL; AL  IMOVAX RABIES - Tier 2; QL; AL  INFANRIX - Tier 2; QL  IPOL - Tier 2; QL  IXIARO - Tier 2; QL; AL</p>	

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

MENQUADFI - Tier 2; QL  
MENVEO - Tier 2; QL  
M-M-R II - Tier 2; QL  
PEDIARIX - Tier 2; QL  
PEDVAX HIB - Tier 2; QL; AL  
PENTACEL - Tier 2; QL  
PRIORIX - Tier 2; QL  
PROQUAD - Tier 2; QL  
QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL  
RABAVERT - Tier 2; QL; AL  
RECOMBIVAX HB - Tier 2; QL  
ROTARIX - Tier 2; QL  
ROTATEQ - Tier 2; QL  
SHINGRIX - Tier 2; QL; AL  
STAMARIL - Tier 2; QL; AL  
*TDVAX (brand for tetanus-diphtheria toxoids td) - Tier 2; QL*  
TENIVAC - Tier 2; QL  
*TETANUS-DIPHTHERIA TOXOIDS TD (brand for tetanus-diphtheria toxoids td) - Tier 2; QL*  
TRUMENBA - Tier 2; QL  
TWINRIX - Tier 2; QL  
TYPHIM VI - Tier 2; QL; AL  
VAQTA - Tier 2; QL  
VARIVAX - Tier 2; QL  
VAXNEUVANCE - Tier 2; QL  
YF-VAX - Tier 2; QL; AL

Preferred Agents	Non-Preferred Agents
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
BIOTHRAX - Tier 2; QL; AL DENGVAXIA - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL HYPERTET - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL PREVNAR 20 - Tier 2; QL VAXCHORA - Tier 2; QL; AL VIVOTIF - Tier 2; QL; AL	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
<i>balsalazide disodium (generic for COLAZAL) - Tier 1; QL</i> <i>mesalamine er (generic for APRISO) - Tier 1; QL</i> <i>mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL</i> <i>mesalamine rectal (generic for CANASA) - Tier 1; QL</i> SFROWASA - Tier 2; QL <i>sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL</i>	<i>APRISO (brand for mesalamine er) - Tier 2; PA; QL</i> DIPENTUM - Tier 2; PA; QL PENTASA - Tier 2; PA; QL
Glucocorticoids	
<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>	CORTIFOAM - Tier 2; PA; QL <i>UCERIS (brand for budesonide) - Tier 2; PA; QL</i>

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

Preferred Agents	Non-Preferred Agents
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<b>Metabolic Bone Disease Agents</b>	
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<p><i>alendronate sodium oral solution - Tier 1; QL</i>  <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i>  <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i>  <i>calcitonin (salmon) nasal - Tier 1; QL</i>  <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i>  <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i>  <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i>  <i>TYMLOS - Tier 2; PA; SP; QL</i></p>	<p>RAYALDEE - Tier 2; PA; QL            TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML - Tier 2; PA; SP; QL</p>
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<b>Miscellaneous Therapeutic Agents</b>	
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<p>ABRYSVO - Tier 2; QL  <i>acne control cleanser (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1</i>  <i>acne medication 10 external lotion - Tier 1; QL</i>  <i>acne medication 5 external lotion - Tier 1</i>  <i>acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1</i>  <i>adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1</i>  <i>advanced acne spot treat (generic for CLEAN &amp; CLEAR ACNE SCRUB) - Tier 1</i>            AFLURIA - Tier 2; QL            AFLURIA PRESERVATIVE FREE - Tier 2; QL  <i>ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL</i></p>	<p>BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; QL            BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL            BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL            BD ULTRA-FINE INSULIN SYRINGES - Tier 2; PA; QL            BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL            BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL            CRESEMBA ORAL CAPSULE 186 MG - Tier 2; PA; QL            EMPAVELI - Tier 2; PA; SP; QL</p>
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

## Preferred Agents

ALCOHOL SWABS (brand for alcohol prep) - Tier 2; QL  
ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL  
antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL  
antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL  
AREXVY - Tier 2; QL; AL  
arthritis pain relieving - 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  
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

## Non-Preferred Agents

FYLNETRA - Tier 2; PA; SP  
GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL  
GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL  
HYFTOR - Tier 2; PA; QL  
INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL  
INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL  
INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL  
INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL  
INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML (brand for aq insulin syringe) - Tier 2; PA; QL  
  
INSULIN SYRINGES 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for techlite insulin syringe) - Tier 2; PA; QL  
INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL  
OMNIPOD 5 DEXG7G6 INTRO GEN 5 - Tier 2; PA; QL  
OMNIPOD 5 DEXG7G6 PODS GEN 5 - Tier 2; PA; QL  
ORLADEYO - Tier 2; PA; SP; QL  
RYALTRIS - Tier 2; PA; QL; AL  
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL  
SOTYKTU - Tier 2; PA; SP; QL  
VIVJOA - Tier 2; PA; QL  
VOQUEZNA DUAL PAK - Tier 2; PA; QL



## Preferred Agents

*aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*  
*athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1*  
*athletes foot (tolnaftate) external cream 1 % (generic for TINACTIN) - Tier 1; QL*  
*athletes foot powder spray external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1*  
*athletes foot relief (generic for TINACTIN) - Tier 1*  
*AUM ALCOHOL PREP PADS (brand for alcohol prep) - Tier 2; QL*  
*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*  
*BAYER ASPIRIN (brand for aspirin) - Tier 2; QL*  
*BAYER LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL*  
*BD ECLIPSE NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL*  
*BD ULTRA-FINE INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; QL*  
*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 wash external liquid 5 % (generic for BENZAC AC WASH) - Tier 1; QL*  
*bisacodyl ec (generic for EX-LAX ULTRA) - Tier 1; QL*

## Non-Preferred Agents

VTAMA - Tier 2; PA; QL  
WINLEVI - Tier 2; PA; QL  
YONSA - Tier 2; PA; SP; QL  
ZORYVE EXTERNAL CREAM 0.3 % - Tier 2; PA; QL; AL

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

*bisacodyl laxative (generic for EX-LAX ULTRA) - Tier 1; QL*  
*bisacodyl oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL*  
*bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL*  
*bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1*  
*BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL*  
*calamine external lotion - Tier 1*  
*CALQUENCE - Tier 2; PA; SP; QL*  
*capsaicin external cream 0.025 % (generic for DERMACINRX PENETRAL) - Tier 1; QL*  
*capsaicin external cream 0.1 % (generic for CAPZASIN-HP) - Tier 1; QL*  
*capsaicin hp (generic for CAPZASIN-HP) - Tier 1; QL*  
*capsaicin pain relief (generic for CAPZASIN-HP) - Tier 1; QL*  
*CAPSAID ES ARTHRITIS RELIEF - Tier 2; QL*  
*CAPVAXIVE - Tier 2; QL; AL*  
*capzix (generic for CAPZASIN-HP) - Tier 1; QL*  
*CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL*  
*CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL*  
*CARETOUCH HYPODERMIC NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL*  
*CASTIVA WARMING - Tier 2; QL*  
*childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL*  
*c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL*

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

*CLEARASIL RAPID RESCUE DEEP EXTERNAL LIQUID (brand for cvs acne control cleanser) - Tier 2*  
*clearskin (generic for CLEARSKIN) - Tier 1*  
*COMIRNATY - 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*  
*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*  
*CULTURELLE ULTIMATE STRENGTH (brand for probiotic digestive support) - Tier 2*  
*daily acne wash (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1*  
*darunavir (generic for PREZISTA) - Tier 1; DX2RX; QL*  
*DERMELEVE ADVANCED FORMULA - Tier 2*  
*DEXCOM G6 TRANSMITTER - Tier 2; PA; QL*  
*double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1*  
*DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL*

## Preferred Agents

*DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; Available without a written order; QL*  
*DUREX TROPICAL (brand for true cover) - Tier 2; Available without a written order; 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*  
*enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL*  
*EX-LAX ULTRA (brand for bisacodyl ec) - Tier 2; QL*  
*fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL*  
 FLEET BISACODYL - Tier 2; QL  
*FLEET STIMULANT (brand for bisacodyl ec) - Tier 2; QL*  
 FLUAD - Tier 2; QL  
 FLUARIX - Tier 2; QL  
 FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL  
 FLULAVAL - Tier 2; QL  
 FLUMIST - Tier 2; QL  
 FLUZONE HIGH-DOSE - Tier 2; QL  
 FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE - Tier 2; QL  
*folic acid injection solution 5 mg/ml - Tier 1; QL*  
*folic acid oral tablet 1 mg, 800 mcg - Tier 1; QL*  
*folic acid oral tablet 400 mcg - Tier 1*

## Non-Preferred Agents

## Preferred Agents

foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1  
ft antibiotic - Tier 1; QL  
ft antifungal external cream 1 % (generic for TINACTIN) - Tier 1; QL  
ft aspirin (generic for BAYER LOW DOSE) - Tier 1; QL  
ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL  
ft double antibiotic (generic for POLYSPORIN) - Tier 1  
ft enteric coated aspirin (generic for BAYER ASPIRIN) - Tier 1; QL  
ft folic acid oral tablet 400 mcg - Tier 1  
ft folic acid oral tablet 800 mcg - Tier 1; QL  
ft gentle laxative (generic for THE MAGIC BULLET) - Tier 1; QL  
ft laxative (generic for EX-LAX ULTRA) - Tier 1; QL  
fungi-guard (generic for TINACTIN) - Tier 1; QL  
gentle laxative oral tablet delayed release (generic for EX-LAX ULTRA) - Tier 1; QL  
gentle laxative rectal (generic for THE MAGIC BULLET) - Tier 1; QL  
gentle laxative womens (generic for EX-LAX ULTRA) - 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  
AL  
hydrocodone bit-homatrop mbr (generic for HYCODAN) - Tier 1; QL;  
AL  
hydromet (generic for HYCODAN) - Tier 1; QL; AL  
hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL  
hyoscyamine sulfate oral (generic for ANASPAZ) - Tier 1; QL  
hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL  
hyosyne - Tier 1; QL

## Non-Preferred Agents

**Preferred Agents**

*INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL*  
*INSPIREASE RESERVOIR BAGS - Tier 2; QL*  
*jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1*  
*laxative oral tablet delayed release 5 mg (generic for EX-LAX ULTRA) - Tier 1; QL*  
*laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL*  
*LEVVID (brand for hyoscyamine sulfate er) - 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*  
*magnesium oxide oral tablet 400 mg - Tier 1*  
*magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1*  
*MAOX (brand for magnesium oxide) - Tier 2*  
*MASK VORTEX/CHILD/FROG - Tier 2; QL*  
*MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL*  
*medicated spot (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1*  
*medi-first aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL*  
*medique aspirin (generic for MEDI-FIRST ASPIRIN) - Tier 1; QL*  
*MEDPURA BENZOYL PEROXIDE (brand for acne medication 10) - Tier 2; QL*  
*mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*  
*MOUNJARO - Tier 2; PA; QL*  
*NEODOT THERMOMETER - Tier 2; QL*  
*NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2*  
*NOZIN NASAL SANITIZER POPSWAB - Tier 2; QL*

**Non-Preferred Agents**

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

*NULEV (brand for hyoscyamine sulfate) - Tier 2; QL*  
*OMNIFLEX DIAPHRAGM - Tier 2; QL; GE*  
*ONELAX (brand for bisacodyl) - Tier 2; QL*  
*OPILL - Tier 2; QL; GE*  
*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*  
*PENBRAYA - Tier 2; QL*  
*PFIZER COVID-19 VAC-TRIS 5-11Y - Tier 2; QL*  
*PFIZER COVID-19 VAC-TRIS 6M-4Y - Tier 2; QL*  
*poly bacitracin (generic for POLYSPORIN) - Tier 1*  
*POLYSPORIN (brand for double antibiotic) - Tier 2*  
*PREZISTA ORAL SUSPENSION - Tier 2; DX2RX; QL*  
*PREZISTA ORAL TABLET 150 MG, 75 MG - Tier 2; DX2RX; QL*  
*probiotic digestive support (generic for CULTURELLE ADULT ULT BALANCE) - Tier 1*  
*scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1*  
*sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1*  
*SPIKEVAX - Tier 2; QL*  
*ST JOSEPH LOW DOSE (brand for aspirin) - Tier 2; QL*  
*STRIVE DUAL ZONE PEAK FLOW MTR (brand for breathe ease peak flow meter) - Tier 2; QL*  
*sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1*  
*SUNLENCA - Tier 2; PA; QL; AL*  
*sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL*



## Preferred Agents

## Non-Preferred Agents

*the magic bullet (generic for THE MAGIC BULLET) - Tier 1; QL*  
*TINACTIN EXTERNAL CREAM (brand for antifungal (tolnaftate)) - Tier 2; QL*  
*tolnaftate antifungal external cream (generic for TINACTIN) - Tier 1; QL*  
*tolnaftate external cream (generic for TINACTIN) - Tier 1; QL*  
*tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1*  
*TRITOLNACIDE C (brand for antifungal (tolnaftate)) - Tier 2; QL*  
*TROJAN MAGNUM (brand for true cover) - Tier 2; Available without a written order; QL*  
*TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; Available without a written order; QL*  
*TROJAN ULTRA THIN (brand for true cover) - Tier 2; Available without a written order; QL*  
*TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; Available without a written order; QL*  
*TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; Available without a written order; QL*  
*TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; Available without a written order; QL*  
*TRUE COVER (brand for true cover) - Tier 2; Available without a written order; QL*  
*TRUE FOLIC ACID ORAL TABLET 1 MG - Tier 2; QL*  
*TRUE FOLIC ACID ORAL TABLET 400 MCG - Tier 2*  
*TYENNE SUBCUTANEOUS - Tier 2; PA; SP; QL*  
*VAPORIZER WARM STEAM - Tier 2; QL*  
*VAXELIS - Tier 2; QL*  
*wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1*  
*wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1*  
*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*

**Preferred Agents**

**Non-Preferred Agents**

Molecular Target Inhibitors - Chemotherapy Agents

Antineoplastics - Drugs to Treat Cancer

ALECENSA - Tier 2; PA; SP; QL  
 ALUNBRIG - Tier 2; PA; SP; QL  
 BOSULIF ORAL CAPSULE - Tier 2; SP; QL  
 BOSULIF ORAL TABLET - Tier 2; PA; SP; QL  
 BRUKINSA - Tier 2; PA; SP; QL  
 CABOMETYX - Tier 2; PA; SP; QL  
 CAPRELSA - Tier 2; PA; SP; QL  
 COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL  
*dasatinib (generic for SPRYCEL) - Tier 1; PA; SP; QL*  
*erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL*  
*gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL*  
 GILOTRIF - Tier 2; PA; SP; QL  
 ICLUSIG - Tier 2; PA; SP; QL  
*imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL*  
 IMBRUVICA - Tier 2; PA; SP; QL  
 INLYTA - Tier 2; PA; SP; QL  
*lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL*  
 LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL  
 LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL  
*pazopanib hcl (generic for VOTRIENT) - Tier 1; PA; SP; QL*  
 TASIGNA - Tier 2; PA; SP; QL  
 TURALIO - Tier 2; PA; SP; QL; AL  
 XALKORI ORAL CAPSULE - Tier 2; PA; SP; QL  
 XALKORI ORAL CAPSULE SPRINKLE - Tier 2; SP; QL

GAVRETO - Tier 2; PA; SP; QL  
 TABRECTA - Tier 2; PA; SP; QL  
 TAGRISSO - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostanamide Analogs	
<i>latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL</i>	LUMIGAN - Tier 2; PA; QL VYZULTA - Tier 2; PA; QL ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL
Ophthalmic Agents, Other	
<i>altafrin (generic for ALTAFRIN) - Tier 1</i> <i>atropine sulfate ophthalmic solution 1 % - Tier 1; QL</i> <i>bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL</i> <i>cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL</i> <i>cyclosporine ophthalmic (generic for RESTASIS) - Tier 1; PA; QL</i> CYSTARAN - Tier 2; DX2RX; SP; QL <i>dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL</i> <i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL</i> NEO-POLYCIN HC (brand for bacitra-neomycin-polymyxin-hc) - Tier 2; QL <i>phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1</i> sulfacetamide-prednisolone - Tier 1 TOBRADEX - Tier 2; QL <i>tobramycin-dexamethasone - Tier 1; QL</i>	CEQUA - Tier 2; PA; QL COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL RESTASIS (brand for cyclosporine) - Tier 2; PA; QL RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL ROCKLATAN - Tier 2; PA; QL TOBRADEX ST - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL XIIDRA - Tier 2; PA; QL ZYLET - Tier 2; PA; QL
Ophthalmic Anti-allergy Agents	
<i>azelastine hcl ophthalmic - Tier 1; ST; QL</i> <i>cromolyn sodium ophthalmic - Tier 1; QL</i> <i>olopatadine hcl ophthalmic (generic for PATADAY) - Tier 1; QL</i> PATADAY OPHTHALMIC SOLUTION 0.1 %, 0.2 % (brand for olopatadine hcl) - Tier 2; QL	

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**Preferred Agents**

**Non-Preferred Agents**

**Ophthalmic Anti-Infectives**

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

AZASITE - Tier 2; PA; QL  
 BESIVANCE - Tier 2; PA; QL

**Ophthalmic Anti-inflammatories**

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

EYSUVIS - Tier 2; PA; QL  
 FLAREX - Tier 2; PA; QL  
 ILEVRO - Tier 2; PA; QL  
 INVELTYS - Tier 2; PA; QL  
*LOTEMAX OPHTHALMIC GEL (brand for loteprednol etabonate) - Tier 2; PA; QL*  
 LOTEMAX OPHTHALMIC OINTMENT - Tier 2; PA; QL  
 LOTEMAX SM - Tier 2; PA; QL  
 NEVANAC - Tier 2; PA; QL  
*PROLENSA (brand for bromfenac sodium) - Tier 2; PA; QL*

Preferred Agents	Non-Preferred Agents
<b>Ophthalmic Beta-Adrenergic Blocking Agents</b>	
<i>betaxolol hcl ophthalmic - Tier 1; QL</i> <i>carteolol hcl - Tier 1; QL</i> <i>levobunolol hcl - Tier 1; QL</i> <i>timolol maleate ophthalmic solution - Tier 1; QL</i>	<i>BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL</i> <i>TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL</i>
<b>Ophthalmic Intraocular Pressure Lowering Agents, Other</b>	
<i>apraclonidine hcl - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL</i> <i>brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL</i> <i>DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL</i> <i>dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL</i> <i>methazolamide oral - Tier 1; QL</i> <i>PHOSPHOLINE IODIDE - Tier 2</i> <i>pilocarpine hcl ophthalmic - Tier 1; QL</i>	<i>ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL</i> <i>RHOPRESSA - Tier 2; PA; QL</i> <i>SIMBRINZA - Tier 2; PA; QL</i>
<b>Ophthalmic Agents - Drugs to Treat Eye Conditions</b>	
<b>Ophthalmic Agents, Other - Miscellaneous Eye Drugs</b>	
<i>altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1</i> <i>altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL</i> <i>altalube (generic for ALTALUBE) - Tier 1; QL</i> <i>artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1</i> <i>artificial tears pf (generic for BION TEARS PF) - Tier 1</i> <i>astringent eye drops (generic for VISINE A.C.) - Tier 1; QL</i> <i>BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2</i> <i>BION TEARS PF (brand for artificial tears pf) - Tier 2</i> <i>carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL</i> <i>dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL</i> <i>eye drops adv relief - Tier 1; QL</i> <i>eye drops advanced relief - Tier 1; QL</i>	

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

eye drops long lasting (generic for SYSTANE) - Tier 1; QL  
eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1  
eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL  
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE 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 cvs lubricant eye drops (pf)) - Tier 2  
for sty relief (generic for ALTALUBE) - Tier 1; QL  
ft eye drops (generic for VISINE RED EYE COMFORT) - Tier 1  
ft lubricant eye drops ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL  
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

## Preferred Agents

## Non-Preferred Agents

*lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL*

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

*lubricant eye drops (pf) ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1*

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

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

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

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

*lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL*

*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*

*nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL*



## Preferred Agents

*nighttime relief lub eye (generic for ALTALUBE) - Tier 1; QL*  
*polyvinyl alcohol ophthalmic - Tier 1*  
*PURE & GENTLE LUBRICANT - Tier 2*  
*REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL*  
*REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2*  
*REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL*  
*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*  
*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*

## Non-Preferred Agents

Preferred Agents	Non-Preferred Agents
<p>SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL</p> <p>SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL</p> <p>SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL</p> <p>SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL</p> <p>ultra fresh (generic for ULTRA FRESH) - Tier 1; QL</p> <p>ultra fresh pm (generic for ALTALUBE) - Tier 1; QL</p> <p>ultra lubricant drop (generic for SYSTANE) - Tier 1; QL</p> <p>ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL</p> <p>ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL</p>	
<p>Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs</p>	
<p>NAPHCON-A (brand for allergy eye) - Tier 2</p> <p>VISINE (brand for allergy eye) - Tier 2</p>	
<p>Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs</p>	
<p>ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL</p> <p>ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL</p> <p>allergy eye drops (generic for ALAWAY) - Tier 1; QL</p> <p>eye itch relief ophthalmic solution 0.035 % (generic for ALAWAY) - Tier 1; QL</p> <p>ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL</p> <p>ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL</p>	
<p>Otic Agents</p>	
<p>acetic acid otic - Tier 1; QL</p> <p>ciprofloxacin-dexamethasone - Tier 1; DX2RX; QL</p> <p>hydrocortisone-acetic acid - Tier 1; QL</p> <p>neomycin-polymyxin-hc otic - Tier 1; QL</p> <p>ofloxacin otic - Tier 1; QL</p>	

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**Preferred Agents**

**Non-Preferred Agents**

Otic Agents - Drugs to Treat Ear Conditions

Otic Agents - Drugs for the Ear

*CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2*  
*CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2*  
*ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*  
*ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*  
*ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*  
*ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*  
*earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*  
*earwax removal kit otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*  
*earwax removal otic solution 6.5 % (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*  
*ft earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*  
*ft earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1*

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

## Respiratory Tract/Pulmonary Agents

## Antihistamines

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

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

**Preferred Agents**

*allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL*  
*allergy relief oral tablet chewable 12.5 mg (generic for BENADRYL ALLERGY CHILDRENS) - Tier 1; QL*  
*allergy relief(cetirizine) (generic for KLS ALLER-TEC) - Tier 1; QL*  
*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*  
*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*  
*clemastine fumarate oral - Tier 1; QL*  
*complete allergy (generic for BANOPHEN) - Tier 1; QL*  
*complete allergy medicine (generic for BANOPHEN) - Tier 1; QL*

**Non-Preferred Agents**

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

*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 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*  
*ft all day allergy (generic for KLS ALLER-TEC) - Tier 1; QL*  
*ft all day allergy 24 hour (generic for KLS ALLER-TEC) - Tier 1; QL*  
*ft allergy relief cetirizine (generic for KLS ALLER-TEC) - Tier 1; QL*  
*ft allergy relief childrens oral liquid (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*ft allergy relief oral capsule (generic for BANOPHEN) - Tier 1; QL*  
*ft allergy relief oral tablet 25 mg (generic for BANOPHEN) - Tier 1; QL*  
*geri-dryl (generic for BANOPHEN) - Tier 1; QL*  
*h-e-b childrens allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL*  
*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*

Preferred Agents	Non-Preferred Agents
<p>MAXALLERGY KIDS (brand for allergy childrens) - Tier 2; QL  m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL  MM ALLER-BEN (brand for allergy relief) - Tier 2; QL  NARAMIN (brand for allergy childrens) - Tier 2; QL  pharbedryl (generic for BANOPHEN) - Tier 1; QL  total allergy (generic for BANOPHEN) - Tier 1; QL  total allergy medicine (generic for RA DIPHEDRYL ALLERGY) - Tier 1;  QL  ZYRTEC ALLERGY ORAL TABLET (brand for all day allergy) - Tier 2;  QL</p>	
Anti-inflammatories, Inhaled Corticosteroids	
<p>ASMANEX (120 METERED DOSES) - Tier 2; PA; QL  ASMANEX (14 METERED DOSES) - Tier 2; PA; QL  ASMANEX (30 METERED DOSES) - Tier 2; PA; QL  ASMANEX (60 METERED DOSES) - Tier 2; PA; QL  ASMANEX HFA - Tier 2; PA; Members &gt;= 8 years of age will require  PA; QL  budesonide inhalation (generic for PULMICORT) - Tier 1; Members &gt;=  5 years of age will require PA; QL; AL  FLUTICASONE PROPIONATE HFA - Tier 2; QL  fluticasone propionate nasal (generic for FLONASE ALLERGY REL  CHILDRENS) - Tier 1; QL  mometasone furoate nasal (generic for NASONEX 24HR) - Tier 1; ST;  QL</p>	<p>ALVESCO - Tier 2; PA; QL  ARNUITY ELLIPTA - Tier 2; PA; QL  OMNARIS - Tier 2; PA; QL  PULMICORT FLEXHALER - Tier 2; PA; QL  QNASL - Tier 2; PA; QL  QNASL CHILDRENS - Tier 2; PA; QL  QVAR REDIHALER - Tier 2; PA; QL  XHANCE - Tier 2; PA; QL</p>
Antileukotrienes	
<p>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</p>	<p>ZYFLO - Tier 2; PA; QL</p>
Bronchodilators, Anticholinergic	
<p>ATROVENT HFA - Tier 2; QL  INCRUSE ELLIPTA - Tier 2; QL  ipratropium bromide inhalation - Tier 1; QL  ipratropium bromide nasal - Tier 1; QL  tiotropium bromide monohydrate (generic for SPIRIVA HANDIHALER)  - Tier 1; QL</p>	<p>SPIRIVA HANDIHALER (brand for tiotropium bromide monohydrate) -  Tier 2; PA; QL  SPIRIVA RESPIMAT - Tier 2; PA; QL  YUPELRI - Tier 2; PA; QL</p>

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Preferred Agents	Non-Preferred Agents
<b>Bronchodilators, Sympathomimetic</b>	
<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 - Tier 1; QL</i>  <i>epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL</i>  <i>levalbuterol hcl inhalation - Tier 1; ST; QL</i>            STRIVERDI RESPIMAT - Tier 2; QL</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>
<b>Cystic Fibrosis Agents</b>	
<p>CAYSTON - Tier 2; DX2RX; SP; QL            KALYDECO ORAL PACKET 13.4 MG, 25 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL            KALYDECO ORAL PACKET 5.8 MG - Tier 2; SP; QL            KALYDECO ORAL TABLET - Tier 2; PA; SP; QL            ORKAMBI - Tier 2; PA; SP; QL            PULMOZYME - Tier 2; DX2RX; SP; QL            SYMDEKO - Tier 2; PA; SP; QL  <i>tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL</i>            TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL            TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL</p>	<p>TOBI PODHALER - Tier 2; PA; SP; QL</p>
<b>Mast Cell Stabilizers</b>	
<p><i>cromolyn sodium inhalation - Tier 1; QL</i></p>	

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

Preferred Agents	Non-Preferred Agents
Phosphodiesterase Inhibitors, Airways Disease	
<i>elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL</i> <i>roflumilast (generic for DALIRESP) - Tier 1; DX2RX; QL</i> THEO-24 - Tier 2; QL <i>theophylline er - Tier 1; QL</i> <i>theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL</i>	
Pulmonary Antihypertensives	
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> TRACLEER 32 MG - 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 TADLIQ - Tier 2; PA; SP; QL TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL
Pulmonary Fibrosis Agents	
OFEV - Tier 2; PA; SP; QL <i>pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL</i> <i>pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL</i>	
Respiratory Tract Agents, Other	
<i>acetylcysteine inhalation solution 10 % - Tier 1; QL</i> <i>acetylcysteine inhalation solution 20 % - Tier 1</i> FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL <i>promethazine vc - Tier 1; QL; AL</i> <i>promethazine-phenylephrine - Tier 1; QL; AL</i>	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL

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

**Preferred Agents**

**Non-Preferred Agents**

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

*4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2*  
*altamist spray (generic for AYR) - Tier 1*  
*altarussin (generic for TUSNEL-EX) - Tier 1; QL; AL*  
*AYR (brand for altamist spray) - Tier 2*  
*AYR SALINE NASAL DROPS - Tier 2*  
*BABY AYR SALINE (brand for altamist spray) - Tier 2*  
*bromphen-pseudoeph-dm - Tier 1; QL; AL*  
*BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; 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*  
*cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL*  
*cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL*  
*cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL*  
*cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL*  
*deep sea nasal spray (generic for AYR) - Tier 1*  
*ed bron gp - Tier 1; AL*  
*ft chest congestion relief (generic for XPECT) - Tier 1*  
*ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL*  
*ft nasal decongestant pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*  
*ft tussin adult (generic for TUSNEL-EX) - Tier 1; QL; AL*

**Preferred Agents**

*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*  
*MAX TUSSIN MUCUS & CHEST CONG (brand for altarussin) - Tier 2; QL; AL*  
*maxi-tuss pe max - Tier 1; AL*  
*medifin 400 (generic for XPECT) - Tier 1*  
*medifin mucus relief child (generic for TUSNEL-EX) - Tier 1; QL; AL*  
*MUCINEX FAST-MAX CHEST CONG MS (brand for altarussin) - Tier 2; QL; AL*  
*MUCINEX MAXIMUM STRENGTH (brand for cvs mucus extended release) - Tier 2; QL; AL*  
*mucus & chest congestion (generic for TUSNEL-EX) - 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 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*

**Non-Preferred Agents**

## Preferred Agents

*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-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL*  
*nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*  
*nasal four (generic for 4-WAY FAST ACTING) - Tier 1*  
*nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1*  
*NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2*  
*nasal moisturizing spray (generic for AYR) - Tier 1*  
*nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1*  
*nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1*  
*nasal spray saline (generic for AYR) - Tier 1*  
*NEO-SYNEPHRINE COLD/ALLERGY EXT (brand for cvs nasal spray) - Tier 2*  
*non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*  
*nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1*  
*OCEAN FOR KIDS (brand for altamist spray) - Tier 2*  
*OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2*  
*pharbinex (generic for XPECT) - Tier 1*  
*phenylephrine hcl oral (generic for SUDAFED PE SINUS CONGESTION) - Tier 1*  
*pseudoephedrine-bromphen-dm - Tier 1; QL; AL*  
*refenesen 400 (generic for XPECT) - Tier 1*  
*saline mist spray (generic for AYR) - Tier 1*

## Non-Preferred Agents

## Preferred Agents

saline nasal spray (generic for AYR) - Tier 1  
sb mucus relief (generic for XPECT) - Tier 1  
sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1  
sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1  
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1  
SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2  
SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2  
tab tussin (generic for XPECT) - Tier 1  
TRUE NASAL MOISTURIZING (brand for altamist spray) - Tier 2  
tusnel-ex (generic for TUSNEL-EX) - Tier 1; QL; AL  
tussin adult chest congest (generic for TUSNEL-EX) - Tier 1; QL; AL  
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 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 oral liquid 100 mg/5ml (generic for TUSNEL-EX) - Tier 1; QL; AL  
XPECT (brand for chest congestion relief) - Tier 2

## Non-Preferred Agents

**Preferred Agents**

**Non-Preferred Agents**

**Antihistamines - Allergy Drugs**

12 hour allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
 all day allergy d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
 all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
 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 nasal decong oral tablet extended release 12 hour (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 oral tablet extended release 12 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
 allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for 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  
 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  
 ft all day allergy-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
 ft tussin cf adult (generic for DESGEN DM) - Tier 1; AL  
 nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL



Preferred Agents	Non-Preferred Agents
<p><i>ROBAFEN CF MULTI-SYMPTOM COLD (brand for ft tussin cf adult) - Tier 2; AL</i></p> <p><i>ROBITUSSIN PEAK COLD MULTI-SYM (brand for ft tussin cf adult) - Tier 2; AL</i></p> <p><i>tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL</i></p> <p><i>ZYRTEC-D ALLERGY &amp; CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL</i></p> <p><i>ZYRTEC-D ALLERGY &amp; SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL</i></p>	

Antihistamines - Drugs to Treat Allergies

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

*allergy 24-hr (generic for KLS ALLER-FEX) - Tier 1; QL*  
*allergy childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*  
*allergy rel child (loratadine) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*  
*allergy relief (loratadine) oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL*  
*allergy relief child (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*  
*allergy relief childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL*  
*allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL*  
*allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL*  
*allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL*  
*allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - Tier 1; QL*  
*allergy relief indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL*  
*childrens loratadine oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - 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 relief (generic for KLS ALLERCLEAR) - Tier 1; QL*

**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 loratadine (generic for KLS ALLERCLEAR) - 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*

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

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

*loratadine allergy relief oral tablet dispersible 10 mg (generic for TRIAMINIC ALLERCHEWS) - 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*

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

*TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL*

Preferred Agents	Non-Preferred Agents
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Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

<p><i>ANORO ELLIPTA - Tier 2; QL</i>  <i>breyndra - Tier 1; PA; QL</i>  <i>FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</i>  <i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; QL</i>  <i>FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL</i>  <i>ipratropium-albuterol - Tier 1; QL</i>  <i>STIOLTO RESPIMAT - Tier 2; QL</i>  <i>wixela inhub (generic for WIXELA INHUB) - Tier 1; QL</i></p>	<p><i>ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i>  <i>BEVESPI AEROSPHERE - Tier 2; PA; QL</i>  <i>BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL</i>  <i>BREZTRI AEROSPHERE - Tier 2; PA; QL</i>  <i>COMBIVENT RESPIMAT - Tier 2; PA; QL</i>  <i>DULERA - Tier 2; PA; QL</i>  <i>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL</i>  <i>TRELEGY ELLIPTA - Tier 2; PA; QL</i></p>
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**Preferred Agents**

**Non-Preferred Agents**

**Mast Cell Stabilizers - Drugs for the Lungs**

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

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

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

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

## Preferred Agents

allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL  
allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL  
allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL  
altarusin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL  
anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1  
APRODINE (brand for cold & allergy d max strength) - Tier 2; AL  
benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL  
chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - 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  
cold & allergy - Tier 1; AL  
cold & allergy childrens oral elixir 1-15 mg/5ml - 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 DIMAPHEN DM COLD/COUGH) - 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

## Non-Preferred Agents

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

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

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

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

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

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

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

*cough dm childrens (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*

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

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

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



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

*dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL*  
*dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL*  
*ft 12 hour cough relief (generic for DELSYM) - 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 cold & cough relief dm (generic for DIMAPHEN DM COLD/COUGH) - 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 nasal decongestant max str oral tablet (generic for SUDOGEST) - Tier 1; QL*  
*ft nasal decongestant max str oral tablet extended release 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*ft nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*ft tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*  
*g tussin ac - Tier 1; QL; AL*  
*geri-tussin dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*giltuss severe sinus (generic for GILTUSS SEVERE SINUS) - Tier 1*

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

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

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

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

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

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

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

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

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

*MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2*

*MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2*

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

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

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

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

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

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

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

## 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-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*  
*nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*nasal decongestant max st oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL*  
*nasal decongestant oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL*  
*nasal decongestant oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*nasal decongestant pe oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL*  
*nasal decongestant spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1*

## Non-Preferred Agents

## Preferred Agents

*nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*nasal relief nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - 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*  
*NEBUSAL INHALATION NEBULIZATION SOLUTION 3 % (brand for sodium chloride) - Tier 2*  
*no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*promethazine-codeine oral solution - Tier 1; QL; AL*  
*promethazine-dm - Tier 1; QL; AL*  
*pseudoephedrine hcl 12 hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*pseudoephedrine hcl er (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*pseudoephedrine hcl oral tablet 30 mg (generic for SUDOGEST) - Tier 1; QL*  
*pseudoephedrine-guaifenesin er (generic for MUCINEX D) - Tier 1; AL*  
*PULMOSAL (brand for sodium chloride) - Tier 2*  
*ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL*

## Non-Preferred Agents

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

*ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL*  
*ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for 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*  
*sinus & congestion max str (generic for SUDOGEST) - Tier 1; QL*  
*sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*  
*sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*sodium chloride inhalation nebulization solution 0.9 %, 10 % - Tier 1*  
*sodium chloride inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1*  
*sodium chloride inhalation nebulization solution 7 % (generic for HYPERSAL) - Tier 1*  
*SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL*  
*SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL*  
*SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2*  
*sudogest 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*

Preferred Agents	Non-Preferred Agents
<p><i>suphedrine oral tablet extended release 12 hour 120 mg (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</i></p> <p><i>tussin cf oral liquid 30-10-100 mg/5ml - Tier 1</i></p> <p><i>tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</i></p> <p><i>tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL</i></p> <p><i>tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1</i></p> <p><i>tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL</i></p>	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
<p><i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i></p> <p><i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i></p> <p><i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</i></p> <p><i>orphenadrine citrate er - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Sleep Disorder Agents	
Wakefulness Promoting Agents	
	<p>SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL            XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL</p>
Sleep Disorder Agents - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Drugs for Sleeping	
<p><i>ft nighttime sleep aid (generic for SIMPLY SLEEP) - Tier 1; QL</i>  <i>night time sleep aid (generic for SIMPLY SLEEP) - Tier 1; QL</i>  <i>nighttime sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL</i>  <i>rest simply (generic for SIMPLY SLEEP) - Tier 1; QL</i>  <i>SIMPLY SLEEP (brand for cvs sleep aid) - Tier 2; QL</i>  <i>sleep aid (diphenhydramine) (generic for SIMPLY SLEEP) - Tier 1; QL</i>  <i>sleep aid nighttime (generic for SIMPLY SLEEP) - Tier 1; QL</i>  <i>sleep aid oral tablet 25 mg (generic for SIMPLY SLEEP) - Tier 1; QL</i>  <i>sleep tabs (generic for SIMPLY SLEEP) - Tier 1; QL</i></p>	

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**Preferred Agents**

**Non-Preferred Agents**

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

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

*animal shapes complete (generic for CEROVITE JR) - 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*  
*b-plex plus (generic for ALIVE CALCIUM BONE SUPPORT) - Tier 1; QL*  
*BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vitalfe drop) - 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*  
*calcium 600 - Tier 1; QL*  
*calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL*  
*calcium 600-vitamin d3 - Tier 1; QL*  
*calcium carbonate - Tier 1; QL*  
*calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL*  
*calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL*  
*calcium fast dissolution - Tier 1; QL*  
*calcium high potency - Tier 1; QL*  
*calcium oral tablet 1500 (600 ca) mg - Tier 1; QL*  
*calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL*  
*calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1*  
*cerovite jr (generic for CEROVITE JR) - Tier 1; QL*  
*chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL*  
*chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL*  
*chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL*

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

*childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL*  
*childrens chewable vitamins (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL*  
*childrens chewables/lex c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL*  
*childrens chewables/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL*  
*childrens complete oral tablet chewable 18 mg (generic for CEROVITE JR) - Tier 1; QL*  
*childrens vitamins/extra c (generic for CULTURELLE KIDS COMPLETE) - Tier 1; QL*  
*childrens vitamins/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL*  
*daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*  
*EASY-C IMMUNE HEALTH (brand for ascorbic acid) - Tier 2; QL*  
*effer-k oral tablet effervescent 25 meq - Tier 1; QL*  
*ergocalciferol oral capsule (generic for DRISDOL) - Tier 1; QL*  
*fruity c - Tier 1; QL*  
*ft calcium - 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/rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*ft zinc chelated (generic for IS-ZC 50) - Tier 1; QL*  
*INFED - Tier 2; QL*

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

*klor-con/ef* - Tier 1; QL  
K-PRIME - Tier 2; QL  
*little ones childrens* (generic for *CULTURELLE KIDS COMPLETE*) - Tier 1; QL  
*multiple vitamins/iron oral tablet* (generic for *TAB-A-VITE/IRON/BETA CAROTENE*) - Tier 1; QL  
*multi-vitamin/iron* (generic for *TAB-A-VITE/IRON/BETA CAROTENE*) - Tier 1; QL  
OBTREX - Tier 2  
*one-daily multi-vitamin/iron* (generic for *TAB-A-VITE/IRON/BETA CAROTENE*) - Tier 1; QL  
*one-daily/iron* (generic for *TAB-A-VITE/IRON/BETA CAROTENE*) - Tier 1; QL  
*oyster shell calcium oral tablet 1250 (500 ca) mg, 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  
*prenatal gummy oral tablet chewable 0.4-113.5 mg* - Tier 1  
*stress formulal/iron* (generic for *TAB-A-VITE/IRON/BETA CAROTENE*) - Tier 1; QL  
*true oyster shell calcium* - Tier 1; QL  
TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL  
*vit close hips* - Tier 1; QL  
*vitamin c cr oral tablet extended release 500 mg* (generic for *ENDUR-C*) - Tier 1; QL  
*vitamin c er oral tablet extended release 1500 mg* - Tier 1; QL  
*vitamin c oral liquid 500 mg/5ml* (generic for *BPROTECTED VITAMIN C*) - Tier 1; QL

Preferred Agents	Non-Preferred Agents
<p> <i>vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL</i>  <i>vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</i>  <i>vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL</i>  <i>vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL</i>  <i>vitamin clacerola (generic for SUNKIST VITAMIN C) - Tier 1; QL</i>  <i>vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL</i>  <i>vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</i>  <i>vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</i>  <i>vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL</i>  <i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL</i>  <i>vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL</i>  <i>WELL VITAMIN C (brand for ascorbic acid) - Tier 2; QL</i>  <i>zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL</i> </p>	
<p>Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs</p>	
<p> <i>b-1 - Tier 1; QL</i>  <i>b-12 oral tablet extended release - Tier 1</i>  <i>b6 - Tier 1; QL</i>  <i>cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL</i>  <i>e - Tier 1</i>  <i>e-400-clear - Tier 1; QL</i>  <i>ft vitamin b-1 - Tier 1; QL</i>  <i>ft vitamin b-12 pr - Tier 1</i>  <i>ft vitamin b-6 - Tier 1; QL</i>  <i>ft vitamin e - Tier 1; QL</i>  <i>natural vitamin e - Tier 1; QL</i>  <i>pyridoxine hcl oral - Tier 1; QL</i>  <i>pyridoxine hcl solution 100 mg/ml injection - Tier 1; QL</i>  <i>PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION - Tier 2; QL</i> </p>	<p> <i>NASCOBAL (brand for cyanocobalamin) - Tier 2; PA; QL</i> </p>

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

*thiamine hcl injection - Tier 1; QL*  
*thiamine hcl oral - Tier 1; QL*  
TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2;  
QL  
TRUE VITAMIN E ORAL CAPSULE 180 MG - Tier 2; QL  
TRUE VITAMIN E ORAL CAPSULE 450 MG, 90 MG - Tier 2  
*vitamin b1 - Tier 1; QL*  
*vitamin b-1 oral tablet 250 mg - Tier 1; QL*  
*vitamin b-12 er oral tablet extended release 1000 mcg - Tier 1*  
*vitamin b12 oral tablet extended release 1000 mcg - Tier 1*  
*vitamin b-12 tr oral tablet extended release 1000 mcg - Tier 1*  
*vitamin b-6 - Tier 1; QL*  
*vitamin b-6 er - Tier 1; QL*  
*vitamin e 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*

## Prior Authorization / Class Criteria

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abacavir sulfate-lamivudine.....	34	acetaminophen oral tablet 325 mg.....	9	ADALIMUMAB-ADB (2 SYRINGE)	
ABATINEX.....	74	acetaminophen oral tablet 500 mg.....	9	SUBCUTANEOUS PREFILLED SYRINGE	
abiraterone acetate oral tablet 250 mg.....	28	acetaminophen oral tablet chewable 160		KIT 10 MG/0.2ML, 20 MG/0.4ML, 40	
ABREVA.....	54	mg.....	9	MG/0.4ML.....	106
ABRYSVO.....	110	acetaminophen rectal suppository 120 mg....	9	ADALIMUMAB-ADB (CD/UC/HS STRT)	
ABSORICA.....	48	acetaminophen rectal suppository 650 mg....	9	SUBCUTANEOUS AUTO-INJECTOR KIT	
ABSORICA LD.....	48	acetaminophen-codeine oral solution 120-		40 MG/0.4ML.....	106
acarbose oral.....	36	12 mg/5ml.....	6	ADALIMUMAB-ADB (PS/UV STARTER)	
ACCRUFER.....	58	acetaminophen-codeine oral tablet.....	6	SUBCUTANEOUS AUTO-INJECTOR KIT	
ACCU-CHEK AVIVA DEVICE.....	55	acetazolamide er.....	44	40 MG/0.4ML.....	106
ACCU-CHEK AVIVA PLUS TEST STRIPS.....	55	acetazolamide oral.....	44	ADALIMUMAB-FKJP (2 PEN).....	106
ACCU-CHEK FASTCLIX LANCET KIT.....	55	acetic acid otic.....	127	ADALIMUMAB-FKJP (2 SYRINGE).....	106
ACCU-CHEK GUIDE CONTROL.....	55	acetylcysteine inhalation solution 10 %.....	134	ADBRY SUBCUTANEOUS SOLUTION	
ACCU-CHEK GUIDE KIT W/DEVICE.....	55	acetylcysteine inhalation solution 20 %.....	134	PREFILLED SYRINGE.....	105
ACCU-CHEK GUIDE TEST STRIPS.....	55	acid controller.....	72	addaprin.....	4
ACCU-CHEK SMARTVIEW.....	55	acid gone.....	74	ADEMPAS.....	134
		acid reducer oral capsule delayed release...	73		

ADMELOG.....	37	<i>alendronate sodium oral solution.....</i>	110	<i>allergy relief adult.....</i>	129
ADMELOG SOLOSTAR.....	37	<i>alendronate sodium oral tablet 10 mg, 35</i>		<i>allergy relief cetirizine.....</i>	129
<i>adult 50+ probiotic.....</i>	74	<i>mg.....</i>	110	<i>allergy relief child.....</i>	141
<i>adult probiotic.....</i>	74	<i>alendronate sodium oral tablet 70 mg.....</i>	110	<i>allergy relief childrens oral liquid 12.5</i>	
<i>adv acne spot treatment.....</i>	110	<i>alfuzosin hcl er.....</i>	91	<i>mg/5ml.....</i>	129
ADVAIR HFA.....	143	<i>all day allergy d.....</i>	139	<i>allergy relief childrens oral solution 5</i>	
<i>advanced acne spot treat.....</i>	110	<i>all day allergy oral tablet 10 mg.....</i>	129	<i>mg/5ml.....</i>	141
<i>advanced antacid.....</i>	74	<i>all day allergy relief oral tablet 10 mg.....</i>	140	<i>allergy relief childrens oral tablet chewable</i>	
<i>advanced healing external ointment .....</i>	53	<i>all day allergy-d oral tablet extended</i>		<i>12.5 mg.....</i>	129
ADVIL COLD/SINUS.....	144	<i>release 12 hour 5-120 mg.....</i>	139	<i>allergy relief d oral tablet extended release</i>	
ADVIL JUNIOR STRENGTH.....	4	<i>all day pain relief.....</i>	4	<i>12 hour 5-120 mg.....</i>	139
ADVIL ORAL TABLET.....	4	<i>all day relief.....</i>	4	<i>allergy relief d oral tablet extended release</i>	
<i>afirmelle.....</i>	94	ALLEGRA ALLERGY.....	140	<i>24 hour 10-240 mg.....</i>	144
AFLURIA.....	110	ALLEGRA HIVES 24HR.....	140	<i>allergy relief d-12.....</i>	144
AFLURIA PRESERVATIVE FREE.....	110	<i>allerclear.....</i>	140	<i>allergy relief d-24.....</i>	144
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AIMOVIG.....	26	<i>allerclear d-24hr.....</i>	144	<i>allergy relief nasal decong oral tablet</i>	
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ALAWAY.....	127	<i>allerg rel child (lorat).....</i>	140	<i>extended release 24 hour.....</i>	144
ALAWAY CHILDRENS ALLERGY.....	127	<i>allerg relief child (lorat).....</i>	140	<i>allergy relief oral capsule 25 mg.....</i>	129
<i>albendazole oral.....</i>	30	<i>allergy &amp; congestion oral tablet extended</i>		<i>allergy relief oral liquid 25 mg/10ml.....</i>	129
<i>albuterol sulfate hfa.....</i>	133	<i>release 24 hour 10-240 mg.....</i>	144	<i>allergy relief oral tablet 10 mg.....</i>	141
<i>albuterol sulfate inhalation nebulization</i>		<i>allergy &amp; congestion relief.....</i>	144	<i>allergy relief oral tablet 180 mg.....</i>	141
<i>solution (2.5 mg/3ml) 0.083%, 2.5</i>		<i>allergy (cetirizine).....</i>	129	<i>allergy relief oral tablet 25 mg.....</i>	129
<i>mg/0.5ml.....</i>	133	<i>allergy 24hour indoor/outdoor.....</i>	129	<i>allergy relief oral tablet 60 mg.....</i>	141
<i>albuterol sulfate inhalation nebulization</i>		<i>allergy 24-hr.....</i>	140	<i>allergy relief oral tablet chewable 12.5 mg..</i>	130
<i>solution 0.63 mg/3ml, 1.25 mg/3ml.....</i>	133	<i>allergy childrens oral liquid.....</i>	129	<i>allergy relief oral tablet dispersible 10 mg..</i>	141
<i>albuterol sulfate nebulization solution (5</i>		<i>allergy childrens oral solution.....</i>	141	<i>allergy relief oral tablet extended release</i>	
<i>mg/ml) 0.5% inhalation.....</i>	133	<i>allergy eye drops.....</i>	127	<i>12 hour 5-120 mg.....</i>	139
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SOLUTION (5 MG/ML) 0.5% INHALATION		<i>allergy medicine.....</i>	129	<i>allergy relief/indoor/outdoor oral tablet 180</i>	
.....	133	<i>allergy nasal mist no drip.....</i>	144	<i>mg.....</i>	141
<i>albuterol sulfate oral syrup.....</i>	133	<i>allergy oral capsule 25 mg.....</i>	129	<i>allergy relief/nasal decong.....</i>	144
<i>alclometasone dipropionate external</i>		<i>allergy oral liquid 12.5 mg/5ml.....</i>	129	<i>allergy relief/nasal decongest oral tablet</i>	
<i>ointment.....</i>	49	<i>allergy oral tablet 25 mg.....</i>	129	<i>extended release 12 hour.....</i>	139
ALCOHOL PREP PADS PAD , 70 %.....	110	<i>allergy rel child (loratadine).....</i>	141	<i>allergy relief/nasal decongest oral tablet</i>	
ALCOHOL SWABS.....	110	<i>allergy relief (cetirizine) oral tablet 10 mg..</i>	129	<i>extended release 24 hour.....</i>	144
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<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i> .....	139, 145	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML.....	106	<i>antacid extra str</i> .....	75
<i>allergy relief-d oral tablet extended release 24 hour 10-240 mg</i> .....	145	AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML.....	106	<i>antacid extra strength oral suspension</i> .....	75
<i>allergy relief-d12</i> .....	145	AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML.....	106	<i>antacid extra strength oral tablet chewable 160-105 mg</i> .....	75
<i>allergy spray 24 hour nasal aerosol</i> .....	143	<i>amlodipine besylate oral</i> .....	43	<i>antacid extra strength oral tablet chewable 750 mg</i> .....	75
<i>allergy/congestion relief</i> .....	145	<i>amlodipine besylate-benazepril hcl</i> .....	44	<i>antacid fast relief</i> .....	75
<i>aller-tec</i> .....	130	<i>amlodipine besylate-valsartan</i> .....	44	<i>antacid i</i> .....	75
<i>aller-tec d</i> .....	139	<i>amlodipine besylate-valsartan</i> .....	44	<i>antacid iii</i> .....	75
<i>allopurinol oral tablet 100 mg, 300 mg</i> .....	25	<i>amlodipine-olmesartan</i> .....	44	<i>antacid kids</i> .....	75
<i>almacone double strength</i> .....	74	<i>ammonium lactate external</i> .....	49	<i>antacid liquid</i> .....	75
ALOGLIPTIN BENZOATE.....	36	<i>amnestem</i> .....	48	<i>antacid m</i> .....	75
ALOGLIPTIN-METFORMIN HCL.....	36	<i>amoxicillin</i> .....	18	<i>antacid maximum</i> .....	75
ALOGLIPTIN-PIOGLITAZONE.....	36	<i>amoxicillin-potassium clavulanate</i> .....	18	<i>antacid maximum strength oral suspension 400-400-40 mg/5ml</i> .....	75
ALORA.....	94	<i>ampicillin</i> .....	18	<i>antacid maximum strength oral tablet chewable 1000 mg</i> .....	75
ALPHAGAN P.....	123	<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i> .....	18	<i>antacid oral suspension 200-200-20 mg/5ml, 400-400-40 mg/10ml</i> .....	75
<i>altachlore ophthalmic ointment</i> .....	123	<i>anagrelide hcl</i> .....	40	<i>antacid oral tablet chewable 1000 mg</i> .....	75
<i>altachlore ophthalmic solution</i> .....	123	ANASPAZ.....	111	<i>antacid oral tablet chewable 500 mg</i> .....	75
<i>altafrin</i> .....	121	<i>anastrozole oral</i> .....	28	<i>antacid oral tablet chewable 750 mg</i> .....	76
<i>altalube</i> .....	123	ANECREAM EXTERNAL CREAM.....	15	<i>antacid plus antigas</i> .....	76
<i>altamist spray</i> .....	135	<i>anefrin spray</i> .....	145	<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i> .....	76
<i>altarussin</i> .....	135	<i>animal shapes complete</i> .....	155	<i>antacid ultra strength</i> .....	76
<i>altarussin dm</i> .....	145	ANNOVERA.....	94	<i>antacid ultra strength oral tablet chewable 1000 mg</i> .....	76
<i>altavera</i> .....	94	ANORO ELLIPTA.....	143	<i>antacid/antigas</i> .....	76
<i>alum &amp; mag hydroxide-simeth</i> .....	74	<i>antacid &amp; anti-gas max str</i> .....	74	<i>antacid/anti-gas max st</i> .....	76
ALUNBRIG.....	120	<i>antacid &amp; anti-gas oral suspension 200-200-20 mg/5ml</i> .....	74	<i>antacid/anti-gas oral suspension 200-200-20 mg/5ml</i> .....	76
ALVESCO.....	132	<i>antacid &amp; antigas oral suspension 2400-2400-240 mg/30ml</i> .....	74	<i>antacid/anti-gas oral suspension 400-400-40 mg/5ml</i> .....	76
<i>alyacen 1/35</i> .....	94	<i>antacid &amp; anti-gas oral suspension 400-400-40 mg/5ml</i> .....	74	<i>antacid/gas relief max st</i> .....	76
<i>alyacen 7/7/7</i> .....	94	<i>antacid &amp; gas relief</i> .....	74	<i>antacid/gas relief max st</i> .....	76
<i>alyq</i> .....	134	<i>antacid advanced</i> .....	74	<i>antibiotic</i> .....	111
<i>amantadine hcl oral capsule</i> .....	32	<i>antacid anti-gas</i> .....	74	<i>antibiotic external ointment 3.5-400-5000</i> ...	20
<i>amantadine hcl oral solution</i> .....	32	<i>antacid anti-gas max strength</i> .....	74	<i>anti-diarr/ant-gas</i> .....	76
<i>ambrisentan</i> .....	134	<i>antacid calcium</i> .....	74	<i>anti-diarrheal anti-gas oral tablet 2-125 mg</i> .....	76
<i>amiloride hcl oral</i> .....	45	<i>antacid calcium rich</i> .....	75		
<i>amiloride-hydrochlorothiazide</i> .....	44				
<i>aminocaproic acid oral</i> .....	40				
<i>aminofen</i> .....	9				
<i>amiodarone hcl oral tablet 200 mg, 400 mg</i> .....	42				

<i>anti-diarrheal oral suspension 262 mg/15ml</i>	76	<i>arthritis pain relief oral tablet extended release 650 mg</i>	9	<i>athletes foot (terbinafine)</i>	24
<i>anti-diarrheal oral tablet 2 mg</i>	71	<i>arthritis pain reliever oral</i>	9	<i>athletes foot (tolnaftate) external aerosol powder 1 %</i>	112
<i>anti-diarrheal/anti-gas</i>	76	<i>arthritis pain relieving</i>	111	<i>athletes foot (tolnaftate) external cream 1 %</i>	112
<i>antifungal (tolnaftate)</i>	111	<i>artificial tears ophthalmic solution</i>	123	<i>athletes foot external aerosol powder 2 %</i>	24
<i>antifungal external cream</i>	24	<i>artificial tears pf</i>	123	<i>athletes foot external cream 1 %</i>	24
<i>antifungal external powder</i>	24	<i>ascomp-codeine</i>	6	<i>athletes foot external powder 2 %</i>	24
<i>antifungal foot care</i>	24	<i>ascorbic acid oral liquid</i>	155	<i>athletes foot powder spray external aerosol powder 1 %</i>	112
<i>anti-gas oral capsule 180 mg</i>	77	<i>ascorbic acid oral tablet 500 mg</i>	155	<i>athletes foot powder spray external aerosol powder 2 %</i>	24
<i>anti-hist allergy</i>	130	<i>ashlyna</i>	94	<i>athletes foot relief</i>	112
<i>anti-itch aloe</i>	49	<i>ASMANEX (120 METERED DOSES)</i>	132	<i>athletes foot spray external aerosol 2 %</i>	24
<i>anti-itch intensive heal</i>	49	<i>ASMANEX (14 METERED DOSES)</i>	132	<i>ATORVALIQ</i>	46
<i>anti-itch max str external cream 1 %</i>	49	<i>ASMANEX (30 METERED DOSES)</i>	132	<i>atorvastatin calcium oral</i>	46
<i>anti-itch maximum strength external cream 1 %</i>	49	<i>ASMANEX (60 METERED DOSES)</i>	132	<i>atovaquone</i>	31
<i>anti-nausea</i>	23	<i>ASMANEX HFA</i>	132	<i>atovaquone-proguanil hcl</i>	31
<i>anti-nausea relief</i>	23	<i>ASPERFLEX LIDOCAINE EXTERNAL CREAM</i>	15	<i>atropine sulfate ophthalmic solution 1 %</i>	121
<i>antiseptic</i>	20	<i>aspirin childrens</i>	111	<i>ATROVENT HFA</i>	132
<b>ANTIVERT ORAL TABLET CHEWABLE 25 MG</b>	22	<i>aspirin ec adult low dose</i>	111	<i>aubra eq</i>	94
<i>apap-caff-dihydrocodeine</i>	6	<i>aspirin ec oral tablet 325 mg</i>	111	<b>AUM ALCOHOL PREP PADS</b>	112
<b>APIDRA SOLOSTAR</b>	37	<i>aspirin ec oral tablet delayed release 325 mg</i>	111	<i>aurovela 1.5/30</i>	94
<b>APIDRA VIAL</b>	37	<i>aspirin ec oral tablet delayed release 81 mg</i>	111	<i>aurovela 1/20</i>	94
<i>apra</i>	9	<i>aspirin oral tablet 325 mg</i>	111	<i>aurovela 24 fe</i>	94
<i>apraclonidine hcl</i>	123	<i>aspirin oral tablet chewable 81 mg</i>	111	<i>aurovela fe 1.5/30</i>	94
<i>aprepitant</i>	22	<i>aspirin oral tablet delayed release 325 mg</i>	111	<i>aurovela fe 1/20</i>	94
<b>APRETUDE</b>	25	<i>aspirin oral tablet delayed release 81 mg</i>	111	<b>AURYXIA</b>	64
<i>apri</i>	94	<b>ASPIRIN ORAL TABLET DELAYED RELEASE 81 MG</b>	111	<b>AUSTEDO</b>	47
<b>APRISO</b>	109	<i>aspirin rectal suppository 300 mg</i>	111	<b>AUVI-Q</b>	133
<b>APRODINE</b>	145	<i>aspirin regimen</i>	111	<b>AVAR-E EMOLLIENT</b>	53
<b>APTIVUS</b>	35	<i>astringent</i>	53	<b>AVEDANA GLYCERIN (ADULT)</b>	86
<b>AQUASOL A</b>	65	<i>astringent eye drops</i>	123	<i>aviane</i>	94
<i>aqueous vitamin d</i>	65	<i>astringent solution</i>	53	<b>AVONEX PEN</b>	47
<i>aranelle</i>	94	<i>atazanavir sulfate</i>	35	<b>AVONEX PREFILLED</b>	47
<b>ARANESP (ALBUMIN FREE)</b>	40	<i>atenolol oral</i>	43	<b>AYR</b>	135
<b>AREXVY</b>	111	<i>atenolol-chlorthalidone</i>	44	<b>AYR SALINE NASAL DROPS</b>	135
<b>ARMOUR THYROID</b>	103	<i>atheletes foot</i>	24	<i>ayuna</i>	94
<b>ARNUITY ELLIPTA</b>	132			<b>AZASITE</b>	122
<i>arthritis pain oral tablet extended release 650 mg</i>	9				



azathioprine oral tablet 50 mg.....	106	BCG VACCINE.....	107	benztropine mesylate oral tablet 1 mg, 2 mg.....	32
azelaic acid external.....	48	b-complex oral tablet.....	65	BESIVANCE.....	122
azelastine hcl nasal.....	130	b-complex with b-12.....	65	BETADINE EXTERNAL SOLUTION 10 %...20	
azelastine hcl ophthalmic.....	121	b-complex/b-12 oral.....	65	betamethasone dipropionate aug.....	49
azithromycin oral.....	19	BD AUTOSHIELD DUO PEN NEEDLES.....	55	betamethasone dipropionate external lotion	49
azo.....	91	BD ECLIPSE NEEDLE 25G X 5/8".....	112	betamethasone dipropionate external ointment.....	49
AZO VAGINAL HEALTH PROBIOTIC.....	77	BD ULTRA-FINE INSULIN SYRINGES.....	112	betamethasone valerate external cream.....	49
azurette.....	94	BD ULTRA-FINE INSULIN SYRINGES		betamethasone valerate external lotion.....	49
b complex vitamins.....	65	30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML.....	112	betamethasone valerate external ointment..	49
b complex-b12.....	65	BD ULTRA-FINE INSULIN SYRINGES		BETASERON.....	47
b-1.....	158	30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML,		betatemp childrens.....	9
b-12 oral tablet extended release.....	158	31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML,		betaxolol hcl ophthalmic.....	123
b6.....	158	31G X 5/16" 1 ML.....	112	betaxolol hcl oral.....	43
BABY AYR SALINE.....	135	BD ULTRA-FINE INSULIN SYRINGES		bethanechol chloride oral.....	91
baby basics diaper rash.....	53	31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML.	112	BETIMOL.....	123
bac.....	6	BD ULTRA-FINE INSULIN SYRINGES		BEVESPI AEROSPHERE.....	143
bacitracin external.....	112	31G X 5/16" 0.3 ML.....	112	bexarotene.....	30
bacitracin ophthalmic.....	122	BD ULTRA-FINE PEN NEEDLES.....	55	BEXSERO.....	107
bacitracin zinc external.....	112	BD ULTRA-FINE PEN NEEDLES 29G X		BEYAZ.....	94
bacitracin zinc first aid.....	112	12.7MM.....	112	bicalutamide.....	28
bacitracin zinc-aloe.....	112	BD ULTRA-FINE PEN NEEDLES 31G X 8		BICILLIN L-A INTRAMUSCULAR	
bacitracin-polymyxin b.....	122	MM.....	112	SUSPENSION PREFILLED SYRINGE	
bacitra-neomycin-polymyxin-hc.....	121	beauty 360 pure glycerin.....	53	2400000 UNIT/4ML.....	18
baclofen oral tablet 10 mg, 20 mg, 5 mg.....	32	beauty 360 soothing bath.....	53	BIJUVA ORAL CAPSULE 1-100 MG.....	94
BAFIERTAM.....	47	BELBUCA.....	6	BIKTARVY.....	33
BALCOLTRA.....	94	BENADRYL ALLERGY CHILDRENS		BILTRICIDE.....	30
balsalazide disodium.....	109	ORAL LIQUID.....	130	BIOLLE TEARS.....	123
BALVERSA.....	29	BENADRYL ALLERGY CHILDRENS		BION TEARS PF.....	123
balziva.....	94	ORAL TABLET CHEWABLE.....	130	BIOTHRAX.....	109
banophen oral capsule 25 mg.....	130	BENADRYL ALLERGY ORAL TABLET.....	130	BIOTINEX.....	77
banophen oral tablet.....	130	BENADRYL ALLERGY ULTRATABS.....	130	bisacodyl ec.....	112
BAQSIMI ONE PACK.....	37	benazepril hcl oral.....	42	bisacodyl laxative.....	112
BAQSIMI TWO PACK.....	37	benazepril-hydrochlorothiazide.....	44	bisacodyl oral tablet delayed release 5 mg	113
BARACLUDGE ORAL SOLUTION.....	33	BENZAC AC WASH.....	112	bisacodyl rectal.....	113
BAXDELA INTRAVENOUS.....	19	BENZNIDAZOLE.....	31	bismuth.....	77
BAYER ASPIRIN.....	112	benzonatate oral capsule 100 mg, 200 mg	145	bismuth subsalicylate oral.....	77
BAYER LOW DOSE ORAL TABLET		benzoyl peroxide external gel 2.5 %.....	112	bisoprolol fumarate oral.....	43
CHEWABLE.....	112	benzoyl peroxide external liquid.....	112		
baza antifungal.....	24	benzoyl peroxide wash external liquid 5 %	112		

<i>bisoprolol-hydrochlorothiazide</i> .....	44	<i>budesonide inhalation</i> .....	132	<i>calcium 600/vit d/minerals oral tablet 600-200 mg-unit</i> .....	60
BLACK-DRAUGHT LAX-SENNA.....	86	<i>budesonide oral</i> .....	109	<i>calcium 600/vit d/minerals oral tablet chewable 600-400 mg-unit</i> .....	60
<i>blisovi 24 fe</i> .....	94	<i>bumetanide oral</i> .....	45	<i>calcium 600/vitamin d</i> .....	60
<i>blisovi fe 1.5/30</i> .....	94	<i>buprenorphine</i> .....	6	<i>calcium 600/vitamin d-3</i> .....	60
<i>blisovi fe 1/20</i> .....	94	<i>butalbital-acetaminophen oral tablet 50-325 mg</i> .....	6	<i>calcium 600+d oral tablet 600-10 mg-mcg</i> ...	60
BLOOD GLUCOSE TEST STRIPS.....	55	<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i> .....	6	<i>calcium 600+d oral tablet 600-5 mg-mcg</i> ...	155
BOLSITOL.....	77	<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i> .....	6	<i>calcium 600-vitamin d3</i> .....	155
BONINE.....	22	<i>butalbital-apap-caffeine oral tablet</i> .....	6	<i>calcium acetate (phos binder)</i> .....	64
BOOSTRIX.....	107	<i>butalbital-asa-caff-codeine</i> .....	6	<i>calcium acetate oral tablet 667 mg</i> .....	64
<i>boro-packs</i> .....	53	<i>butalbital-aspirin-caffeine</i> .....	6	<i>calcium antacid</i> .....	77
<i>bosentan</i> .....	134	<i>butorphanol tartrate nasal</i> .....	6	<i>calcium antacid extra strength</i> .....	77
BOSULIF ORAL CAPSULE.....	120	BYDUREON BCISE AUTOINJECTOR.....	36	<i>calcium carb-cholecalciferol oral tablet 600-10 mg-mcg</i> .....	60
BOSULIF ORAL TABLET.....	120	BYETTA 10 MCG PEN.....	36	<i>calcium carb-cholecalciferol oral tablet 600-5 mg-mcg</i> .....	60
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<i>breyana</i> .....	143	<i>calamine external</i> .....	54	<i>calcium citrate+d oral tablet 315-6.25 mg-mcg</i> .....	60
BREZTRI AEROSPHERE.....	143	<i>calamine external lotion</i> .....	113	<i>calcium citrate+d3 oral tablet</i> .....	60
<i>briellyn</i> .....	94	<i>calamine-zinc oxide external lotion</i> .....	54	<i>calcium citrate+d3 w/magne</i> .....	60
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<i>brimonidine tartrate ophthalmic solution 0.15 %</i> .....	123	<i>calcipotriene external ointment</i> .....	52	<i>calcium citrate-vitamin d oral tablet 315-5 mg-mcg</i> .....	61
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<i>eye drops advanced relief</i> .....	123	<i>ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg</i> .....	61	<i>fiber therapy oral tablet 625 mg</i> .....	87
<i>eye drops long lasting</i> .....	123	<i>ferrous gluconate</i> .....	61	<i>fiber-caps</i> .....	87
<i>eye drops ophthalmic solution 0.05 %</i> .....	124	<i>ferrous gluconate oral tablet 240 (27 fe) mg</i> .....	61	<i>fiber-lax</i> .....	87
<i>eye drops ophthalmic solution 0.05-0.1-1-1 %</i> .....	124	<i>ferrous gluconate oral tablet 324 (37.5 fe) mg</i> .....	62	FINACEA EXTERNAL FOAM.....	48
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<i>eye lubricant</i> .....	124	<i>ferrous sulfate oral solution 75 (15 fe) mg/ml</i> .....	62	<i>finzala</i> .....	96
<i>eye lubricant nighttime</i> .....	124	<i>ferrous sulfate oral tablet 325 (65 fe) mg</i> .....	62	<i>first aid antibiotic external ointment , 3.5-400-5000</i> .....	20
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<i>heparin sodium (porcine) injection solution 10000 unit/ml, 5000 unit/ml</i> .....	39	<i>hydrocortisone external lotion 2.5 %</i> .....	50	<i>ibuprofen ib oral tablet 200 mg</i> .....	4
<i>heparin sodium (porcine) injection solution prefilled syringe</i> .....	39	<i>hydrocortisone external ointment 0.5 %</i> .....	50	<i>ibuprofen infants oral suspension 50 mg/1.25ml</i> .....	4
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml</i> .....	39	<i>hydrocortisone external ointment 1 %</i> .....	50	<i>ibuprofen jr oral tablet 100 mg</i> .....	4
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i> .....	39	<i>hydrocortisone external ointment 2.5 %</i> .....	50	<i>ibuprofen junior</i> .....	5
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<i>her style</i> .....	102	<i>hydrocortisone max st/12 moist</i> .....	51	<i>ibuprofen oral suspension 100 mg/5ml</i> .....	5
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<i>sronyx</i> .....	99	SUDAFED.....	152	<i>sv vitamin d3 oral capsule 25 mcg</i> .....	67
<i>ssd</i> .....	52	SUDAFED PE CONGESTION ORAL		<i>sv vitamin d3 oral capsule 50 mcg (2000</i>	
<i>sss 10-5 external cream</i> .....	53	TABLET 10 MG.....	138	<i>ut)</i> .....	68
ST JOSEPH LOW DOSE.....	118	SUDAFED PE SINUS CONGESTION.....	138	<i>sv vitamin d3 oral tablet chewable</i> .....	68
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SYMDEKO.....	133	<i>tamsulosin hcl</i> .....	91	<i>testosterone transdermal gel 12.5 mg/act</i>	
SYMFI.....	34	<i>tarina 24 fe</i> .....	99	<i>(1%)</i> .....	93
SYMFI LO.....	34	<i>tarina fe 1/20 eq</i> .....	99	<i>testosterone transdermal gel 20.25</i>	
SYMLINPEN 120.....	36	TASIGNA.....	120	<i>mg/1.25gm (1.62%), 25 mg/2.5gm (1%)</i> .....	93
SYMLINPEN 60.....	36	TAVALISSE.....	40	<i>testosterone transdermal gel 40.5</i>	
SYMPROIC.....	70	<i>tazicef injection</i> .....	17	<i>mg/2.5gm (1.62%)</i> .....	93
SYNAGIS.....	105	<i>tazicef intravenous solution reconstituted 1</i>		TETANUS-DIPHThERIA TOXOIDS TD....	108
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SYSTANE.....	126	<i>gm</i> .....	17	AUTO-INJECTOR.....	134
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SYSTANE NIGHTTIME.....	126	<i>temozolomide oral capsule 100 mg</i> .....	27	<i>theophylline oral</i> .....	134
SYSTANE PRESERVATIVE FREE.....	127	<i>temozolomide oral capsule 140 mg, 180</i>		<i>thiamine hcl injection</i> .....	158
SYSTANE ULTRA.....	127	<i>mg, 20 mg, 250 mg, 5 mg</i> .....	27	<i>thiamine hcl oral</i> .....	159
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<i>tacrolimus external ointment 0.1 %</i> .....	51	<i>terbinafine hydrochloride external cream 1</i>		TIGLUTIK.....	47
<i>tacrolimus oral capsule 0.5 mg, 5 mg</i> .....	107	<i>%</i> .....	25	<i>tilia fe</i> .....	99
<i>tacrolimus oral capsule 1 mg</i> .....	107	<i>terconazole vaginal cream</i> .....	23	<i>timolol maleate ophthalmic solution</i> .....	123
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TALICIA.....	71	<i>solution 100 mg/ml</i> .....	93	112 MCG, 125 MCG, 13 MCG, 137 MCG,	
TALTZ SUBCUTANEOUS SOLUTION		<i>testosterone cypionate intramuscular</i>		150 MCG, 175 MCG, 200 MCG, 25 MCG,	
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TRADJENTA.....	36	<i>trimethoprim oral</i> .....	16	TRUE VITAMIN D3 ORAL CAPSULE 10	
<i>tramadol hcl oral tablet 50 mg</i> .....	7	<i>tri-mili</i> .....	99	MCG (400 UNIT), 50 MCG (2000 UT).....	68
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TUMS EXTRA STRENGTH.....	83	MG.....	14	<i>mg/250ml, 1750 mg/350ml, 500 mg/100ml,</i>	
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<i>tussin dm cough + chest oral liquid 20-400</i>		<i>ultra lubricant drop</i> .....	127	GM, 8.4 GM.....	64
<i>mg/20ml</i> .....	153	<i>ultra lubricating eye drops</i> .....	127	VENCLEXTA.....	29
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<i>tussin dm max st</i> .....	153	<i>urea external cream 20 %</i> .....	54	<i>release 24 hour 120 mg, 180 mg, 240 mg,</i>	
<i>tussin dm oral syrup 100-10 mg/5ml</i> .....	153	<i>urea external lotion</i> .....	54	<i>360 mg</i> .....	44
<i>tussin maximum strength oral syrup 15</i>		<i>ureacin-10</i> .....	54	<i>verapamil hcl er oral tablet extended</i>	
<i>mg/5ml</i> .....	138	<i>ureacin-20</i> .....	54	<i>release</i> .....	44
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<i>vienna</i> .....	99	<i>vitamin c/rose hips oral tablet 500 mg</i> .....	158	<i>vitamins complete childrens</i> .....	158
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<i>vitamin b-1 oral tablet 250 mg</i> .....	159	<i>vitamin d3 oral capsule 50 mcg (2000 ut)</i> ....	69	<i>vylibra</i> .....	100
<i>vitamin b-12 er oral tablet extended release 1000 mcg</i> .....	159	<i>vitamin d-3 oral capsule 50 mcg (2000 ut)</i> ...69		VYNDAMAX.....	90
<i>vitamin b12 oral tablet extended release 1000 mcg</i> .....	159	<i>vitamin d3 oral liquid 10 mcg/ml</i> .....	69	VYNDAQEL.....	90
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<i>vitamin c cr oral tablet extended release 500 mg</i> .....	157	<i>vitamin d-3 oral tablet 25 mcg (1000 ut)</i> .....	69	<i>wart remover external liquid 17 %</i> .....	119
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<i>wymzya fe</i> .....	100	UNIT, 25000-79000 UNIT, 3000-10000	
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