



# Preferred Drug List (PDL)

**New York  
Child Health Plus**

Effective Date: April 1, 2025



# Preferred drug list

## Introduction

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

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

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

## Notice

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

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

## Preface

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

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

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



## Drug tiers

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

## Generic substitution

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

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

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

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

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

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

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

## Drug efficacy study implementation (DESI) drugs

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

## Plan exclusions

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

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

## Days supply dispensing limitations

UnitedHealthcare Community Plan members may receive up to a one-month supply of a specific medication per prescription order or prescription refill. Plans refill thresholds may vary. Refill thresholds for controlled substances and non-controlled substances may also vary. Please check with your member's individual plan. Certain medications may be prescribed for extended days' supply, such as medications for chronic conditions (e.g., hypertension). Use the drug lookup tool to see which medications are eligible for an extended days' supply.

## Mandatory generic substitution

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

## Prior authorization of non-PDL medications

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

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

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

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

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

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

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

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

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

## Quantity limitations (QL)

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

### Quantity limits based on efficient medication dosing

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

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

### Specialty pharmaceutical management program

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

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

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

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

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

## Medications requiring diagnosis

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

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

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



## Step therapy (ST)

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

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

STEP Drug	First-Line Agent(s)
<b>Amerge</b>	Trial at a minimum dose of 50mg of sumatriptan tablets.
<b>Aricept 23mg</b>	90-day trial of Aricept 10mg daily
<b>DPP4 Inhibitors (Nesina, Kazano, Oseni)</b>	At least a 90-day trial of 1500mg/day of metformin.
<b>Elidel</b>	Minimum age of 2. Trial of one topical corticosteroid.
<b>Eucrisa</b>	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
<b>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>Motegrity</b>	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Movantik</b>	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Optivar</b>	14-day trial of ketotifen within previous 90 days required first.
<b>Ranexa</b>	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long-acting nitrates
<b>Renvela</b>	8-week trial of calcium acetate
<b>tolterodine</b>	30-day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
STEP Drug	First-Line Agent(s)
<b>tretinoin Cream (tretinoin cream 0.025%, 0.05%, 0.1%, and Avita cream 0.025%)</b>	Trial of Differin OTC Gel 0.1%.
<b>trospium</b>	30-day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>Trulance</b>	For chronic idiopathic constipation or irritable bowel syndrome-constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Uloric</b>	8-week trial of up to 600mg of allopurinol required first.

## PDL suggestions

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

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

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

## Editor

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

UnitedHealthcare Community Plan by UnitedHealthcare  
Director of Pharmacy Services  
2 Allegheny Center  
Suite 600  
Pittsburgh, PA 15212  
Phone: **800-310-6826**



## Legend

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

## Notice

*The information contained in this document is proprietary information. The information may not be copied in whole or in part without the written permission of UnitedHealthcare Community Plan. All rights reserved. The drug names listed here are the registered and/or unregistered trademarks of third-party pharmaceutical companies unrelated to and unaffiliated with UnitedHealthcare Community Plan. These trademarked brand names are included here for informational purposes only and are not intended to imply or suggest any affiliation between UnitedHealthcare Community Plan and such third-party pharmaceutical companies.*

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



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

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

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

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

If you need help with your complaint, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, 24 hours a day, 7 days a week.

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

**Online:**

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

Complaint forms are available at

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

**Phone:**

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

**Mail:**

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

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We provide free services to help you communicate with us, such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan member ID card, TTY 711, 24 hours a day, 7 days a week.



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

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

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Salt Lake City, UTAH 84130  
**UHC\_Civil\_Rights@uhc.com**

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

Si usted necesita ayuda con su queja, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, 24 horas al día, 7 días a la semana.

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

**Internet:**

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

Formas para las quejas se encuentran disponibles en:

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

**Teléfono:**

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

**Correo:**

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

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

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros, tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al número de teléfono gratuito para miembros que aparece en su tarjeta de identificación del plan de salud, TTY 711, 24 horas al día, 7 días a la semana.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



# Preferred Drug List

## INTRODUCTION

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

## PREFACE

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

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

## PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

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

## OUTPATIENT PRESCRIPTION DRUG BENEFIT-COVERED MEDICATIONS

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

## PRODUCT SELECTION CRITERIA

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

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

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

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

## PDL PRODUCT DESCRIPTIONS

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

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

carvedilol                      Coreg

All strengths of Coreg would be covered by this listing.

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

diltiazem sustained release    CARDIZEM SR

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

**Neomycin/polymyxin B/ Cortisporin Hydrocortisone**

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

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

citalopram 40 mg tabs                      Celexa tabs

## DRUG TIERS

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

Tier Name	Drug Tier
Tier 1	Generic
Tier 2	Brand

## GENERIC SUBSTITUTION

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

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

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

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

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

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

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

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

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

## **PLAN EXCLUSIONS**

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

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

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

## **DAYS SUPPLY DISPENSING LIMITATIONS**

UnitedHealthcare Community Plan members may receive up to a 14-day supply of a specific medication per prescription order or prescription refill. UnitedHealthcare Community Plan members may receive up to a one-month supply of a specific medication per prescription order or prescription refill. A medication may be reordered or refilled when ninety percent (90%) of the medication has been utilized for a controlled substance and eighty-five percent (85%) of the medication has been utilized for a non-controlled substance. If a claim is submitted before 90% of the medication has been used for a controlled substance or submitted before 85% of the medication has been used for a non-controlled substance, based on the original day supply submitted on the claim, the claim will reject with a “refill too soon” message.

## **MANDATORY GENERIC SUBSTITUTION**

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

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

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



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

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

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

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

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

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

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

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

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

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

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

The Efficient Medication Dosing Program is designed to consolidate medication dosage to the most efficient daily

quantity to increase adherence to therapy and also promote the efficient use of health care dollars.

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

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

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

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

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

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

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

#### **MEDICATIONS REQUIRING DIAGNOSIS**

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

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

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

#### **STEP THERAPY (ST)**

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

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

<b>STEP Drug</b>	<b>First-Line Agent(s)</b>
<b>.Amerge</b>	Trial at a minimum dose of 50mg of sumatriptan tablets.
<b>Aricept 23mg</b>	90 day trial of Aricept 10mg daily.
<b>calcipotriene cream &amp; oint 0.005%</b>	trial of two medium to high potency corticosteroids
<b>calcitriol 3mcg/gm</b>	trial of two medium to high potency corticosteroids
<b>DPP4 Inhibitors (Nesina, Kazano, Oseni)</b>	At least a 90 day trial of 1500mg/day of metformin.
<b>Elidel</b>	Minimum age of 2. Trial of one topical corticosteroid.
<b>Eucria</b>	Trial of a topical steroid AND one of the following: Elidel cream or tacrolimus ointment
<b>fenofibrate</b>	Fill of a statin or 90 days of gemfibrozil within the previous 180 days.
<b>GLP-1 Agonists (Adlyxin, Trulicity, Victoza 2 pen pack)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>GLP-1/Insulin Combinations (Soliqua)</b>	Trial of one drug from the following classes: GLP-1 or Basal Insulin
<b>lubiprostone</b>	For opioid-induced constipation or chronic idiopathic constipation, trial of lactulose or polyethylene glycol
<b>Motegrity</b>	For chronic idiopathic constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Movantik</b>	For opioid-induced constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Optivar</b>	14 day trial of ketotifen within previous 90 days required first.
<b>Ranexa</b>	Trial of one drug from the following classes: beta blockers, calcium channel blockers, long acting nitrates

<b>Renvela</b>	8 week trial of calcium acetate
<b>SGLT-2 Inhibitors (Steglatro, Segluromet)</b>	At least a 90 day trial of 1500mg/day of metformin
<b>tacrolimus 0.03%</b>	Minimum age of 2. Trial of one topical corticosteroid
<b>tacrolimus 0.1%</b>	Minimum age of 16. Trial of one topical corticosteroid.
<b>tolterodine</b>	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>tropium</b>	30 day trial of oxybutynin immediate or extended release. Step Therapy only applies to members less than 65 years of age.
<b>Trulance</b>	For chronic idiopathic constipation or irritable bowel syndrome- constipation, trial of lactulose or polyethylene glycol and trial of lubiprostone (authorized generic of Amitiza)
<b>Uloric</b>	8 week trial of up to 600mg of allopurinol required first.
<b>Xopenex Respules</b>	30 day trial of Albuterol .083% or .5% respules.

#### **PDL SUGGESTIONS**

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

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

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

**EDITOR**

2 Allegheny Center  
Suite 600  
Pittsburgh, PA 15212  
Phone: 800-310-6826

**LEGEND**

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

**NOTICE**

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

# New York – CHIP

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

## Analgesics

## 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*

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 oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL*  
*ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL*  
*ibuprofen oral tablet 200 mg (generic for ADDAPRIN) - Tier 1; QL*  
*ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL*  
*indomethacin oral capsule - Tier 1; QL*  
*INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL*  
*infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL*  
*ketoprofen oral capsule 25 mg (generic for KIPROFEN) - Tier 1; QL*  
*ketorolac tromethamine oral - Tier 1; QL*  
*medi-first 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*

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



**Preferred Agents**

**Non-Preferred Agents**

Opioid 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*  
*morphine sulfate er oral tablet extended release (generic for MS CONTIN) - Tier 1; PA; QL*  
*oxycodone hcl er - Tier 1; PA; QL*

Opioid Analgesics, Short-acting

*acetaminophen-codeine oral solution 120-12 mg/5ml - Tier 1; QL*  
*acetaminophen-codeine oral tablet - Tier 1; QL*  
*ascomp-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL*  
*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*  
*endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL*  
*hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml - Tier 1; QL*  
*hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg - Tier 1; QL*  
*hydromorphone hcl oral (generic for DILAUDID) - Tier 1; QL*  
*hydromorphone hcl rectal - Tier 1; QL*  
*morphine sulfate (concentrate) oral solution 100 mg/5ml - Tier 1; QL*  
*morphine sulfate oral - Tier 1; QL*  
*morphine sulfate rectal - Tier 1; QL*  
*oxycodone hcl oral concentrate - Tier 1; QL*  
*oxycodone hcl oral solution - Tier 1; QL*

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>OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML - Tier 2; QL  <i>oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL</i>  <i>pentazocine-naloxone hcl - Tier 1; QL</i>  <i>TENCON (brand for butalbital-acetaminophen) - Tier 2; QL</i>  <i>tramadol hcl oral tablet 50 mg - Tier 1; QL</i></p>	
<p>Opioid Dependence Treatments -  Antidotes/Deterrents/Protectants</p>	
<p><i>buprenorphine hcl sublingual - Tier 1; DX2RX; QL</i></p>	
<p>Analgesics - Drugs to Treat Pain, Inflammation, and Muscle and Joint Conditions</p>	
<p>Analgesics - Miscellaneous Analgesics</p>	
<p><i>8 hour arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>8 hour arthritis relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>8 hour pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>8 hour pain reliever (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>8 hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>8hr arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>8hr muscle aches &amp; pain (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>8hr muscle aches &amp; pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>acetaminophen 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>acetaminophen 8 hours (generic for TYLENOL 8 HOUR) - Tier 1; QL</i>  <i>acetaminophen 8hr arth pain (generic for TYLENOL 8 HOUR) - 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

*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*  
*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*

## Non-Preferred Agents

## Preferred Agents

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  
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

## Non-Preferred Agents

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

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

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

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

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

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

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

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

*mapap oral capsule - Tier 1; QL*

*MAX RELIEF JR CHILD PAIN/FEVER (brand for acetaminophen) - Tier 2; QL*

*MAX RELIEF JUNIOR (brand for apra) - Tier 2; QL*

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

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

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

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

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

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

*non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*

*non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL*

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

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

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

*non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL*  
*non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL*  
*pain & fever child (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*  
*pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL*  
*pain & fever childrens oral suspension 160 mg/5ml (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*  
*pain & fever infants (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*  
*pain and fever relief kids (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*  
*pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL*  
*pain relief childrens oral suspension (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL*  
*pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL*  
*pain relief extra st (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*pain relief extra strength oral capsule 500 mg - Tier 1; QL*  
*pain relief extra strength oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*  
*pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL*  
*pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1*  
*pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL*

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

*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*

*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*

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Preferred Agents	Non-Preferred Agents
<p><i>sb pain reliever childrens (generic for MAX RELIEF JR CHILD PAIN/FEVER) - Tier 1; QL</i></p> <p><i>TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET 325 MG, 500 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL</i></p> <p><i>TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL</i></p> <p><i>VANQUISH EXTRA STRENGTH (brand for cvs headache relief) - Tier 2</i></p>	
<p>Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs</p>	
<p><i>salsalate oral - Tier 1; QL</i></p>	
<p>Opioid Analgesics, Short-acting</p>	
<p><i>oxycodone hcl oral tablet (generic for ROXICODONE) - Tier 1; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
Anesthetics	
Local Anesthetics	
<p><i>ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i>  <i>ASPERFLEX LIDOCAINE EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i>  <i>lidocaine external cream 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>PROXIVOL (brand for burn gel) - Tier 2; QL</i>  <i>ULTRA LIDO EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL</i></p>	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
<p><i>acamprosate calcium - Tier 1; QL</i>  <i>disulfiram oral tablet 250 mg - Tier 1; QL</i>  <i>disulfiram oral tablet 500 mg - Tier 1</i>  <i>naltrexone hcl oral - Tier 1</i>  <i>VIVITROL - Tier 2; QL</i></p>	
Opioid Dependence	
<p><i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 4-1 mg (generic for SUBOXONE) - Tier 1; QL</i>  <i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 8-2 mg (generic for SUBOXONE) - Tier 1; DX2RX; QL</i>  <i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual - Tier 1; DX2RX; QL</i></p>	

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

**Preferred Agents**

**Non-Preferred Agents**

**Opioid Reversal Agents**

*naloxone hcl injection solution - Tier 1; QL*  
*naloxone hcl injection solution cartridge - Tier 1; QL*  
*naloxone hcl nasal (generic for NARCAN) - Tier 1; QL*  
*naloxone hcl solution prefilled syringe 2 mg/2ml injection - Tier 1; QL*  
*NARCAN (brand for naloxone hcl) - Tier 2; QL*  
*REXTOVY - Tier 2; PA; QL*

**Smoking Cessation Agents**

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

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

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

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

Smoking Cessation Agents - Deterrents

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

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>nicotine polacrilex mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>quit2 (generic for KLS QUIT2) - Tier 1; QL</i></p> <p><i>quit4 (generic for KLS QUIT4) - Tier 1; QL</i></p> <p><i>THRIVE (brand for cvs nicotine) - Tier 2; QL</i></p>	
<b>Antibacterials</b>	
<b>Aminoglycosides</b>	
<p><i>neomycin sulfate oral - Tier 1; QL</i></p>	
<b>Antibacterials, Other</b>	
<p><i>clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL</i></p> <p><i>clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL</i></p> <p><i>clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL</i></p> <p><i>FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL</i></p> <p><i>linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL</i></p> <p><i>linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX</i></p> <p><i>methenamine hippurate (generic for HIPREX) - Tier 1; QL</i></p> <p><i>metronidazole external (generic for METROCREAM) - Tier 1; QL</i></p> <p><i>metronidazole oral tablet 250 mg, 500 mg - Tier 1; QL</i></p> <p><i>metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL</i></p> <p><i>nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL</i></p> <p><i>nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL</i></p> <p><i>nitrofurantoin oral suspension 25 mg/5ml - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i></p> <p><i>tinidazole oral tablet 250 mg - Tier 1</i></p> <p><i>tinidazole oral tablet 500 mg - Tier 1; QL</i></p> <p><i>trimethoprim oral - Tier 1; QL</i></p> <p><i>vancomycin hcl oral (generic for FIRVANQ) - Tier 1; QL</i></p> <p><i>VANDAZOLE (brand for metronidazole) - Tier 2; QL</i></p>	

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Preferred Agents	Non-Preferred Agents
<b>Beta-lactam, Cephalosporins</b>	
<i>cefaclor oral capsule - Tier 1; QL</i> <i>cefadroxil - Tier 1; QL</i> <i>cefdinir - Tier 1; QL</i> <i>cefixime oral capsule - Tier 1; QL</i> <i>cefepodoxime proxetil oral tablet - Tier 1; QL</i> <i>cefprozil - Tier 1; QL</i> <i>cefuroxime axetil - Tier 1; QL</i> <i>cephalexin oral capsule 250 mg, 500 mg - Tier 1; QL</i> <i>cephalexin oral suspension reconstituted - Tier 1; QL</i>	
<b>Beta-lactam, Penicillins</b>	
<i>amoxicillin - Tier 1; QL</i> <i>amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL</i> <i>ampicillin - Tier 1; QL</i> <i>dicloxacillin sodium - Tier 1; QL</i> <i>penicillin v potassium - Tier 1; QL</i>	
<b>Macrolides</b>	
<i>azithromycin oral (generic for ZITHROMAX) - Tier 1; QL</i> <i>clarithromycin er - Tier 1; QL</i> <i>clarithromycin oral - Tier 1; QL</i> <i>DIFICID - Tier 2; PA; QL</i> <i>e.e.s. 400 (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin base oral (generic for ERY-TAB) - Tier 1; QL</i> <i>erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL</i> <i>erythromycin oral (generic for ERY-TAB) - Tier 1; QL</i>	
<b>Quinolones</b>	
<i>CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL</i> <i>ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL</i> <i>levofloxacin oral tablet - Tier 1; QL</i> <i>moxifloxacin hcl oral - Tier 1; QL</i> <i>ofloxacin oral - Tier 1; QL</i>	

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Preferred Agents	Non-Preferred Agents
<b>Sulfonamides</b>	
<p><i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i></p> <p><i>sulfamethoxazole-trimethoprim oral tablet (generic for BACTRIM) - Tier 1; QL</i></p> <p><i>sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL</i></p>	
<b>Tetracyclines</b>	
<p><i>doxycycline hyclate oral capsule - Tier 1; QL</i></p> <p><i>doxycycline hyclate oral tablet 100 mg - Tier 1; QL</i></p> <p><i>doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL</i></p> <p><i>doxycycline monohydrate oral capsule 50 mg - Tier 1; QL</i></p> <p><i>minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL</i></p> <p><i>NUZYRA ORAL - Tier 2; PA; QL</i></p>	
<b>Antibacterials - Drugs to Treat Bacterial Infections</b>	
<b>Antibacterials, Other - Antibiotics</b>	
<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>	

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Preferred Agents	Non-Preferred Agents
<p>povidone-iodine external solution (generic for BETADINE) - Tier 1  SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2  triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL</p>	

**Anticonvulsants**

**Anticonvulsants, Other**

<p>felbamate oral suspension - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL  felbamate oral tablet (generic for FELBATOL) - Tier 1; QL  lamotrigine oral tablet (generic for SUBVENITE) - Tier 1; QL  lamotrigine oral tablet chewable (generic for LAMICTAL) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL  lamotrigine starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL  lamotrigine starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL  lamotrigine starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL  levetiracetam oral solution (generic for KEPPRA) - Tier 1; Maximum age of 9 years for solution; QL; AL  levetiracetam oral tablet (generic for KEPPRA) - Tier 1; QL  roweepra (generic for ROWEEPRA) - Tier 1; QL  subvenite (generic for SUBVENITE) - Tier 1; QL  subvenite starter kit-blue (generic for SUBVENITE STARTER KIT-BLUE) - Tier 1; QL  subvenite starter kit-green (generic for SUBVENITE STARTER KIT-GREEN) - Tier 1; QL  subvenite starter kit-orange (generic for SUBVENITE STARTER KIT-ORANGE) - Tier 1; QL  topiramate oral capsule sprinkle 15 mg, 25 mg (generic for TOPAMAX SPRINKLE) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL  topiramate oral capsule sprinkle 50 mg - Tier 1; QL; AL  topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL</p>	<p>BRIVIACT ORAL - Tier 2; PA; QL  FELBATOL (brand for felbamate) - Tier 2; PA; QL  KEPPRA ORAL SOLUTION (brand for levetiracetam) - Tier 2; PA; Maximum age of 9 years for solution; QL; AL  KEPPRA ORAL TABLET (brand for levetiracetam) - Tier 2; PA; QL  KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for levetiracetam er) - Tier 2; PA; QL  KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (brand for levetiracetam er) - Tier 2; PA  LAMICTAL ODT ORAL TABLET DISPERSIBLE (brand for lamotrigine) - Tier 2; PA; QL  LAMICTAL ORAL TABLET (brand for lamotrigine) - Tier 2; PA; QL  LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for lamotrigine er) - Tier 2; PA; QL  lamotrigine er (generic for LAMICTAL XR) - Tier 1; PA; QL  lamotrigine oral tablet dispersible (generic for LAMICTAL ODT) - Tier 1; PA; QL  levetiracetam er oral tablet extended release 24 hour 500 mg (generic for KEPPRA XR) - Tier 1; PA; QL  levetiracetam er oral tablet extended release 24 hour 750 mg (generic for KEPPRA XR) - Tier 1; PA  QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 25 MG (brand for topiramate er) - Tier 2; PA; QL  QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG, 50 MG (brand for topiramate er) - Tier 2; PA  SPRITAM (brand for levetiracetam) - Tier 2; PA  TOPAMAX (brand for topiramate) - Tier 2; PA; QL  TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL</p>
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age; DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
<p><i>valproic acid oral capsule - Tier 1; QL</i>  <i>valproic acid oral solution 250 mg/5ml - Tier 1; QL</i></p>	
<p><b>Calcium Channel Modifying Agents</b></p>	
<p><i>ethosuximide oral (generic for ZARONTIN) - Tier 1; QL</i>  <i>methsuximide (generic for CELONTIN) - Tier 1; QL</i></p>	<p><i>CELONTIN (brand for methsuximide) - Tier 2; PA; QL</i>  <i>ZARONTIN (brand for ethosuximide) - Tier 2; PA; QL</i></p>
<p><b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b></p>	
<p><i>clobazam (generic for ONFI) - Tier 1; DX2RX; QL</i>  <i>diazepam rectal - Tier 1; QL</i>  <i>gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL</i>  <i>gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL</i>  NAYZILAM - Tier 2; PA; QL  <i>phenobarbital oral - Tier 1; QL</i>  <i>primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL</i>  <i>tiagabine hcl - Tier 1; PA; QL; AL</i>  <i>vigabatrin oral packet (generic for VIGPODER) - Tier 1; PA; SP; QL</i>  <i>vigpoder (generic for VIGPODER) - Tier 1; PA; SP; QL</i></p>	<p><i>gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL</i>  <i>MYSOLINE (brand for primidone) - Tier 2; PA; QL</i>  <i>NEURONTIN (brand for gabapentin) - Tier 2; PA; QL</i></p>

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## Preferred Agents

## Non-Preferred Agents

### Sodium Channel Agents

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

*APTIOM - Tier 2; PA; QL*  
*BANZEL (brand for rufinamide) - Tier 2; DX2RX; QL*  
*CARBATROL (brand for carbamazepine er) - Tier 2; PA; QL*  
*DILANTIN INFATABS (brand for phenytoin) - Tier 2; PA; QL*  
*DILANTIN ORAL CAPSULE 100 MG (brand for phenytoin sodium extended) - Tier 2; PA; QL*  
*DILANTIN ORAL SUSPENSION (brand for phenytoin) - Tier 2; PA; QL*  
*OXTELLAR XR (brand for oxcarbazepine er) - Tier 2; PA; QL*  
*TEGRETOL (brand for carbamazepine) - Tier 2; PA; QL*  
*TEGRETOL-XR (brand for carbamazepine er) - Tier 2; PA; QL*  
*TRILEPTAL ORAL SUSPENSION (brand for oxcarbazepine) - Tier 2; PA; Maximum age of 9 years for solution; QL; AL*  
*TRILEPTAL ORAL TABLET (brand for oxcarbazepine) - Tier 2; PA; QL*  
*VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL*  
*ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL*

### Antidementia Agents

#### Antidementia Agents, Other

*NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG (brand for memantine hcl-donepezil hcl) - Tier 2; PA; QL; AL*  
*NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG - Tier 2; PA; QL; AL*

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

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

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

*CELEXA (brand for citalopram hydrobromide) - Tier 2; PA; QL*  
*EFFEXOR XR (brand for venlafaxine hcl er) - Tier 2; PA; QL*  
*escitalopram oxalate oral solution - Tier 1; PA; QL*  
*FETZIMA - Tier 2; PA; QL*  
*fluvoxamine maleate er - Tier 1; PA; QL*  
*LEXAPRO (brand for escitalopram oxalate) - Tier 2; PA; QL*  
*paroxetine mesylate - Tier 1; PA; QL*  
*PAXIL (brand for paroxetine hcl) - Tier 2; PA; QL*  
*PAXIL CR (brand for paroxetine hcl er) - Tier 2; PA; QL*  
*PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; QL*  
*PROZAC (brand for fluoxetine hcl) - Tier 2; PA; QL*  
*TRINTELLIX - Tier 2; PA; QL*  
*venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 75 mg - Tier 1; PA*  
*venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg - Tier 1; PA; QL*  
*VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; QL*  
*ZOLOFT (brand for sertraline hcl) - Tier 2; PA; QL*

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Preferred Agents	Non-Preferred Agents
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Tricyclics	
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*amitriptyline hcl oral - Tier 1; QL*  
*amoxapine - Tier 1; QL*  
*clomipramine hcl oral (generic for ANAFRANIL) - Tier 1; QL*  
*desipramine hcl oral (generic for NORPRAMIN) - Tier 1; QL*  
*doxepin hcl oral capsule - Tier 1; QL*  
*doxepin hcl oral concentrate - Tier 1; QL*  
*imipramine hcl oral - Tier 1; QL*  
*nortriptyline hcl oral (generic for PAMELOR) - Tier 1; QL*

Antiemetics	
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Antiemetics, Other	
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*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*

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Preferred Agents	Non-Preferred Agents
<p><i>motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1</i></p> <p><i>motion-time (generic for BONINE) - Tier 1</i></p> <p><i>perphenazine oral - Tier 1; QL</i></p> <p><i>prochlorperazine (generic for COMPRO) - Tier 1; QL</i></p> <p><i>prochlorperazine maleate oral - Tier 1; QL</i></p> <p><i>promethazine hcl oral solution 6.25 mg/5ml - Tier 1; QL</i></p> <p><i>promethazine hcl oral tablet - Tier 1; QL</i></p> <p><i>promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL</i></p> <p><b>PROMETHEGAN RECTAL SUPPOSITORY 50 MG - Tier 2; QL</b></p> <p><i>travel ease (generic for BONINE) - Tier 1</i></p> <p><i>trimethobenzamide hcl oral - Tier 1; QL</i></p>	
<b>Emetogenic Therapy Adjuncts</b>	
<p><i>aprepitant (generic for EMEND) - Tier 1; QL</i></p> <p><i>dronabinol (generic for MARINOL) - Tier 1; PA; QL</i></p> <p><i>ondansetron hcl oral solution - Tier 1; QL</i></p> <p><i>ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL</i></p> <p><i>ondansetron odt oral tablet dispersible 4 mg, 8 mg - Tier 1; QL</i></p>	
<b>Antiemetics - Drugs to Treat Nausea and Vomiting</b>	
<b>Antiemetics, Other - Nausea and Vomiting Drugs</b>	
<p><i>anti-nausea (generic for EMETROL) - Tier 1</i></p> <p><i>anti-nausea relief (generic for EMETROL) - Tier 1</i></p> <p><i>EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2</i></p> <p><i>nausea control (generic for EMETROL) - Tier 1</i></p> <p><i>nausea relief oral solution 1.87-1.87-21.5 (generic for EMETROL) - Tier 1</i></p>	

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**Preferred Agents**

**Non-Preferred Agents**

**Antifungals**

*clotrimazole mouth/throat troche 10 mg - Tier 1; QL*  
*fluconazole oral (generic for DIFLUCAN) - Tier 1; QL*  
*ft miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL*  
*ft miconazole 7 (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL*  
*griseofulvin microsize oral - Tier 1; QL*  
*griseofulvin ultramicrosize oral tablet 125 mg, 250 mg - Tier 1; QL*  
*itraconazole oral (generic for SPORANOX) - Tier 1; PA; QL*  
*ketoconazole oral - Tier 1; QL*  
*miconazole 3 - Tier 1; QL*  
*miconazole 3 combo pack (generic for MONISTAT 3 COMBO PACK APP) - Tier 1; QL*  
*miconazole 7 vaginal cream (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL*  
*miconazole 7 vaginal suppository - Tier 1*  
*miconazole nitrate vaginal (generic for MONISTAT 7 SIMPLY CURE) - Tier 1; QL*  
*nystatin mouth/throat - Tier 1; QL*  
*nystatin oral - Tier 1; QL*  
*terbinafine hcl oral - Tier 1; QL*  
*terconazole vaginal cream - Tier 1; QL*  
*voriconazole oral tablet (generic for VFEND) - Tier 1; 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*

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

Preferred Agents	Non-Preferred Agents
<p><i>ft 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 DESENEX) - 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>colchicine oral capsule (generic for MITIGARE) - Tier 1; PA; QL</i>  <i>colchicine-probenecid - Tier 1; PA; QL</i>  <i>MITIGARE (brand for colchicine) - Tier 2; PA; QL</i>  <i>ULORIC (brand for febuxostat) - Tier 2; PA; ST; QL</i></p>
<b>Antimigraine Agents</b>	
<b>Ergot Alkaloids</b>	
<p><i>dihydroergotamine mesylate injection - Tier 1; QL</i>  MIGERGOT - Tier 2; QL</p>	
<b>Prophylactic</b>	
<p>AIMOVIG - Tier 2; PA; QL  EMGALITY - Tier 2; PA; QL  EMGALITY (300 MG DOSE) - Tier 2; PA; QL</p>	<p><i>timolol maleate oral - Tier 1; PA; QL</i></p>

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Preferred Agents	Non-Preferred Agents
Antimigraine Agents - Drugs to Treat Migraines	
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist - Migraine Drugs	
NURTEC - Tier 2; PA; QL UBRELVY - Tier 2; PA; QL	
Serotonin (5-HT) Receptor Agonists - Migraine Drugs	
<i>eletriptan hydrobromide (generic for RELPAX) - Tier 1; QL</i> <i>naratriptan hcl - Tier 1; QL</i> <i>rizatriptan benzoate (generic for MAXALT) - Tier 1; QL</i> <i>sumatriptan nasal - Tier 1; QL</i> <i>sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL</i> <i>sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL</i> <i>sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL</i> <i>zolmitriptan oral tablet (generic for ZOMIG) - Tier 1; QL</i>	
Antimyasthenic Agents	
Parasympathomimetics	
<i>pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL</i> <i>pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL</i>	<i>MESTINON (brand for pyridostigmine bromide) - Tier 2; PA; QL</i> <i>pyridostigmine bromide oral tablet 30 mg - Tier 1; PA; QL</i>
Antimycobacterials	
Antimycobacterials, Other	
<i>dapsone oral - Tier 1; QL</i> <i>rifabutin - Tier 1; QL</i>	

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

**Preferred Agents**

**Non-Preferred Agents**

**Antituberculars**

*cycloserine oral - Tier 1; QL*  
*ethambutol hcl oral tablet 100 mg - Tier 1*  
*ethambutol hcl oral tablet 400 mg - Tier 1; QL*  
*isoniazid oral - Tier 1; QL*  
 PRIFTIN - Tier 2; QL  
*pyrazinamide oral - Tier 1; QL*  
*rifampin oral - Tier 1; QL*  
 SIRTURO - Tier 2; QL  
 TRECATOR - Tier 2; QL

**Antineoplastics**

**Alkylating Agents**

*cyclophosphamide oral capsule - Tier 1*  
 CYCLOPHOSPHAMIDE ORAL TABLET - Tier 2  
 LEUKERAN - Tier 2  
 MATULANE - Tier 2; SP  
 MYLERAN - Tier 2  
*temozolomide oral capsule 100 mg, 140 mg - Tier 1; PA; SP*  
*temozolomide oral capsule 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL*

**Antiandrogens**

*abiraterone acetate oral tablet 250 mg (generic for ZYTIGA) - Tier 1; PA; SP; QL*  
*bicalutamide (generic for CASODEX) - Tier 1; QL*  
 ERLEADA ORAL TABLET 240 MG - Tier 2; SP; QL  
 ERLEADA ORAL TABLET 60 MG - Tier 2; PA; SP; QL  
 EULEXIN - Tier 2; QL  
 NUBEQA - Tier 2; PA; SP; QL

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Preferred Agents	Non-Preferred Agents
<b>Antiangiogenic Agents</b>	
<i>lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL</i> POMALYST - Tier 2; PA; SP; QL <i>REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL</i> THALOMID - Tier 2; PA; SP; QL	
<b>Antiestrogens/Modifiers</b>	
<i>tamoxifen citrate oral - Tier 1; QL</i> <i>toremifene citrate (generic for FARESTON) - Tier 1; QL</i>	<i>FARESTON (brand for toremifene citrate) - Tier 2; PA; QL</i> SOLTAMOX - Tier 2; PA; QL
<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>	<i>ARIMIDEX (brand for anastrozole) - Tier 2; PA; QL</i> <i>AROMASIN (brand for exemestane) - Tier 2; PA; QL</i> <i>FEMARA (brand for letrozole) - Tier 2; PA; QL</i>
<b>Enzyme Inhibitors</b>	
<i>etoposide oral - Tier 1</i> HYCAMTIN ORAL - Tier 2; PA; SP	

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**Preferred Agents**

**Non-Preferred Agents**

Molecular Target Inhibitors

BALVERSA - Tier 2; PA; SP; QL  
 COTELLIC - Tier 2; PA; SP; QL  
 DAURISMO - Tier 2; PA; SP; QL  
 ERIVEDGE - Tier 2; PA; SP; QL  
*everolimus oral tablet 10 mg, 2.5 mg, 5 mg (generic for TORPENZ) - Tier 1; PA; SP; QL*  
*everolimus oral tablet 7.5 mg (generic for TORPENZ) - Tier 1; PA; SP*  
*everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL*  
 IBRANCE - Tier 2; PA; SP; QL  
 JAKAFI - Tier 2; PA; SP; QL  
 LYNPARZA - Tier 2; PA; SP; QL  
 MEKINIST ORAL SOLUTION RECONSTITUTED - Tier 2; SP; QL  
 MEKINIST ORAL TABLET - 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 PACKET 50 MG ORAL - Tier 2; PA; SP; QL  
 ROZLYTREK PACKET 50 MG ORAL - Tier 2; PA; 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 oral capsule 12.5 mg, 25 mg, 50 mg (generic for SUTENT) - Tier 1; PA; SP; QL*

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Preferred Agents	Non-Preferred Agents
<p><i>sunitinib malate oral capsule 37.5 mg (generic for SUTENT) - Tier 1; PA; SP</i>  TAFINLAR ORAL CAPSULE - Tier 2; PA; SP; QL  TAFINLAR ORAL TABLET SOLUBLE - Tier 2; SP; QL  TIBSOVO - Tier 2; PA; SP; QL  <i>torpenz (generic for TORPENZ) - Tier 1; PA; SP; QL</i>  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</p>	
Retinoids	
<p><i>bexarotene (generic for TARGRETIN) - Tier 1; PA; SP</i>  <i>tretinoin oral - Tier 1; SP</i></p>	
Treatment Adjuncts	
<p><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</i></p>	
Antineoplastics - Drugs to Treat Cancer	
Antimetabolites - Chemotherapy Agents	
<p><i>capecitabine (generic for XELODA) - Tier 1; SP</i></p>	
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
<p>ZYKADIA - Tier 2; PA; SP; QL</p>	

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Preferred Agents	Non-Preferred Agents
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Antiparasitics	
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Anthelmintics	
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<p><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></p>	
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Antiprotozoals	
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<p><i>atovaquone (generic for MEPRON) - Tier 1; PA; QL</i>  <i>atovaquone-proguanil hcl (generic for MALARONE) - Tier 1; QL</i>  <i>BENZNIDAZOLE - Tier 2; DX2RX; QL</i>  <i>chloroquine phosphate oral - Tier 1; QL</i>  <i>hydroxychloroquine sulfate oral tablet 200 mg (generic for PLAQUENIL) - Tier 1; QL</i>  <i>KRINTAFEL - Tier 2; QL</i>  <i>mefloquine hcl - Tier 1; QL</i>  <i>nitazoxanide oral - Tier 1; DX2RX; QL</i>  <i>pentamidine isethionate inhalation (generic for NEBUPENT) - Tier 1</i>  <i>primaquine phosphate - Tier 1</i>  <i>pyrimethamine oral (generic for DARAPRIM) - Tier 1; PA; SP; QL</i>  <i>SOVUNA ORAL TABLET 200 MG (brand for hydroxychloroquine sulfate) - Tier 2; QL</i></p>	<p><i>PLAQUENIL (brand for hydroxychloroquine sulfate) - Tier 2; PA; QL</i></p>
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Preferred Agents	Non-Preferred Agents
Antiparasitics - Drugs to Treat Parasitic Infections	
Pediculicides/Scabicides - Scabies and Lice Drugs	
<i>ft lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing maximum strength external shampoo 0.33-4 % (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice killing shampoo max str (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>lice maximum strength (generic for RID LICE KILLING SHAMPOO) - Tier 1</i> <i>sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1</i>	
Antiparkinson Agents	
Anticholinergics	
<i>benztropine mesylate oral - Tier 1; QL</i> <i>trihexyphenidyl hcl - Tier 1; QL</i>	
Antiparkinson Agents, Other	
<i>amantadine hcl oral capsule - Tier 1; QL</i> <i>amantadine hcl oral solution - Tier 1; QL</i> <i>entacapone - Tier 1; QL</i> <i>tolcapone (generic for TASMAR) - Tier 1; QL</i>	GOCOVRI - Tier 2; PA; QL NOURIANZ - Tier 2; PA; QL ONGENTYS - Tier 2; PA; QL OSMOLEX ER - Tier 2; PA; QL TASMAR (brand for tolcapone) - Tier 2; PA; QL
Dopamine Agonists	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL</i> <i>pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1</i> <i>ropinirole hcl - Tier 1; QL</i>	<i>bromocriptine mesylate oral (generic for PARLODEL) - Tier 1; PA; QL</i> <i>NEUPRO - Tier 2; PA; QL</i> <i>PARLODEL (brand for bromocriptine mesylate) - Tier 2; PA; QL</i> <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 3 mg, 4.5 mg - Tier 1; PA; QL</i> <i>pramipexole dihydrochloride er oral tablet extended release 24 hour 2.25 mg, 3.75 mg - Tier 1; PA</i>

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Preferred Agents	Non-Preferred Agents
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Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors

<p><i>carbidopa-levodopa er</i> - Tier 1; QL  <i>carbidopa-levodopa oral tablet (generic for DHIVY)</i> - Tier 1; QL  <i>DHIVY (brand for carbidopa-levodopa)</i> - Tier 2; QL</p>	<p><i>carbidopa oral (generic for LODOSYN)</i> - Tier 1; PA; QL            INBRIJA - Tier 2; PA; SP; QL  <i>LODOSYN (brand for carbidopa)</i> - Tier 2; PA; QL            RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA            RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL  <i>SINEMET (brand for carbidopa-levodopa)</i> - Tier 2; PA; QL</p>
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Monoamine Oxidase B (MAO-B) Inhibitors

<p><i>selegiline hcl oral</i> - Tier 1; QL</p>	<p><i>AZILECT (brand for rasagiline mesylate)</i> - Tier 2; PA            XADAGO - Tier 2; PA; QL            ZELAPAR - Tier 2; PA</p>
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Antipsychotics

1st Generation/Typical

<p><i>chlorpromazine hcl oral tablet</i> - Tier 1; QL  <i>fluphenazine decanoate injection</i> - Tier 1; QL  <i>fluphenazine hcl injection</i> - Tier 1  <i>fluphenazine hcl oral</i> - Tier 1; QL  <i>haloperidol decanoate intramuscular (generic for HALDOL DECANOATE)</i> - Tier 1; QL  <i>haloperidol oral</i> - Tier 1; QL  <i>loxapine succinate</i> - Tier 1; QL  <i>pimozide</i> - Tier 1; QL; AL  <i>thioridazine hcl oral</i> - Tier 1; QL  <i>thiothixene</i> - Tier 1; QL  <i>trifluoperazine hcl</i> - Tier 1; QL</p>	
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Preferred Agents	Non-Preferred Agents
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2nd Generation/Atypical

ABILIFY ASIMTUFII - Tier 2; PA; QL; AL  
 ABILIFY MAINTENA - Tier 2; DX2RX; ST; QL; AL  
*aripiprazole oral tablet (generic for ABILIFY) - Tier 1; QL; AL*  
 ARISTADA - Tier 2; DX2RX; ST; QL; AL  
 ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE  
 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78  
 MG/0.5ML - Tier 2; DX2RX; ST; QL; AL  
 INVEGA HAFYERA - Tier 2; QL; AL  
 INVEGA SUSTENNA - Tier 2; DX2RX; ST; QL; AL  
 INVEGA TRINZA - Tier 2; DX2RX; QL; AL  
*lurasidone hcl (generic for LATUDA) - Tier 1; QL; AL*  
*olanzapine oral tablet (generic for ZYPREXA) - Tier 1; QL; AL*  
 PERSERIS - Tier 2; DX2RX; ST; QL; AL  
*quetiapine fumarate (generic for SEROQUEL) - Tier 1; QL; AL*  
*quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; QL; AL*  
*risperidone microspheres er (generic for RISPERDAL CONSTA) - Tier 1; DX2RX; ST; QL; AL*  
*risperidone oral solution (generic for RISPERDAL) - Tier 1; Members  
 >= 8 years of age will require PA; QL; AL*  
*risperidone oral tablet (generic for RISPERDAL) - Tier 1; QL; AL*  
 RYKINDO - Tier 2; PA; QL; AL  
 UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100  
 MG/0.28ML - Tier 2; PA; QL; AL  
*ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL*

CAPLYTA ORAL CAPSULE 42 MG - Tier 2; PA; QL; AL

Treatment-Resistant

*clozapine oral tablet (generic for CLOZARIL) - Tier 1; QL; AL*

Antispasticity Agents

*baclofen oral tablet 10 mg, 20 mg, 5 mg - Tier 1; QL*  
*dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL*  
*tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
<i>valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL</i>	
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; QL <i>entecavir (generic for BARACLUDE) - Tier 1; QL</i> <i>lamivudine oral tablet 100 mg - Tier 1; QL</i>	
Anti-hepatitis C (HCV) Agents	
MAVYRET ORAL PACKET - Tier 2; 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> SOFOSBUVIR-VELPATASVIR - Tier 2; PA; SP; QL ZEPATIER - Tier 2; PA; SP; QL	
Antiherpetic Agents	
<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>	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
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; DX2RX; Members >= 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; DX2RX; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; DX2RX; QL JULUCA - Tier 2; DX2RX; QL TIVICAY - Tier 2; DX2RX; QL TIVICAY PD - Tier 2; DX2RX; QL; AL	

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**Preferred Agents**

**Non-Preferred Agents**

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

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

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

*abacavir sulfate (generic for ZIAGEN)* - Tier 1; DX2RX; QL  
*abacavir sulfate-lamivudine* - Tier 1; DX2RX; QL  
*emtricitabine (generic for EMTRIVA)* - Tier 1; DX2RX; QL  
*emtricitabine-tenofovir df (generic for TRUVADA)* - Tier 1; DX2RX; QL  
 EMTRIVA ORAL SOLUTION - Tier 2; DX2RX; QL  
*lamivudine oral solution (generic for EPIVIR)* - Tier 1; DX2RX; QL  
*lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR)* - Tier 1; DX2RX; QL  
*lamivudine-zidovudine* - Tier 1; DX2RX; QL  
 ODEFSEY - Tier 2; DX2RX; QL  
*tenofovir disoproxil fumarate (generic for VIREAD)* - 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  
*zidovudine (generic for RETROVIR)* - Tier 1; DX2RX; QL

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Preferred Agents	Non-Preferred Agents
Anti-HIV Agents, Other	
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	
Anti-HIV Agents, Protease Inhibitors (PI)	
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; Members >= 8 years of age will require PA; QL; AL <i>ritonavir (generic for NORVIR)</i> - Tier 1; DX2RX; QL VIRACEPT - Tier 2; DX2RX; QL	
Anti-influenza Agents	
<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	
Antivirals - Drugs to Treat Viral Infections	
Antivirals	
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
Anxiolytics	
Anxiolytics, Other	
<i>buspirone hcl oral - Tier 1; QL</i> <i>hydroxyzine hcl oral - Tier 1; QL</i> <i>hydroxyzine pamoate oral - Tier 1; QL</i>	
Benzodiazepines	
<i>alprazolam oral tablet (generic for XANAX) - Tier 1; QL</i> <i>chlordiazepoxide hcl - Tier 1; QL</i> <i>clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL</i> <i>clorazepate dipotassium - Tier 1; QL</i> <i>diazepam oral solution - Tier 1; QL</i> <i>diazepam oral tablet (generic for VALIUM) - Tier 1; QL</i> <i>lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL</i> <i>oxazepam - Tier 1; QL</i>	<i>KLONOPIN (brand for clonazepam) - Tier 2; PA; QL</i>
Bipolar Agents	
Mood Stabilizers	
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg (generic for DEPAKOTE ER) - Tier 1; QL</i> <i>divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL</i> <i>lithium - Tier 1; QL</i> <i>lithium carbonate er (generic for LITHOBID) - Tier 1; QL</i> <i>lithium carbonate oral - Tier 1; QL</i>	<i>DEPAKOTE (brand for divalproex sodium) - Tier 2; PA; Minimum age of 2 years; QL</i> <i>DEPAKOTE ER (brand for divalproex sodium er) - Tier 2; PA; QL</i> <i>DEPAKOTE SPRINKLES (brand for divalproex sodium) - Tier 2; PA; Members &gt;= 8 years of age will require PA; QL; AL</i>

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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 - 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 (osm) - Tier 1; PA; QL</i></p> <p><i>metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL</i></p> <p><i>metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1</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><i>ACTOPLUS MET (brand for pioglitazone hcl-metformin hcl) - Tier 2; PA; QL</i></p> <p><i>ACTOS (brand for pioglitazone hcl) - Tier 2; PA; QL</i></p> <p>BYETTA 10 MCG PEN - Tier 2; PA; QL</p> <p>BYETTA 5 MCG PEN - Tier 2; PA; QL</p> <p>CYCLOSET - Tier 2; PA</p> <p><i>DUETACT (brand for pioglitazone hcl-glimepiride) - Tier 2; PA; QL</i></p> <p><i>GLUCOTROL XL (brand for glipizide er) - Tier 2; PA; QL</i></p> <p>GLYXAMBI - Tier 2; PA</p> <p>INVOKAMET - Tier 2; PA; QL</p> <p>INVOKAMET XR - Tier 2; PA; QL</p> <p>INVOKANA - 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><i>miglitol - Tier 1; PA; QL</i></p> <p><i>ONGLYZA (brand for saxagliptin hcl) - Tier 2; DX2RX; QL</i></p> <p>QTERN - Tier 2; PA; QL</p> <p><i>RIOMET (brand for metformin hcl) - Tier 2; PA; QL</i></p> <p>STEGLUJAN - 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>XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG - 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
Glycemic Agents	
BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL <i>glucagon emergency injection kit - Tier 1; QL</i> GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL GVOKE HYPOPEN 1-PACK - Tier 2; QL GVOKE HYPOPEN 2-PACK - Tier 2; QL GVOKE KIT - Tier 2; QL GVOKE PFS - Tier 2; QL	<i>diazoxide oral (generic for PROGLYCEM) - Tier 1; PA</i> <i>PROGLYCEM (brand for diazoxide) - Tier 2; PA</i>
Insulins	
HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R VIAL - Tier 2; QL <i>INSULIN ASPART PROT &amp; ASPART (brand for insulin aspart prot &amp; aspart) - Tier 2; QL</i> INSULIN LISPRO - Tier 2; QL INSULIN LISPRO JUNIOR KWIKPEN - Tier 2; ST; QL <i>INSULIN LISPRO PROT &amp; LISPRO (brand for insulin lispro prot &amp; lispro) - Tier 2; QL</i> LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin glargine solostar) - Tier 2; QL LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin glargine solostar) - Tier 2; QL LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; QL	<i>ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL</i> AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL <i>HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL</i> HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL HUMALOG MIX 75/25 - Tier 2; PA; QL <i>HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot &amp; lispro) - Tier 2; PA; QL</i> HUMALOG SUBCUTANEOUS - Tier 2; PA; QL <i>INSULIN ASPART FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLIN N RELION - Tier 2; QL NOVOLIN N VIAL - Tier 2; QL NOVOLIN R RELION - Tier 2; QL NOVOLIN R VIAL - Tier 2; QL NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL	INSULIN ASPART PENFILL - Tier 2; PA; QL INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; PA; ST; QL NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL TRESIBA (brand for insulin degludec) - Tier 2; PA; QL TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL

### Blood Glucose Regulators - Drugs to Regulate Blood Sugar

#### Glycemic Agents - Diabetic Drugs

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

#### 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

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Preferred Agents	Non-Preferred Agents
Blood Products and Modifiers	
Anticoagulants	
<p><i>dabigatran etexilate mesylate (generic for PRADAXA) - Tier 1; QL</i>  <b>ELIQUIS - Tier 2; QL</b>  <b>ELIQUIS DVT/PE STARTER PACK - Tier 2; QL</b>  <i>enoxaparin sodium (generic for LOVENOX) - Tier 1; QL</i>  <i>heparin sodium (porcine) - Tier 1</i>  <i>heparin sodium (porcine) pf - Tier 1</i>  <i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL</i>  <i>jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1</i>  <i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL</i>  <i>warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1</i></p>	<p><i>PRADAXA ORAL CAPSULE 150 MG, 75 MG (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL</i>  <i>SAVAYSA - Tier 2; PA; QL</i>  <i>XARELTO ORAL TABLET (brand for rivaroxaban) - Tier 2; PA; QL</i></p>
Blood Products and Modifiers, Other	
<p><i>anagrelide hcl (generic for AGRYLIN) - Tier 1</i>  <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP</b>  <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL</b>  <b>ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP</b>  <b>DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2</b>  <b>DROXIA ORAL CAPSULE 400 MG - Tier 2; QL</b>  <b>EPOGEN - Tier 2; PA; SP</b>  <b>LEUKINE - Tier 2; PA; SP</b>  <b>MULPLETA - Tier 2; PA; SP; QL</b>  <b>NEULASTA - Tier 2; PA; SP</b></p>	

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Preferred Agents	Non-Preferred Agents
NEULASTA ONPRO - Tier 2; PA; SP <i>plerixafor (generic for MOZOBIL) - Tier 1; PA; SP; QL</i> PROCRIIT - Tier 2; PA; SP PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP UDENYCA - Tier 2; PA; SP UDENYCA ONBODY - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP	
<b>Hemostasis Agents</b>	
<i>aminocaproic acid oral - Tier 1; QL</i> <i>tranexamic acid oral - Tier 1; DX2RX; QL</i>	
<b>Platelet Modifying Agents</b>	
BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL <i>cilostazol - Tier 1; QL</i> <i>clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL</i> <i>dipyridamole oral - Tier 1; QL</i> <i>prasugrel hcl (generic for EFFIENT) - Tier 1; DX2RX; QL</i>	<i>EFFIENT (brand for prasugrel hcl) - Tier 2; DX2RX; QL</i> <i>PLAVIX (brand for clopidogrel bisulfate) - Tier 2; PA; QL</i>
<b>Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders</b>	
<b>Hemostasis Agents - Drugs to Stop Bleeding</b>	
HEMLIBRA - Tier 2; PA; SP; QL	
<b>Cardiovascular Agents</b>	
<b>Alpha-adrenergic Agonists</b>	
<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>	<i>CATAPRES-TTS-1 (brand for clonidine) - Tier 2; PA; QL</i> <i>CATAPRES-TTS-2 (brand for clonidine) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
<b>Alpha-adrenergic Blocking Agents</b>	
<i>doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL</i> <i>prazosin hcl oral - Tier 1; QL</i>	<i>CARDURA (brand for doxazosin mesylate) - Tier 2; PA; QL</i> <i>DIBENZYLINE (brand for phenoxybenzamine hcl) - Tier 2; PA; QL</i> <i>phenoxybenzamine hcl oral (generic for DIBENZYLINE) - Tier 1; PA; QL</i>
<b>Angiotensin II Receptor Antagonists</b>	
<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>	<i>ATACAND (brand for candesartan cilexetil) - Tier 2; PA; QL</i> <i>AVAPRO (brand for irbesartan) - Tier 2; PA; QL</i> <i>BENICAR (brand for olmesartan medoxomil) - Tier 2; PA; QL</i> <i>candesartan cilexetil (generic for ATACAND) - Tier 1; PA; QL</i> <i>COZAAR (brand for losartan potassium) - Tier 2; PA; QL</i> <i>DIOVAN (brand for valsartan) - Tier 2; PA; QL</i> <i>EDARBI - Tier 2; PA; QL</i> <i>MICARDIS (brand for telmisartan) - Tier 2; PA; QL</i>
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>	
<i>benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL</i> <i>captopril oral - Tier 1; QL</i> <i>enalapril maleate oral solution (generic for EPANED) - Tier 1; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>enalapril maleate oral tablet (generic for VASOTEC) - Tier 1; QL</i> <i>fosinopril sodium - Tier 1; QL</i> <i>lisinopril oral (generic for ZESTRIL) - Tier 1; QL</i> <i>quinapril hcl (generic for ACCUPRIL) - Tier 1; QL</i> <i>ramipril (generic for ALTACE) - Tier 1; QL</i> <i>trandolapril - Tier 1; QL</i>	<i>ACCUPRIL (brand for quinapril hcl) - Tier 2; PA; QL</i> <i>ALTACE (brand for ramipril) - Tier 2; PA; QL</i> <i>EPANED (brand for enalapril maleate) - Tier 2; PA; Members &gt;= 8 years of age will require PA; QL; AL</i> <i>LOTENSIN (brand for benazepril hcl) - Tier 2; PA; QL</i> <i>perindopril erbumine - Tier 1; PA; QL</i> <i>QBRELIS - Tier 2; PA</i> <i>VASOTEC (brand for enalapril maleate) - Tier 2; PA; QL</i> <i>ZESTRIL (brand for lisinopril) - Tier 2; PA; QL</i>

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Preferred Agents	Non-Preferred Agents
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**Antiarrhythmics**

<p><i>amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL</i></p> <p><i>disopyramide phosphate (generic for NORPACE) - Tier 1; QL</i></p> <p><i>dofetilide (generic for TIKOSYN) - Tier 1; QL</i></p> <p><i>flecainide acetate - Tier 1; QL</i></p> <p><i>mexiletine hcl oral - Tier 1; QL</i></p> <p><b>NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG - Tier 2</b></p> <p><i>propafenone hcl - Tier 1; QL</i></p> <p><i>quinidine gluconate er - Tier 1; QL</i></p> <p><i>quinidine sulfate - Tier 1; QL</i></p> <p><i>sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL</i></p> <p><i>sotalol hcl oral (generic for BETAPACE) - Tier 1; QL</i></p>	<p><i>BETAPACE (brand for sotalol hcl) - Tier 2; PA; QL</i></p> <p><i>BETAPACE AF (brand for sotalol hcl (af)) - Tier 2; PA; QL</i></p> <p><i>MULTAQ - Tier 2; PA; QL</i></p> <p><i>NORPACE (brand for disopyramide phosphate) - Tier 2; PA; QL</i></p> <p><i>PACERONE (brand for amiodarone hcl) - Tier 2; PA; QL</i></p> <p><i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg - Tier 1; PA; QL</i></p> <p><i>propafenone hcl er oral capsule extended release 12 hour 425 mg - Tier 1; PA</i></p> <p><i>TIKOSYN (brand for dofetilide) - Tier 2; PA; QL</i></p>
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**Beta-adrenergic Blocking Agents**

<p><i>atenolol oral (generic for TENORMIN) - Tier 1; QL</i></p> <p><i>betaxolol hcl oral - Tier 1; QL</i></p> <p><i>bisoprolol fumarate oral - Tier 1; QL</i></p> <p><i>carvedilol (generic for COREG) - Tier 1; QL</i></p> <p><i>labetalol hcl oral - Tier 1; QL</i></p> <p><i>metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 25 mg - Tier 1; QL</i></p> <p><i>metoprolol tartrate oral tablet 37.5 mg, 75 mg - Tier 1</i></p> <p><i>nadolol oral - Tier 1; QL</i></p> <p><i>nebivolol hcl (generic for BYSTOLIC) - Tier 1; QL</i></p> <p><i>pindolol - Tier 1; QL</i></p> <p><i>propranolol hcl er (generic for INDERAL LA) - Tier 1; QL</i></p>	<p><i>acebutolol hcl oral - Tier 1; PA; QL</i></p> <p><i>BYSTOLIC (brand for nebivolol hcl) - Tier 2; PA; QL</i></p> <p><i>COREG (brand for carvedilol) - Tier 2; PA; QL</i></p> <p><i>COREG CR (brand for carvedilol phosphate er) - Tier 2; PA</i></p> <p><i>HEMANGEOL - Tier 2; PA; QL</i></p> <p><i>INDERAL LA (brand for propranolol hcl er) - Tier 2; PA; QL</i></p> <p><i>INDERAL XL - Tier 2; PA; QL</i></p> <p><i>INNOPRAN XL - Tier 2; PA; QL</i></p> <p><i>LOPRESSOR (brand for metoprolol tartrate) - Tier 2; PA; QL</i></p> <p><i>TENORMIN (brand for atenolol) - Tier 2; PA; QL</i></p> <p><i>TOPROL XL (brand for metoprolol succinate er) - Tier 2; PA; QL</i></p>
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Preferred Agents	Non-Preferred Agents
<p><i>propranolol hcl oral solution 20 mg/5ml - Tier 1; QL</i>  <i>propranolol hcl oral solution 40 mg/5ml - Tier 1</i>  <i>propranolol hcl oral tablet - Tier 1; QL</i></p>	
<b>Calcium Channel Blocking Agents, Dihydropyridines</b>	
<p><i>amlodipine besylate oral (generic for NORVASC) - Tier 1; QL</i>  <i>felodipine er - Tier 1; QL</i>  <i>nifedipine er - Tier 1; QL</i>  <i>nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL</i>  <i>nifedipine oral - Tier 1; QL</i>  <i>nimodipine oral capsule - Tier 1; QL</i>            NIMODIPINE ORAL SOLUTION - Tier 2; QL            NYMALIZE - Tier 2; QL</p>	<p><i>isradipine - Tier 1; PA; QL</i>            KATERZIA - Tier 2; PA; QL  <i>nicardipine hcl oral - Tier 1; PA; QL</i>  <i>nisoldipine er oral tablet extended release 24 hour 17 mg, 34 mg, 8.5 mg (generic for SULAR) - Tier 1; PA</i>  <i>nisoldipine er oral tablet extended release 24 hour 20 mg, 30 mg, 40 mg - Tier 1; PA; QL</i>  <i>nisoldipine er oral tablet extended release 24 hour 25.5 mg - Tier 1; PA</i>            NORVASC (brand for amlodipine besylate) - Tier 2; PA; QL            PROCARDIA XL (brand for nifedipine er osmotic release) - Tier 2; PA; QL            SULAR (brand for nisoldipine er) - Tier 2; PA</p>
<b>Calcium Channel Blocking Agents, Nondihydropyridines</b>	
<p><i>cartia xt (generic for CARTIA XT) - Tier 1; QL</i>  <i>diltiazem hcl er beads (generic for TIADYLT ER) - Tier 1; QL</i>  <i>diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL</i>  <i>diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL</i>  <i>diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL</i>  <i>dilt-xr - Tier 1; QL</i>  <i>tiadytl er (generic for TIADYLT ER) - Tier 1; QL</i>  <i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL</i>  <i>verapamil hcl er oral tablet extended release - Tier 1; QL</i>  <i>verapamil hcl oral - Tier 1; QL</i></p>	<p><i>CARDIZEM (brand for diltiazem hcl) - Tier 2; PA; QL</i>  <i>CARDIZEM CD (brand for diltiazem hcl er coated beads) - Tier 2; PA; QL</i>  <i>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG, 420 MG (brand for diltiazem hcl er) - Tier 2; PA; QL</i>  <i>CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (brand for diltiazem hcl er) - Tier 2; PA</i>  <i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 360 mg, 420 mg - Tier 1; PA; QL</i>  <i>matzim la oral tablet extended release 24 hour 300 mg - Tier 1; PA</i>            TIAZAC (brand for diltiazem hcl er beads) - Tier 2; PA; QL            VERELAN (brand for verapamil hcl er) - Tier 2; PA; QL            VERELAN PM (brand for verapamil hcl er) - Tier 2; PA; QL</p>

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## Preferred Agents

## Non-Preferred Agents

### 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*  
*amlodipine-olmesartan (generic for AZOR) - Tier 1*  
*atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL*  
*benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL*  
*bisoprolol-hydrochlorothiazide - Tier 1; QL*  
*captopril-hydrochlorothiazide - Tier 1; QL*  
*digoxin oral solution - Tier 1*  
*digoxin oral tablet 125 mcg, 250 mcg (generic for LANOXIN) - Tier 1; QL*  
*enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL*  
*ENTRESTO ORAL TABLET - Tier 2; PA; QL*  
*fosinopril sodium-hctz - Tier 1; QL*  
*irbesartan-hydrochlorothiazide (generic for AVALIDE) - Tier 1; QL*  
*lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL*  
*losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL*  
*olmesartan medoxomil-hctz (generic for BENICAR HCT) - Tier 1; QL*  
*pentoxifylline er - Tier 1; QL*  
*quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL*  
*ranolazine er - Tier 1; QL*  
*spironolactone-hctz - Tier 1; QL*  
*triamterene-hctz - Tier 1; QL*  
*valsartan-hydrochlorothiazide (generic for DIOVAN HCT) - Tier 1; QL*

*ACCURETIC (brand for quinapril-hydrochlorothiazide) - Tier 2; PA; QL*  
*aliskiren fumarate (generic for TEKTURN) - Tier 1; PA; QL*  
*ATACAND HCT (brand for candesartan cilexetil-hctz) - Tier 2; PA; QL*  
*AVALIDE (brand for irbesartan-hydrochlorothiazide) - Tier 2; PA; QL*  
*AZOR (brand for amlodipine-olmesartan) - Tier 2; PA*  
*BENICAR HCT (brand for olmesartan medoxomil-hctz) - Tier 2; PA; QL*  
*BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL*  
*CADUET (brand for amlodipine-atorvastatin) - Tier 2; PA; QL*  
*CORLANOR (brand for ivabradine hcl) - Tier 2; PA; QL*  
*DEMSEER (brand for metyrosine) - Tier 2; PA; QL*  
*DIOVAN HCT (brand for valsartan-hydrochlorothiazide) - Tier 2; PA; QL*  
*EDARBYCLOR - Tier 2; PA; QL*  
*EXFORGE (brand for amlodipine besylate-valsartan) - Tier 2; PA*  
*HYZAAR (brand for losartan potassium-hctz) - Tier 2; PA; QL*  
*LANOXIN ORAL (brand for digoxin) - Tier 2; PA; QL*  
*LOTENSIN HCT (brand for benazepril-hydrochlorothiazide) - Tier 2; PA; QL*  
*LOTREL (brand for amlodipine besy-benazepril hcl) - Tier 2; PA; QL*  
*metyrosine (generic for DEMSEER) - Tier 1; PA; QL*  
*MICARDIS HCT (brand for telmisartan-hctz) - Tier 2; PA; QL*  
*TEKTURN (brand for aliskiren fumarate) - Tier 2; PA; QL*  
*TENORETIC 100 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL*  
*TENORETIC 50 (brand for atenolol-chlorthalidone) - Tier 2; PA; QL*  
*VASERETIC (brand for enalapril-hydrochlorothiazide) - Tier 2; PA; QL*  
*ZESTORETIC (brand for lisinopril-hydrochlorothiazide) - Tier 2; PA; QL*

### Diuretics, Loop

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

*BUMEX (brand for bumetanide) - Tier 2; PA; QL*  
*EDECRIN (brand for ethacrynic acid) - Tier 2; PA; QL*  
*furosemide oral solution 8 mg/ml - Tier 1; PA*  
*LASIX (brand for furosemide) - Tier 2; PA; QL*

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



Preferred Agents	Non-Preferred Agents
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Diuretics, Potassium-sparing

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

*ALDACTONE (brand for spironolactone) - Tier 2; PA; QL*  
*CAROSPIR (brand for spironolactone) - Tier 2; PA; QL*  
*DYRENIUM (brand for triamterene) - Tier 2; PA*  
*eplerenone (generic for INSPRA) - Tier 1; PA; QL*  
*INSPRA (brand for eplerenone) - Tier 2; PA; QL*  
*triamterene oral (generic for DYRENIUM) - Tier 1; PA*

Diuretics, Thiazide

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

Dyslipidemics, Fibric Acid Derivatives

*fenofibrate micronized oral capsule 130 mg - Tier 1*  
*fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL*  
*fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; QL*  
*fenofibrate oral tablet (generic for TRICOR) - Tier 1; QL*  
*gemfibrozil oral (generic for LOPID) - Tier 1; QL*

*fenofibrate micronized oral capsule 43 mg - Tier 1; PA*  
*fenofibrate oral capsule 150 mg, 50 mg (generic for LIPOFEN) - Tier 1; PA*  
*LIPOFEN (brand for fenofibrate) - Tier 2; PA*  
*LOPID (brand for gemfibrozil) - Tier 2; PA; QL*  
*TRICOR (brand for fenofibrate) - Tier 2; PA; QL*  
*TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
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Dyslipidemics, HMG CoA Reductase Inhibitors

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

ALTOPREV - Tier 2; PA; QL  
 CRESTOR (brand for rosuvastatin calcium) - Tier 2; PA; QL  
 fluvastatin sodium er (generic for LESCOL XL) - Tier 1; PA  
 fluvastatin sodium oral capsule 20 mg - Tier 1; PA; QL  
 fluvastatin sodium oral capsule 40 mg - Tier 1; PA  
 LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA  
 LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL  
 LIVALO (brand for pitavastatin calcium) - Tier 2; PA; QL  
 ZOCOR (brand for simvastatin) - Tier 2; PA; QL  
 ZYPITAMAG - Tier 2; PA; QL

Dyslipidemics, Other

cholestyramine light oral powder (generic for PREVALITE) - Tier 1  
 cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL  
 ezetimibe (generic for ZETIA) - Tier 1; QL  
 niacin er (antihyperlipidemic) - Tier 1; QL  
 omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL  
 PRALUENT - Tier 2; PA; SP; QL  
 prevalite oral powder (generic for PREVALITE) - Tier 1  
 REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL

cholestyramine oral packet (generic for QUESTRAN) - Tier 1; PA; QL  
 colesevelam hcl oral packet (generic for WELCHOL) - Tier 1; PA  
 colesevelam hcl oral tablet (generic for WELCHOL) - Tier 1; PA; QL  
 COLESTID (brand for colestipol hcl) - Tier 2; PA; QL  
 LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL  
 NEXLETOL - Tier 2; PA; QL  
 NEXLIZET - Tier 2; PA; QL  
 prevalite oral packet - Tier 1; PA; QL  
 QUESTRAN ORAL PACKET (brand for cholestyramine) - Tier 2; PA; QL  
 QUESTRAN ORAL POWDER (brand for cholestyramine) - Tier 2; PA; Only the bulk products are covered (cans) Individual packets are not covered; QL  
 VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL  
 VYTORIN (brand for ezetimibe-simvastatin) - 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>WELCHOL ORAL PACKET (brand for colesevelam hcl) - Tier 2; PA  WELCHOL ORAL TABLET (brand for colesevelam hcl) - Tier 2; PA; QL  ZETIA (brand for ezetimibe) - Tier 2; PA; QL</p>
Vasodilators, Direct-acting Arterial	
<p>hydralazine hcl oral - Tier 1; QL  minoxidil oral - Tier 1; QL</p>	
Vasodilators, Direct-acting Arterial/Venous	
<p>isosorbide dinitrate (generic for ISORDIL TITRADOSE) - Tier 1; QL  isosorbide mononitrate - Tier 1; QL  isosorbide mononitrate er - Tier 1; QL  NITRO-BID - Tier 2; QL  nitroglycerin rectal (generic for RECTIV) - Tier 1; DX2RX; QL  nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL  nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL</p>	<p>ISORDIL TITRADOSE (brand for isosorbide dinitrate) - Tier 2; PA; QL  NITRO-DUR (brand for nitroglycerin) - Tier 2; PA; QL  nitroglycerin transdermal patch 24 hour 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr  (generic for NITRO-DUR) - Tier 1; PA; QL</p>
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
Dyslipidemics, Fibric Acid Derivatives - Cholesterol Control Drugs	
	<p>FIBRICOR ORAL TABLET 105 MG, 35 MG (brand for fenofibric acid) - Tier 2; PA; QL</p>

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**Preferred Agents**

**Non-Preferred Agents**

Central Nervous System Agents

Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines

*atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*clonidine hcl er - Tier 1; QL; AL*  
*dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*methylphenidate hcl er - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*methylphenidate hcl er (cd) (generic for METADATE CD) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg, 30 mg, 40 mg (generic for RITALIN LA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*

*INTUNIV (brand for guanfacine hcl er) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older; 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	Non-Preferred Agents
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Attention Deficit Hyperactivity Disorder Agents, Amphetamines

*ADDERALL XR (brand for amphetamine-dextroamphetamine er) - Tier 2; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; Diagnosis required for 18 years of age and older; QL; AL*  
*lisdexamfetamine dimesylate oral capsule (generic for VYVANSE) - Tier 1; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL*  
*VYVANSE ORAL CAPSULE (brand for lisdexamfetamine dimesylate) - Tier 2; DX2RX; ST; Diagnosis required for 18 years of age and older; QL; AL*

Central Nervous System, Other

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

*GRALISE ORAL TABLET 300 MG, 600 MG (brand for gabapentin (once-daily)) - Tier 2; PA; QL*  
*HORIZANT - Tier 2; PA; QL*

Fibromyalgia Agents

*duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL*  
*pregabalin oral (generic for LYRICA) - Tier 1; QL*

*CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL*  
*LYRICA (brand for pregabalin) - Tier 2; PA; QL*  
*LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL*  
*SAVELLA - Tier 2; PA; QL*

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**Preferred Agents**

**Non-Preferred Agents**

**Multiple Sclerosis Agents**

*dalfampridine er (generic for AMPYRA) - Tier 1; DX2RX; SP; QL*  
*dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; SP; QL*  
*dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; SP; QL*  
 *fingolimod hcl (generic for GILENYA) - Tier 1; 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; SP; QL*

**Dental and Oral Agents**

*chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL*  
*periogard (generic for PERIOGARD) - Tier 1; QL*  
*pilocarpine hcl oral tablet 5 mg (generic for SALAGEN) - Tier 1; QL*  
*pilocarpine hcl oral tablet 7.5 mg (generic for SALAGEN) - Tier 1*  
*triamcinolone acetonide mouth/throat (generic for KOURZEQ) - Tier 1; QL*

*EVOXAC (brand for cevimeline hcl) - Tier 2; PA*  
*SALAGEN ORAL TABLET 5 MG (brand for pilocarpine hcl) - Tier 2; PA; QL*  
*SALAGEN ORAL TABLET 7.5 MG (brand for pilocarpine hcl) - Tier 2; PA*

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Preferred Agents	Non-Preferred Agents
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Dermatological Agents	
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Acne and Rosacea Agents	
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*acitretin - Tier 1; PA; QL*  
*amnesteem (generic for AMNESTEEM) - Tier 1; PA; QL*  
*azelaic acid external (generic for FINACEA) - Tier 1; QL*  
*claravis (generic for AMNESTEEM) - Tier 1; PA; QL*  
*DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL*  
*isotretinoin oral capsule 10 mg, 20 mg, 40 mg (generic for AMNESTEEM) - Tier 1; PA; QL*  
*isotretinoin oral capsule 30 mg (generic for CLARAVIS) - Tier 1; PA; QL*  
*tretinoin external cream (generic for RETIN-A) - Tier 1; ST; QL; AL*  
*zenatane (generic for AMNESTEEM) - Tier 1; PA; QL*

Dermatitis and Pruitus Agents	
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*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*

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**Preferred Agents**

*betamethasone dipropionate external ointment - Tier 1; QL*  
*betamethasone valerate external cream - Tier 1; QL*  
*betamethasone valerate external lotion - Tier 1; QL*  
*betamethasone valerate external ointment - Tier 1; QL*  
*clobetasol 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*  
*fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL*  
*fluocinolone acetonide external solution - Tier 1; QL*  
*fluocinolone acetonide scalp (generic for DERMA-SMOOTHIE/FS SCALP) - Tier 1; QL*  
*fluocinonide emulsified base - Tier 1; QL*  
*fluocinonide external cream (generic for VANOS) - Tier 1; QL*  
*fluocinonide external solution - Tier 1; QL*  
*fluticasone propionate external cream - Tier 1; QL*  
*fluticasone propionate external ointment - Tier 1; QL*  
*ft itch relief max strength external cream (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*

**Non-Preferred Agents**

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

*ft itch relief/aloë 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*  
*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/aloë (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*hydrocortisone/aloë max str (generic for MEDI-FIRST HYDROCORTISONE) - Tier 1; QL*  
*instacort 5 - Tier 1; QL*  
LAC-HYDRIN FIVE - Tier 2; QL



**Preferred Agents**

**Non-Preferred Agents**

*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*

**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*  
*SANTYL - Tier 2; QL*  
*silver sulfadiazine external (generic for SSD) - Tier 1; QL*  
*ssd (generic for SSD) - Tier 1; QL*

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**Preferred Agents**

**Non-Preferred Agents**

**Pediculicides/Scabicides**

*lice killing (generic for NIX CREME RINSE) - Tier 1*  
*lice treatment external liquid 1 % (generic for NIX CREME RINSE) - Tier 1*  
*malathion (generic for OVIDE) - Tier 1; QL*  
*permethrin external (generic for ELIMITE) - Tier 1; QL*  
*spinosad (generic for NATROBA) - Tier 1; 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*  
*ketoconazole external cream - Tier 1; QL*  
*ketoconazole external shampoo - Tier 1; QL*  
*klayesta (generic for KLAYESTA) - Tier 1; QL*  
*mupirocin ointment - Tier 1; QL*  
*nyamyc (generic for KLAYESTA) - Tier 1; QL*  
*nystatin external (generic for KLAYESTA) - Tier 1; QL*  
*nystop (generic for KLAYESTA) - Tier 1; QL*  
*tgt clotrimazole external cream 1 % (generic for DESENEX) - Tier 1; QL*

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## Preferred Agents

## Non-Preferred Agents

### Dermatological Agents - Drugs to Treat Skin Conditions

*advanced healing external ointment (generic for HYDROLATUM) - Tier 1*  
*astringent (generic for DOMEBORO) - Tier 1*  
*astringent solution (generic for DOMEBORO) - Tier 1*  
*AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2*  
*baby basics diaper rash (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL*  
*beauty 360 pure glycerin - Tier 1*  
*beauty 360 soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1*  
*boro-packs (generic for DOMEBORO) - Tier 1*  
*BOUDREAUXS BUTT PASTE EXTERNAL OINTMENT 40 % (brand for cvs diaper rash) - Tier 2; QL*  
*bp 10-1 - Tier 1*  
*diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL*  
*DR SMITHS DIAPER - Tier 2; QL*  
*ft glycerin - Tier 1*  
*glycerin external liquid , 99.5 % - Tier 1*  
*hydrolatum (generic for HYDROLATUM) - Tier 1*  
*hydrophor (generic for HYDROLATUM) - Tier 1*  
*ointment base (generic for HYDROLATUM) - Tier 1*  
*renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1*  
*sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1*  
*sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1*

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>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>	

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**Preferred Agents**

**Non-Preferred Agents**

**Diabetes - Glucose Monitoring**

*ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL*  
*ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL*  
*ACCU-CHEK SMARTVIEW CONTROL (brand for element compact control 2) - Tier 2; QL*  
*ACCUTREND GLUCOSE CONTROL (brand for element compact control 2) - Tier 2; QL*  
*BD AUTOSHIELD DUO PEN NEEDLES (brand for pen needles) - Tier 2; QL*  
*BD ULTRA-FINE INSULIN SYRINGES - Tier 2; QL*  
*BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; QL*  
*CARESENS CONTROL SOLUTION A/B (brand for element compact control 2) - Tier 2; QL*  
*CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL*  
 CHEMSTRIP 10 MD - Tier 2  
 CHEMSTRIP 10/SG - Tier 2  
 CHEMSTRIP 2 GP - Tier 2  
 CHEMSTRIP 5 OB - Tier 2  
 CHEMSTRIP 7 - Tier 2  
 CHEMSTRIP 9 - Tier 2  
*CHEMSTRIP K (brand for ketone test) - Tier 2; QL*  
 CHEMSTRIP UGK - Tier 2; QL  
 DEXCOM G6 RECEIVER - Tier 2; PA; QL  
*DEXCOM G6 SENSOR (brand for guardian sensor 3) - 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**

DEXCOM G7 RECEIVER - Tier 2; PA; QL  
DEXCOM G7 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
EASY TOUCH HEALTHPRO HIGH/LOW (brand for element compact control 2) - Tier 2; QL  
EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL  
EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL  
GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL  
FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL  
FREESTYLE LIBRE 14 DAY SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
FREESTYLE LIBRE 2 READER - Tier 2; PA; QL  
FREESTYLE LIBRE 2 SENSOR (brand for guardian sensor 3) - Tier 2; PA; QL  
FREESTYLE LIBRE READER - Tier 2; PA; QL  
IHEALTH CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL  
KETO-DIASTIX - Tier 2; QL  
KETONE CARE - Tier 2; QL  
KETONE TEST (brand for ketone test) - Tier 2; QL  
KETOSTIX (brand for ketone test) - Tier 2; QL  
LANCETS (brand for cvs lancets original) - Tier 2; QL  
LANCETS 28G THIN (brand for cvs lancets original) - Tier 2; QL  
MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL

**Preferred Agents**

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

**Non-Preferred Agents**



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>	

Electrolytes/Minerals/Metals/Vitamins

Electrolyte/Mineral Replacement

<p><i>carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP</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>klor-con m15 - Tier 1; PA; QL</i></p> <p><i>potassium chloride er oral capsule extended release 8 meq - Tier 1; 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/D/MAGNESIUM) - Tier 1; QL*  
*calcium + vitamin d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - 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 oral tablet 950 (200 ca) mg - Tier 1*  
*calcium citrate plus vit d - Tier 1; QL*

EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ - Tier 2; PA

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

calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for FT CALCIUM CITRATE/VIT D3) - Tier 1  
calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/DIMAGNESIUM) - Tier 1; QL  
calcium citrate+d3 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

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**

*FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2*  
*ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1*  
*ferrous gluconate - Tier 1*  
*ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1*  
*ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1*  
*ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL*  
*ferrous sulfate (generic for FEROSUL) - Tier 1; QL*  
*ferrous sulfate oral solution 75 (15 fe) mg/ml (generic for BPROTECTED PEDIA IRON) - Tier 1; QL*  
*ferrous sulfate oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL*  
*ferrous sulfate oral tablet delayed release - Tier 1; QL*  
*fe-vite iron (generic for BPROTECTED PEDIA IRON) - Tier 1; QL*  
*ft calcium + vitamin d3 (generic for OYSCO 500+D) - 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*  
*hi cal (generic for OYSCO 500+D) - Tier 1; QL*  
*iferex 150 (generic for FERREX 150) - Tier 1*  
*iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL*

**Non-Preferred Agents**

**Preferred Agents**

*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*  
*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*  
*OS-CAL CALCIUM + D3 (brand for calcium + vitamin d3) - Tier 2; QL*  
*oysco 500+d (generic for OYSCO 500+D) - Tier 1; QL*  
*oyster shell calcium plus d (generic for OYSCO 500+D) - Tier 1; QL*  
*oyster shell calcium w/d (generic for OYSCO 500+D) - Tier 1; QL*  
*oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL*  
*oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL*  
*oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg (generic for OYSCO 500+D) - Tier 1; QL*  
*ped electrolyte freeze pop (generic for ENFAMIL ENFALYTE) - Tier 1; QL*  
*PEDIALYTE FREEZER POPS (brand for cvs electrolyte solution) - Tier 2; QL*

**Non-Preferred Agents**

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

*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*  
*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*



Preferred Agents	Non-Preferred Agents
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Electrolyte/Mineral/Metal Modifiers

CHEMET - Tier 2; QL  
*deferasirox granules (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL*  
*deferasirox oral packet (generic for JADENU SPRINKLE) - Tier 1; PA; SP; QL*  
*deferasirox oral tablet (generic for JADENU) - Tier 1; PA; SP; QL*  
*deferasirox oral tablet soluble (generic for EXJADE) - Tier 1; PA; SP*  
*trientine hcl oral capsule 250 mg (generic for SYPRINE) - Tier 1; PA; SP*

Phosphate Binders

*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*

AURYXIA - Tier 2; PA; QL  
*FOSRENOL ORAL TABLET CHEWABLE 1000 MG (brand for lanthanum carbonate) - Tier 2; PA; QL*  
*FOSRENOL ORAL TABLET CHEWABLE 500 MG, 750 MG (brand for lanthanum carbonate) - Tier 2; PA*  
*RENVELA ORAL PACKET (brand for sevelamer carbonate) - Tier 2; PA; QL*  
*RENVELA ORAL TABLET (brand for sevelamer carbonate) - Tier 2; PA; ST; QL*  
 VELPHORO - Tier 2; PA; QL

Potassium Binders

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

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**Preferred Agents**

**Non-Preferred Agents**

Vitamins

*a-25 - Tier 1; QL*  
*ALTRIXA (brand for daily multiple vitamins) - Tier 2*  
*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*

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

*daily multiple vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*

*daily vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*

*daily vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*

*daily vites (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*

*daily-vite (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*

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

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

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

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

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

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

*ENFAMIL EXPECTA - Tier 2; QL*

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

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

*FOLCYTEINE (brand for daily multiple vitamins) - Tier 2*

*ft 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*

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

*ft vitamin d3 rapid release (generic for DIALYVITE VITAMIN D 5000) - Tier 1*

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

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

*MINCORA (brand for daily multiple vitamins) - Tier 2*

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

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

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

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

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

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

*NEOMULTIVITE (brand for daily multiple vitamins) - Tier 2*

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

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

*NEPHRO-VITE (brand for full spectrum b/vitamin c) - Tier 2; QL*

*niacin er oral capsule extended release 250 mg - Tier 1; QL*

*niacin er oral capsule extended release 500 mg - Tier 1*

*niacin er oral tablet extended release 1000 mg - Tier 1*

*niacin er oral tablet extended release 250 mg, 500 mg (generic for SLO-NIACIN) - Tier 1*

*niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1*

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

*OBSTETRIX DHA - Tier 2; QL*

*once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*

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**

one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
ONE DAILY ESSENTIALS (brand for daily multiple vitamins) - Tier 2  
ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2  
ONE VITE WOMENS - Tier 2; QL  
ONE VITE WOMENS PLUS (brand for prenatal) - Tier 2; QL  
one-daily multi vitamins (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
one-daily multi-vitamin (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1  
phytonadione oral - Tier 1; QL  
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

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

*SLO-NIACIN (brand for niacin er) - Tier 2*  
*stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*stress formula/zinc/energy (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*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*  
*tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*THERA (brand for daily multiple vitamins) - Tier 2*  
*thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1*  
*thiamine mononitrate oral - Tier 1; QL*  
*tri-vite pediatric - Tier 1; QL*  
*TRUE DAILY VITE (brand for daily multiple vitamins) - Tier 2*  
*TRUE MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2*  
*TRUE VITAMIN A - Tier 2; QL*  
*TRUE VITAMIN B1 ORAL TABLET 100 MG - Tier 2; QL*  
*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*

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

*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*

*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*

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



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

vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1

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

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

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

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

vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1

vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1

vitamin d-3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1

vitamin d3 oral tablet 50 mcg (2000 ut) (generic for THERA-D 2000) - Tier 1; QL

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

vitamin d3 oral tablet chewable 25 mcg (1000 ut) (generic for KIDS FIRST VITAMIN D3 GUMMIES) - Tier 1

vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL

vitamin-b complex - Tier 1

weekly-d (generic for D3-50) - Tier 1; QL

WELL VITAMIN D3 ORAL CAPSULE 125 MCG (5000 UT), 25 MCG (1000 UT) (brand for cvs d3) - Tier 2

WELL VITAMIN D3 ORAL CAPSULE 50 MCG (2000 UT) - Tier 2; QL

WESTAB PLUS (brand for prenatal) - Tier 2; QL

womens prenatal+dha - Tier 1; QL

Preferred Agents	Non-Preferred Agents
Gastrointestinal Agents	
Anti-Constipation Agents	
<p><i>constulose - Tier 1; QL</i>  <i>enulose - Tier 1; QL</i>  <i>generlac - Tier 1; QL</i>  <i>lactulose encephalopathy - Tier 1; QL</i>  <i>lactulose oral solution - Tier 1; QL</i>  <i>lubiprostone oral capsule 24 mcg, 8 mcg (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i>  <i>lubiprostone oral capsule 24 mcg, 8 mcg (generic for AMITIZA) - Tier 1; DX2RX; ST; QL</i>            MOVANTIK - Tier 2; DX2RX; ST; QL  <i>prucalopride succinate (generic for MOTTEGRITY) - Tier 1; DX2RX; ST; QL</i></p>	<p><i>AMITIZA (brand for lubiprostone) - Tier 2; DX2RX; ST; QL</i>            LINZESS - Tier 2; PA; QL  <i>MOTTEGRITY (brand for prucalopride succinate) - Tier 2; DX2RX; ST; QL</i>            RELISTOR ORAL - Tier 2; PA; QL            SYMPROIC - Tier 2; PA; QL            TRULANCE - Tier 2; DX2RX; ST; QL</p>
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><i>LOTRONEX (brand for alosetron hcl) - Tier 2; PA</i>            VIBERZI - Tier 2; PA; QL</p>
Antispasmodics, Gastrointestinal	
<p><i>dicyclomine hcl oral capsule - Tier 1; QL</i>  <i>dicyclomine hcl oral solution - Tier 1</i>  <i>dicyclomine hcl oral tablet - Tier 1; QL</i>  <i>glycopyrrolate oral tablet 1 mg, 2 mg - Tier 1</i></p>	

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Preferred Agents	Non-Preferred Agents
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Gastrointestinal Agents, Other

GATTEX - Tier 2; PA; SP; QL  
 gavilyte-c - Tier 1; QL  
 gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL  
 gavilyte-n with flavor pack (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL  
 peg 3350-kcl-na bicarb-nacl (generic for GAVILYTE-N WITH FLAVOR PACK) - Tier 1; QL  
 peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL  
 ursodiol oral capsule 300 mg - Tier 1; QL  
 ursodiol oral tablet (generic for URSO FORTE) - Tier 1

Histamine2 (H2) Receptor Antagonists

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

nizatidine - Tier 1; PA  
 PEPCID (brand for famotidine) - Tier 2; PA; QL

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Preferred Agents	Non-Preferred Agents
<b>Protectants</b>	
<p><i>misoprostol oral (generic for CYTOTEC) - Tier 1; QL</i>  <i>sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL</i>  <i>sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL</i></p>	<p><i>CARAFATE ORAL SUSPENSION (brand for sucralfate) - Tier 2; PA; QL</i>  <i>Members 10 years of age up to 65 years of age will require PA; QL</i>  <i>CARAFATE ORAL TABLET (brand for sucralfate) - Tier 2; PA; QL</i>  <i>CYTOTEC (brand for misoprostol) - Tier 2; PA; QL</i></p>
<b>Proton Pump Inhibitors</b>	
<p><i>esomeprazole magnesium oral capsule delayed release (generic for NEXIUM) - Tier 1; QL</i>  <i>esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members &gt;= 2 years of age will require PA; QL; AL</i>  <i>ft acid reducer oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i>  <i>lansoprazole oral capsule delayed release 15 mg (generic for PREVACID 24HR) - Tier 1; QL</i>  <i>lansoprazole oral capsule delayed release 30 mg (generic for PREVACID) - Tier 1; QL</i>  <i>omeprazole oral capsule delayed release - Tier 1; QL</i>  <i>pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL</i>  <i>PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL</i></p>	<p><i>ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL</i>  <i>DEXILANT (brand for dexlansoprazole) - Tier 2; PA; QL</i>  <i>lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL</i>  <i>lansoprazole oral tablet delayed release dispersible 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members &gt;= 2 years of age will require PA; QL; AL</i>  <i>NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for esomeprazole magnesium) - Tier 2; PA; QL</i>  <i>NEXIUM ORAL PACKET (brand for esomeprazole magnesium) - Tier 2; PA; Members &gt;= 2 years of age will require PA; QL; AL</i>  <i>pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; PA; QL</i>  <i>PREVACID (brand for lansoprazole) - Tier 2; PA; QL</i>  <i>PRILOSEC - Tier 2; PA; QL</i>  <i>PROTONIX ORAL (brand for pantoprazole sodium) - Tier 2; PA; QL</i>  <i>rabeprazole sodium oral tablet delayed release (generic for ACIPHEX) - Tier 1; PA; QL</i></p>

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

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

Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs

*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****Non-Preferred Agents**

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

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

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

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

*antacid ultra strength (generic for TUMS 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*

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

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

*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*

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

## Preferred Agents

*enema (generic for FLEET ENEMA) - Tier 1*  
*enema disposable (generic for FLEET ENEMA) - Tier 1*  
*enema ready-to-use (generic for FLEET ENEMA) - Tier 1*  
*enema rectal enema 16-6 gm/133ml (generic for FLEET ENEMA) - Tier 1*  
*FLEET ENEMA (brand for cvs enema disposable) - Tier 2*  
*FLEET PEDIATRIC (brand for enema pediatric) - Tier 2*  
*FLORA VANCE (brand for cvs adult 50+ probiotic) - Tier 2; QL*  
*floranex tablet oral (generic for FLORANEX) - Tier 1*  
*FLORANEX TABLET ORAL (brand for cvs acidophilus probiotic) - Tier 2*  
*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*  
*ft gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - 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 infants drops oral suspension 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1*

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

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

*gas relief oral 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*

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

*GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*  
*GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2*  
*GELUSIL - Tier 2*  
*gentle laxative oral suspension (generic for DULCOLAX) - Tier 1*  
*geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*  
*geri-lanta oral suspension 200-200-20 mg/5ml (generic for MINTOX) - Tier 1; QL*  
*geri-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 eq1 anti-diarrheal anti-gas) - Tier 2*  
*infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1*  
*infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1*  
*intestinex (generic for INTESTINEX) - Tier 1*

## Non-Preferred Agents

**Preferred Agents**

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

**Non-Preferred Agents**

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

*PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2*  
*pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1*  
*pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1*  
*pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL*  
*pink bismuth ultra str (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*probiotic acidophilus oral capsule (generic for INTESTINEX) - Tier 1*  
*probiotic blend (generic for FLORA VANCE) - Tier 1; QL*  
*probiotic colon care (generic for FLORA VANCE) - Tier 1; QL*  
*probiotic complex (generic for FLORA VANCE) - Tier 1; QL*  
*probiotic 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*

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## Preferred Agents

senior probiotic (generic for FLORA VANCE) - Tier 1; QL  
SIMEPED (brand for cvs gas relief infants) - Tier 2  
simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1  
simethicone oral (generic for GAS-X EXTRA STRENGTH) - Tier 1  
simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1  
smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1  
smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1  
smooth antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1  
sodium bicarbonate oral tablet - Tier 1  
soothe maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
soothe oral suspension (generic for SOOTHE) - Tier 1  
soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL  
stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1  
stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1  
stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1

## Non-Preferred Agents



## Preferred Agents

*stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL*  
*stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*stomach relief ultra (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1*  
*TEENY TUMMY GAS RELIEF DROPS (brand for cvs gas relief infants) - Tier 2*  
*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

**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  
 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 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1  
 fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1  
 fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL  
 FLEET 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 mineral oil (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1  
 gavalax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
 glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
 laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
 laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL  
 mineral oil enema (generic for FLEET OIL) - Tier 1  
 mineral oil heavy oral (generic for FLEET LAXATIVE MINERAL OIL) - Tier 1

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

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

*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 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*

*polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*

*polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*

*purelax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*

*smooth lax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*

*sorbitol oral - Tier 1*

*true laxative (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*

**Preferred Agents**

**Non-Preferred Agents**

**Laxatives - Drugs to treat Constipation**

*AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2*  
*BLACK-DRAUGHT LAX-SENNA (brand for cvs senna) - Tier 2; QL*  
*citroma (generic for CITROMA) - Tier 1; QL*  
*CITRUCCEL (brand for cvs fiber therapy) - Tier 2*  
*COLACE (brand for cvs stool softener) - Tier 2; QL*  
*col-rite oral capsule 250 mg - Tier 1; QL*  
*docusate calcium (generic for SURFAK) - Tier 1*  
*docusate mini (generic for ENEMEEZ MINI) - Tier 1; QL*  
*docusate sodium oral (generic for COLACE) - Tier 1; QL*  
*DOCUZEN (brand for cvs senna plus) - Tier 2*  
*dss (generic for COLACE) - Tier 1; QL*  
*easy-lax plus (generic for SENOKOT S) - Tier 1*  
*ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL*  
*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 CITRUCCEL) - Tier 1*  
*fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1*  
*fiber therapy oral tablet 500 mg (generic for CITRUCCEL) - Tier 1*  
*fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1*  
*fiber-caps (generic for FIBERCON) - Tier 1*  
*fiber-lax (generic for FIBERCON) - Tier 1*  
*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 CITRUCCEL) - Tier 1*

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## Preferred Agents

*ft magnesium citrate (generic for CITROMA) - Tier 1; QL*  
*ft senna laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*  
*ft senna laxatives (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*  
*ft senna-s (generic for SENOKOT S) - Tier 1*  
*ft stool softener oral capsule (generic for COLACE) - Tier 1; QL*  
*ft stool softener oral tablet 50-8.6 mg (generic for SENOKOT S) - Tier 1*  
*geri-kot (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*  
*glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1*  
*glycerin (infants & children) rectal suppository 1 gm - Tier 1*  
*glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1*  
*glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1*  
*glycerin childrens - Tier 1*  
*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*

## Non-Preferred Agents

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

*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*  
*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*

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**Preferred Agents**

*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*  
*stool softener oral capsule 250 mg - Tier 1; QL*  
*stool softener oral capsule 50 mg (generic for COLACE CLEAR) - Tier 1*  
*stool softener pls laxative (generic for SENOKOT S) - Tier 1*  
*stool softener plus laxative (generic for SENOKOT S) - Tier 1*  
*stool softener/laxative (generic for SENOKOT S) - Tier 1*  
*stool softener/laxative oral tablet (generic for SENOKOT S) - Tier 1*  
*vegetable lax+stool softener (generic for SENOKOT S) - Tier 1*  
*vegetable laxative (generic for BLACK-DRAUGHT LAX-SENNA) - Tier 1; QL*

**Non-Preferred Agents**



Preferred Agents	Non-Preferred Agents
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Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
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CHOLBAM - Tier 2; PA; SP; QL  
 CREON - Tier 2  
 CYSTAGON - Tier 2; SP; QL  
 NITYR - Tier 2; DX2RX; SP; QL  
 RAVICTI - Tier 2; PA; SP; QL  
*sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL*  
*sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL*  
 STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML - Tier 2; PA; SP  
 VYNDAMAX - Tier 2; PA; SP; QL  
 VYNDAQEL - Tier 2; PA; SP; QL

PERTZYE - Tier 2; PA  
 VIOKACE - Tier 2; PA  
 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

Genitourinary Agents	
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Antispasmodics, Urinary	
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*oxybutynin chloride er - Tier 1; QL*  
*oxybutynin chloride oral tablet 5 mg - Tier 1; QL*  
 OXYTROL FOR WOMEN - Tier 2; QL  
*solifenacin succinate (generic for VESICARE) - Tier 1; QL*  
*tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL*  
*tolterodine tartrate er - Tier 1; PA; QL*  
*trospium chloride - Tier 1; QL*

*darifenacin hydrobromide er - Tier 1; PA; QL*  
*DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL*  
*MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (brand for mirabegron er) - Tier 2; PA; QL*  
 OXYTROL - Tier 2; PA; QL  
*TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL*  
*trospium chloride er - Tier 1; PA; QL*  
*VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL*

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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>finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL</i> <i>tamsulosin hcl - Tier 1; QL</i> <i>terazosin hcl - Tier 1; QL</i>	<i>AVODART (brand for dutasteride) - Tier 2; PA; QL</i> <i>CARDURA XL - Tier 2; PA</i> <i>dutasteride oral (generic for AVODART) - Tier 1; PA; QL</i> <i>FLOMAX ORAL CAPSULE 0.4 MG (brand for tamsulosin hcl) - Tier 2; PA; QL</i> <i>PROSCAR (brand for finasteride) - Tier 2; PA; QL</i> <i>RAPAFLO (brand for silodosin) - Tier 2; PA; QL</i> <i>silodosin (generic for RAPAFLO) - Tier 1; PA; QL</i> <i>UROXATRAL (brand for alfuzosin hcl er) - Tier 2; PA; 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>	
<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)

*dexamethasone intensol - Tier 1*  
*dexamethasone oral elixir - Tier 1; QL*  
*dexamethasone oral solution - Tier 1; QL*  
*dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 2 mg - Tier 1*  
*dexamethasone oral tablet 1.5 mg, 4 mg, 6 mg - Tier 1; QL*  
*fludrocortisone acetate oral - Tier 1; QL*  
*hydrocortisone oral tablet 10 mg, 20 mg, 5 mg (generic for CORTEF) - Tier 1; QL*  
 MEDROL ORAL TABLET 2 MG - Tier 2  
*methylprednisolone oral (generic for MEDROL) - Tier 1; QL*  
*prednisolone oral solution - Tier 1; QL*  
*prednisolone sodium phosphate oral solution 15 mg/5ml - Tier 1*  
*prednisolone sodium phosphate oral solution 6.7 (5 base) mg/5ml (generic for PEDIAPRED) - Tier 1; QL*  
*prednisone oral solution - Tier 1; QL*  
*prednisone oral tablet - Tier 1; QL*  
*prednisone oral tablet therapy pack 10 mg (21) - Tier 1; QL*  
*prednisone oral tablet therapy pack 10 mg (48), 5 mg (21), 5 mg (48) - Tier 1*

Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)

*CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX*  
*desmopressin ace spray refrig - Tier 1; QL*  
*desmopressin acetate oral (generic for DDAVP) - Tier 1; QL*  
*desmopressin acetate spray - Tier 1; QL*  
 EGRIFTA SV - Tier 2; DX2RX; SP; QL  
 INCRELEX - Tier 2; PA; SP  
 NOCDURNA - Tier 2; PA; QL  
 NOVAREL - Tier 2; DX2RX  
 OMNITROPE - Tier 2; PA; SP  
*PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX*

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	
OVIDREL - Tier 2; DX2RX	
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 (Prostaglandins) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins) - Hormone Replacement/Modifying Drugs	
<i>mifepristone oral tablet 200 mg (generic for MIFEPREX) - Tier 1; PA; Coverage based on benefit; 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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
<p><i>danazol oral - Tier 1; QL</i></p> <p><i>DEPO-TESTOSTERONE SOLUTION 200 MG/ML INTRAMUSCULAR (brand for testosterone cypionate) - Tier 2; PA; QL</i></p> <p><i>NATESTO - Tier 2; PA; QL</i></p> <p><i>testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; PA; QL</i></p> <p><i>testosterone enanthate intramuscular - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 1.62 %, 20.25 mg/lact (1.62%) (generic for ANDROGEL PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 12.5 mg/lact (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%) - Tier 1; PA; QL</i></p> <p><i>testosterone transdermal gel 40.5 mg/2.5gm (1.62%) - Tier 1; PA</i></p> <p><i>testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL</i></p>	<p><i>METHITEST - Tier 2; PA; QL</i></p> <p><i>methyltestosterone oral - Tier 1; PA; QL</i></p>
Estrogens	
<p><i>afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>ALORA (brand for estradiol) - Tier 2; QL</i></p> <p><i>altavera (generic for ALTAVERA) - Tier 1; QL; GE</i></p> <p><i>alyacen 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE</i></p> <p><i>alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE</i></p> <p><i>apri - Tier 1; QL; GE</i></p> <p><i>aranelle - Tier 1; QL; GE</i></p> <p><i>ashlyna (generic for ASHLYNA) - Tier 1; QL</i></p> <p><i>aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE</i></p> <p><i>aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE</i></p> <p><i>aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE</i></p> <p><i>aurovela 24 fe - Tier 1; QL</i></p> <p><i>aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE</i></p> <p><i>aurovela fe 1/20 - Tier 1; QL; GE</i></p>	<p><i>ACTIVEVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL</i></p> <p><i>amethyst - Tier 1; PA; QL</i></p> <p><i>ANGELIQ - Tier 2; PA</i></p> <p><i>BALCOLTRA (brand for levonorgest-eth estradiol-iron) - Tier 2; PA; QL</i></p> <p><i>BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL</i></p> <p><i>BIJUVA ORAL CAPSULE 1-100 MG - Tier 2; PA; QL</i></p> <p><i>CLIMARA (brand for estradiol) - Tier 2; PA; QL</i></p> <p><i>CLIMARA PRO - Tier 2; PA</i></p> <p><i>COMBIPATCH - Tier 2; PA; QL</i></p> <p><i>DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM (brand for estradiol) - Tier 2; PA; QL</i></p> <p><i>DIVIGEL TRANSDERMAL GEL 1 MG/GM (brand for estradiol) - Tier 2; PA</i></p> <p><i>ESTRACE ORAL (brand for estradiol) - Tier 2; PA; QL</i></p>

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

## Preferred Agents

*aviane (generic for AFIRMELLE) - Tier 1; QL; GE*  
*ayuna (generic for ALTAVERA) - Tier 1; QL; GE*  
*azurette (generic for AZURETTE) - Tier 1; QL; GE*  
*balziva (generic for BALZIVA) - Tier 1; QL; GE*  
*blisovi 24 fe - Tier 1; QL*  
*blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*blisovi fe 1/20 - Tier 1; QL; GE*  
*briellyn (generic for BALZIVA) - Tier 1; QL; GE*  
*camrese (generic for ASHLYNA) - Tier 1; QL*  
*camrese lo (generic for CAMRESE LO) - Tier 1; QL*  
*charlotte 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE*  
*chateal eq (generic for ALTAVERA) - Tier 1; QL; GE*  
*cryselle-28 - Tier 1; QL; GE*  
*cyred eq - Tier 1; QL; GE*

*dasetta 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE*  
*dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE*  
*daysee (generic for ASHLYNA) - Tier 1; QL*  
*delyla (generic for AFIRMELLE) - Tier 1; QL; GE*  
*DEPO-ESTRADIOL - Tier 2; QL*  
*desogestrel-ethinyl estradiol (generic for AZURETTE) - Tier 1; QL; GE*  
*dotti (generic for DOTTI) - Tier 1; QL*  
*drospirenone-ethinyl estradiol (generic for JASMIEL) - Tier 1; QL*  
*DUAVEE - Tier 2; QL*  
*elinst - 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*

## Non-Preferred Agents

*EVAMIST - Tier 2; PA*  
*FEMRING - Tier 2; PA; QL*  
*fyavolv oral tablet 0.5-2.5 mg-mcg - Tier 1; PA*  
*fyavolv oral tablet 1-5 mg-mcg - Tier 1; PA; QL*  
*jinteli - Tier 1; PA; QL*  
*kaitlib fe - Tier 1; PA; QL*  
*layolis fe - Tier 1; PA; QL*  
*LO LOESTRIN FE - Tier 2; PA; QL*  
*LOESTRIN 1.5/30 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; PA; QL; GE*  
*LOESTRIN 1/20 (21) (brand for norethindrone acet-ethinyl est) - Tier 2; PA; QL; GE*  
*LOESTRIN FE 1.5/30 (brand for norethin ace-eth estrad-fe) - Tier 2; PA; QL; GE*  
*LOESTRIN FE 1/20 (brand for norethin ace-eth estrad-fe) - Tier 2; PA; QL; GE*  
*MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG - Tier 2; PA; QL*  
*MENOSTAR - Tier 2; PA; QL*  
*mimvey - Tier 1; PA; QL*  
*MINIVELLE (brand for estradiol) - Tier 2; PA; QL*  
*NATAZIA - Tier 2; PA; QL*  
*NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE*  
*PREMARIN VAGINAL - Tier 2; PA; QL*  
*rivelsa - Tier 1; PA; QL*  
*SAFYRAL (brand for drospirenone-eth estrad-levomefol) - Tier 2; PA; QL*  
*TAYTULLA (brand for norethin ace-eth estrad-fe) - Tier 2; PA; QL*  
*VAGIFEM (brand for estradiol) - Tier 2; PA; QL*  
*VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL*

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**Preferred Agents**

*estarylla* (generic for ESTARYLLA) - Tier 1; QL; GE  
*estradiol oral* (generic for ESTRACE) - Tier 1; QL  
*estradiol transdermal patch twice weekly* (generic for DOTTI) - Tier 1; QL  
*estradiol transdermal patch weekly* (generic for CLIMARA) - Tier 1; QL  
*estradiol vaginal* (generic for ESTRACE) - Tier 1; QL  
*ethynodiol diac-eth estradiol* (generic for KELNOR 1/35) - Tier 1; QL; GE  
*etonogestrel-ethinyl estradiol* (generic for ELURYNG) - Tier 1; QL; GE  
*falmina* (generic for AFIRMELLE) - Tier 1; QL; GE  
*feirza 1.5/30* (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE  
*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  
*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  
*introvale* (generic for ICLEVIA) - Tier 1; QL  
*isibloom* - Tier 1; QL; GE  
*jaimiess* (generic for ASHLYNA) - Tier 1; QL  
*jasmiel* (generic for JASMIEL) - Tier 1; QL  
*jolessa* (generic for ICLEVIA) - Tier 1; QL  
*juleber* - Tier 1; QL; GE  
*junel 1.5/30* (generic for AUROVELA 1.5/30) - Tier 1; QL; GE  
*junel 1/20* (generic for AUROVELA 1/20) - Tier 1; QL; GE

**Non-Preferred Agents**

*YASMIN 28* (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL  
*YAZ* (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL



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

*junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*junel fe oral tablet 1-20 mg-mcg - Tier 1; QL; GE*  
*junel fe oral tablet 1-20 mg-mcg(24) - Tier 1; QL*  
*kalliga - Tier 1; QL; GE*  
*kariva (generic for AZURETTE) - Tier 1; QL; GE*  
*kelnor 1/35 (generic for KELNOR 1/35) - Tier 1; QL; GE*  
*kelnor 1/50 (generic for KELNOR 1/50) - Tier 1; QL; GE*  
*kurvelo (generic for ALTAVERA) - Tier 1; QL; GE*  
*larin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*larin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE*  
*larin 24 fe - Tier 1; QL*  
*larin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*larin fe 1/20 - Tier 1; QL; GE*  
*leena - Tier 1; QL; GE*  
*lessina (generic for AFIRMELLE) - Tier 1; QL; GE*  
*levonest (generic for ENPRESSE-28) - Tier 1; QL; GE*  
*levonorgest-eth estrad 91-day (generic for ASHLYNA) - Tier 1; QL*  
*levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg (generic for AFIRMELLE) - Tier 1; QL; GE*  
*levonorgestrel-ethinyl estrad oral tablet 0.15-30 mg-mcg (generic for ALTAVERA) - Tier 1; QL; GE*  
*levonorg-eth estrad triphasic (generic for ENPRESSE-28) - Tier 1; QL; GE*  
*levora 0.15/30 (28) (generic for ALTAVERA) - Tier 1; QL; GE*  
*lojaimiess (generic for CAMRESE LO) - Tier 1; QL*  
*loryna (generic for JASMIEL) - Tier 1; QL*  
*low-ogestrel - Tier 1; QL; GE*

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

*lo-zumandimine (generic for JASMIEL) - Tier 1; QL*  
*lutra (generic for AFIRMELLE) - Tier 1; QL; GE*  
*lyllana (generic for DOTTI) - Tier 1; QL*  
*marlissa (generic for ALTAVERA) - Tier 1; QL; GE*  
*mibelas 24 fe (generic for CHARLOTTE 24 FE) - Tier 1; QL; GE*  
*microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE*  
*microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE*  
*microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE*  
*microgestin fe 1/20 - Tier 1; QL; GE*  
*mili (generic for ESTARYLLA) - Tier 1; QL; GE*  
*mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE*  
*necon 0.5/35 (28) - Tier 1; QL; GE*  
*nikki (generic for JASMIEL) - Tier 1; QL*  
*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*  
*norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg (generic for ESTARYLLA) - Tier 1; QL; GE*

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

*norgestimate-ethinyl estradiol triphasic (generic for TRI-ESTARYLLA) - Tier 1; QL; GE*  
*nortrel 0.5/35 (28) - Tier 1; QL; GE*  
*nortrel 1/35 (21) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE*  
*nortrel 1/35 (28) (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE*  
*nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE*  
*nylia 1/35 (generic for DASETTA 1/35 (28)) - Tier 1; QL; GE*  
*nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE*  
*ocella (generic for OCELLA) - Tier 1; QL*  
*philith (generic for BALZIVA) - Tier 1; QL; GE*  
*pimtrea (generic for AZURETTE) - Tier 1; QL; GE*  
*portia-28 (generic for ALTAVERA) - Tier 1; QL; GE*  
PREMARIN ORAL - Tier 2; QL  
PREMPHASE - Tier 2; QL  
PREMPRO - Tier 2; QL  
*reclipsen - Tier 1; QL; GE*  
*setlakin (generic for ICLEVIA) - Tier 1; QL*  
*simliya (generic for AZURETTE) - Tier 1; QL; GE*  
*simpesse (generic for ASHLYNA) - Tier 1; QL*  
*sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE*  
*sronyx (generic for AFIRMELLE) - Tier 1; QL; GE*  
*syeda (generic for OCELLA) - Tier 1; QL*  
*tarina 24 fe - Tier 1; QL*  
*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*

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**Preferred Agents**

*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  
*vestura* (generic for JASMIEL) - Tier 1; QL  
*vienva* (generic for AFIRMELLE) - Tier 1; QL; GE  
*viorele* (generic for AZURETTE) - Tier 1; QL; GE  
*volnea* (generic for AZURETTE) - Tier 1; QL; GE  
*vyfemla* (generic for BALZIVA) - Tier 1; QL; GE  
*vylibra* (generic for ESTARYLLA) - Tier 1; QL; GE  
*wera* - Tier 1; QL; GE  
*wymzya fe* (generic for WYMZYA FE) - Tier 1; QL  
*xulane* (generic for XULANE) - Tier 1; QL; GE  
*yuvaferm* (generic for YUVAFEM) - Tier 1; QL  
*zafemy* (generic for XULANE) - Tier 1; QL; GE  
*zovia 1/35* (28) (generic for KELNOR 1/35) - Tier 1; QL; GE  
*zumandimine* (generic for OCELLA) - Tier 1; QL

**Non-Preferred Agents**

Preferred Agents	Non-Preferred Agents
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Progestins

*camila (generic for CAMILA) - Tier 1; QL; GE*  
*deblitane (generic for CAMILA) - Tier 1; QL; GE*  
*ELLA - Tier 2; QL*  
*emzahh (generic for CAMILA) - Tier 1; QL; GE*  
*errin (generic for CAMILA) - Tier 1; QL; GE*  
*gallifrey (generic for GALLIFREY) - Tier 1; QL*  
*heather (generic for CAMILA) - Tier 1; QL; GE*  
*incassia (generic for CAMILA) - Tier 1; QL; GE*  
*jencycla (generic for CAMILA) - Tier 1; QL; GE*  
*lyleq (generic for CAMILA) - Tier 1; QL; GE*  
*lyza (generic for CAMILA) - Tier 1; QL; GE*  
*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*  
*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*

*PROMETRIUM (brand for progesterone) - Tier 2; DX2RX; QL*  
*PROVERA (brand for medroxyprogesterone acetate) - Tier 2; PA; QL*

Selective Estrogen Receptor Modifying Agents

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

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

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Preferred Agents	Non-Preferred Agents
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; PA; QL COVARYX HS (brand for est estrogens-methyltest hs) - Tier 2; PA; QL EEMT (brand for est estrogens-methyltest) - Tier 2; PA; QL
Progestins - Hormone Replacement/Modifying Drugs	
<i>aftera (generic for AFTERA) - Tier 1; QL; GE</i> <i>curae oral tablet 1.5 mg (generic for AFTERA) - Tier 1; QL; GE</i> <i>econtra one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>her style (generic for AFTERA) - Tier 1; QL; GE</i> <i>levonorgestrel (generic for AFTERA) - Tier 1; QL; GE</i> <i>my choice (generic for AFTERA) - Tier 1; QL; GE</i> <i>my way (generic for AFTERA) - Tier 1; QL; GE</i> <i>new day (generic for AFTERA) - Tier 1; QL; GE</i> <i>opcicon one-step (generic for AFTERA) - Tier 1; QL; GE</i> <i>option 2 (generic for AFTERA) - Tier 1; QL; GE</i> <i>PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE</i> <i>react (generic for AFTERA) - Tier 1; QL; GE</i> <i>take action (generic for AFTERA) - Tier 1; QL; GE</i>	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
<i>euthyrox (generic for EUTHYROX) - Tier 1; QL</i> <i>levo-t (generic for EUTHYROX) - Tier 1; QL</i> <i>levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL</i> <i>levoxyl (generic for EUTHYROX) - Tier 1; QL</i> <i>liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL</i> <i>unithroid (generic for EUTHYROX) - Tier 1; QL</i>	<i>CYTOMEL (brand for liothyronine sodium) - Tier 2; PA; QL</i> <i>SYNTHROID (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>THYQUIDITY - Tier 2; PA; QL</i> <i>TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL</i> <i>TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML - 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
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	<i>ARMOUR THYROID (brand for niva thyroid) - Tier 2; PA; QL</i> <i>np thyroid oral tablet 30 mg, 60 mg, 90 mg - Tier 1; PA; QL</i>
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	
Hormonal Agents, Suppressant (Pituitary)	
<i>cabergoline - Tier 1; QL</i> FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL LEUPROLIDE ACETATE (3 MONTH) - Tier 2; SP; QL <i>leuprolide acetate injection - Tier 1; PA; SP</i> LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP <i>octreotide acetate injection solution 100 mcg/ml, 50 mcg/ml (generic            for SANDOSTATIN) - Tier 1; SP</i>	

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



Preferred Agents	Non-Preferred Agents
<p><i>octreotide acetate injection solution 1000 mcg/ml - Tier 1; SP; QL</i>  <i>octreotide acetate injection solution 200 mcg/ml - Tier 1; SP</i>  <i>octreotide acetate injection solution 500 mcg/ml (generic for SANDOSTATIN) - Tier 1; SP; QL</i>  <i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml - Tier 1; SP</i>  <i>octreotide acetate subcutaneous solution prefilled syringe 500 mcg/ml - Tier 1; SP; QL</i>  ORILISSA - Tier 2; PA; QL  SIGNIFOR - Tier 2; PA; SP; QL  SOMAVERT - Tier 2; PA; SP; QL</p>	
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
<p><i>methimazole oral - Tier 1; QL</i>  <i>propylthiouracil oral - Tier 1; QL</i></p>	
Immunological Agents	
Angioedema Agents	
<p>HAEGARDA - Tier 2; PA; SP; QL  <i>icatibant acetate (generic for FIRAZYR) - Tier 1; PA; SP; QL</i>  RUCONEST - 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**

Immunological Agents, Other

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  
 KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL  
 KINERET - Tier 2; PA; SP; QL  
 OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL  
 OTEZLA ORAL TABLET 20 MG - Tier 2; PA; SP; QL; AL  
 OTEZLA ORAL TABLET 30 MG - Tier 2; PA; SP; QL  
 OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG - Tier 2; PA; SP; QL  
 SYNAGIS - Tier 2; PA; SP; QL  
 XOLAIR - Tier 2; PA; SP; QL

*RIDAURA (brand for auranofin) - Tier 2; PA; QL*

Immunostimulants

ACTIMMUNE - Tier 2; PA; SP  
 PEGASYS - Tier 2; PA; SP; QL

**Preferred Agents**

**Non-Preferred Agents**

Immunosuppressants

ADALIMUMAB-AATY (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL  
 ADALIMUMAB-ADAZ (brand for adalimumab-adaz) - Tier 2; PA; SP; QL  
 ADALIMUMAB-ADB (2 PEN) - Tier 2; PA; SP; QL  
 ADALIMUMAB-ADB (2 SYRINGE) - Tier 2; PA; SP; QL  
 ADALIMUMAB-ADB(CD/UC/HS STRT) - Tier 2; PA; SP; QL  
 ADALIMUMAB-ADB(PS/UV STARTER) - Tier 2; PA; SP; QL  
 AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS - Tier 2; PA; NDC(s) starting w/72511 Preferred w/PA; SP; QL  
 AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML - Tier 2; PA; SP; QL  
 AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML - Tier 2; PA; SP; QL  
 AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML - 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 PUSHTOUCH - Tier 2; PA; SP; QL

ARAVA (brand for leflunomide) - Tier 2; PA; QL  
 STELARA INJ - Tier 2; PA; SP; QL, AL

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

HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL

HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML - Tier 2; PA; SP; QL

HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML (brand for adalimumab-adaz) - Tier 2; PA; SP; QL

HYRIMOZ-CROHNS/UC STARTER (brand for adalimumab-adaz) - Tier 2; PA; SP; QL

HYRIMOZ-PED<40KG CROHN STARTER - Tier 2; PA; SP; QL

HYRIMOZ-PED>=40KG CROHN START - Tier 2; PA; SP; QL

HYRIMOZ-PLAQ PSOR/UEVIT START - Tier 2; PA; SP; QL

HYRIMOZ-PLAQUE PSORIASIS START - 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 SYRINGE) - Tier 2; PA; SP; QL

SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML - 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

YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (brand for adalimumab-aaty (2 syringe)) - Tier 2; PA; SP; QL

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**Preferred Agents**

**Non-Preferred Agents**

Vaccines

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

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

DENGVAXIA - Tier 2; QL  
 HEPLISAV-B - Tier 2; QL; AL  
 HYPERTET - Tier 2; QL  
 PNEUMOVAX 23 - Tier 2; QL  
 PREVNAR 20 - Tier 2; QL

Inflammatory Bowel Disease Agents
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Aminosalicylates

*balsalazide disodium (generic for COLAZAL) - Tier 1; QL*  
*mesalamine er (generic for APRISO) - Tier 1; QL*  
*mesalamine oral tablet delayed release 1.2 gm (generic for LIALDA) - Tier 1; QL*  
*mesalamine rectal (generic for CANASA) - Tier 1; QL*  
 SFROWASA - Tier 2; QL  
*sulfasalazine oral (generic for AZULFIDINE) - Tier 1; QL*

*APRISO (brand for mesalamine er) - Tier 2; PA; QL*  
*AZULFIDINE (brand for sulfasalazine) - Tier 2; PA; QL*  
*AZULFIDINE EN-TABS (brand for sulfasalazine) - Tier 2; PA; QL*  
*CANASA (brand for mesalamine) - Tier 2; PA; QL*  
*COLAZAL (brand for balsalazide disodium) - Tier 2; PA; QL*  
*DELZICOL (brand for mesalamine) - Tier 2; PA; QL*  
 DIPENTUM - Tier 2; PA; QL  
*LIALDA (brand for mesalamine) - Tier 2; PA; QL*  
*mesalamine-cleanser (generic for ROWASA) - Tier 1; PA; QL*  
 PENTASA - Tier 2; PA; QL  
*ROWASA (brand for mesalamine-cleanser) - Tier 2; PA; QL*

Glucocorticoids

*budesonide oral - Tier 1; DX2RX; QL*  
*hydrocortisone (perianal) external cream 2.5 % (generic for PROCTO-MED HC) - Tier 1; QL*  
*hydrocortisone rectal enema 100 mg/60ml (generic for CORTENEMA) - Tier 1; QL*  
*procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL*

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Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents	
<p><i>alendronate sodium oral solution - Tier 1; QL</i>  <i>alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL</i>  <i>alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL</i>  <i>calcitonin (salmon) nasal - Tier 1; QL</i>  <i>calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL</i>  <i>calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members &gt;= 8 years of age will require PA; AL</i>  <i>cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL</i>  <i>TYMLOS - Tier 2; PA; SP; QL</i></p>	<p><i>ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA</i>  <i>ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL</i>  <i>ATELVIA (brand for risedronate sodium) - Tier 2; PA</i>  <i>BINOSTO - Tier 2; PA; QL</i>  <i>FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL</i>  <i>ibandronate sodium oral - Tier 1; PA</i>  <i>risedronate sodium oral tablet 150 mg (generic for ACTONEL) - Tier 1; PA</i>  <i>risedronate sodium oral tablet 30 mg, 5 mg - Tier 1; PA; QL</i>  <i>risedronate sodium oral tablet 35 mg (generic for ACTONEL) - Tier 1; PA; QL</i>  <i>ROCALTROL ORAL CAPSULE (brand for calcitriol) - Tier 2; PA; QL</i>  <i>ROCALTROL ORAL SOLUTION (brand for calcitriol) - Tier 2; PA; Members &gt;= 8 years of age will require PA; AL</i></p>

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**Preferred Agents**

**Non-Preferred Agents**

Miscellaneous Therapeutic Agents

ABRYSSVO - Tier 2; QL  
*acne control cleanser (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1*  
*acne medication 10 external lotion - Tier 1; QL*  
*acne medication 5 external lotion - Tier 1*  
*acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1*  
*adv acne spot treatment (generic for CLEARASIL RAPID RESCUE DEEP) - Tier 1*  
*advanced acne spot treat (generic for CLEAN & CLEAR ACNE SCRUB) - Tier 1*  
 AFLURIA - Tier 2; QL  
 AFLURIA PRESERVATIVE FREE - Tier 2; QL  
 ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL  
 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*

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**

*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*  
*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*

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**

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 careone 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  
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; 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

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## Preferred Agents

*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  
CAYA - Tier 2; QL  
CENTRUM FLAVOR BURST KIDS (brand for cvs gummy dinos) - Tier 2; QL  
CENTRUM KIDS (brand for cvs gummy dinos) - Tier 2; QL  
*childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL*  
*c-lax laxative (generic for EX-LAX ULTRA) - Tier 1; QL*  
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*

## Non-Preferred Agents

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

*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*

*DUREX EXTRA SENSITIVE THIN (brand for true cover) - Tier 2; QL*

*DUREX TROPICAL (brand for true cover) - Tier 2; QL*

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

*EASIVENT MASK LARGE (brand for breathe comfort chamber/adult) - Tier 2; QL*

*EASIVENT MASK MEDIUM (brand for breathe comfort chamber/adult) - Tier 2; QL*

*EASIVENT MASK SMALL (brand for breathe comfort chamber/adult) - Tier 2; QL*

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

*EMERGEN-C KIDZ IMMUNE+* (brand for cvs gummy dinos) - Tier 2; QL  
*EMERGEN-C KIDZ ORAL TABLET CHEWABLE* (brand for cvs gummy dinos) - 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  
*FLINTSTONES + EXTRA IRON* (brand for cvs gummy dinos) - Tier 2; QL  
*FLINTSTONES COMPLETE* (brand for cvs gummy dinos) - Tier 2; QL  
*FLUAD* - Tier 2; QL  
*FLUARIX* - Tier 2; QL  
*FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE* - Tier 2  
*FLULAVAL* - Tier 2; QL  
*FLUZONE HIGH-DOSE* - Tier 2; QL  
*FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE* - Tier 2; QL  
*folic acid oral tablet 1 mg, 800 mcg* - Tier 1; QL  
*folic acid oral tablet 400 mcg* - Tier 1  
*foot & sneaker* (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1  
*ft antibiotic* - Tier 1; QL  
*ft antifungal external cream 1 %* (generic for TINACTIN) - Tier 1; QL  
*ft aspirin* (generic for BAYER LOW DOSE) - Tier 1; QL

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

*ft aspirin low dose (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL*

*ft childrens multi (generic for CENTRUM FLAVOR BURST KIDS) - 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*

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

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

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

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

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

*hyoscyamine sulfate er (generic for LEVBID) - Tier 1; QL*

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

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

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

hyosyne - Tier 1; QL  
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  
LEVBIID (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  
MODERNA COVID-19 VAC 6M-11Y - Tier 2; QL  
MOUNJARO - Tier 2; PA; QL  
NEODOT THERMOMETER - Tier 2; QL

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

NEUTROGENA OIL-FREE ACNE WASH (brand for cvs acne control cleanser) - Tier 2  
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  
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 ORAL - Tier 2; QL; AL

## Preferred Agents

## Non-Preferred Agents

*sure result sr relief (generic for DERMACINRX PENETRAL) - Tier 1; QL*  
*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; QL*  
*TROJAN ULTRA RIBBED LUBRICATED (brand for true cover) - Tier 2; QL*  
*TROJAN ULTRA THIN (brand for true cover) - Tier 2; QL*  
*TROJAN ULTRA THIN/SPERMICIDAL (brand for true cover) - Tier 2; QL*  
*TROJAN-ENZ LUBRICATED (brand for true cover) - Tier 2; QL*  
*TROJAN-ENZ/SPERMICIDAL (brand for true cover) - Tier 2; QL*  
*TRUE COVER (brand for true cover) - Tier 2; QL*  
*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*  
*vitachew multiple vitamin (generic for CENTRUM FLAVOR BURST KIDS) - Tier 1; QL*  
*wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1*

Preferred Agents	Non-Preferred Agents
<p>wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1</p> <p>WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL</p> <p>WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL</p> <p>womans laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>womens gentle laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p> <p>womens laxative (generic for EX-LAX ULTRA) - Tier 1; QL</p>	

**Molecular Target Inhibitors - Chemotherapy Agents**

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

Ophthalmic Agents

Ophthalmic Prostaglandin and Prostanoid Analogs

<p><i>latanoprost ophthalmic (generic for XALATAN)</i> - Tier 1; QL</p>	<p><i>bimatoprost ophthalmic</i> - Tier 1; PA; QL  LUMIGAN - Tier 2; PA; QL  TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL  travoprost (bak free) (generic for TRAVATAN Z) - Tier 1; PA; QL  VYZULTA - Tier 2; PA; QL  XALATAN (brand for latanoprost) - Tier 2; PA; QL  ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL</p>
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Preferred Agents	Non-Preferred Agents
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Ophthalmic Agents, Other

*altafrin (generic for ALTAFRIN) - Tier 1*  
*atropine sulfate ophthalmic solution 1 % - Tier 1; QL*  
*bacitra-neomycin-polymyxin-hc (generic for NEO-POLYICIN HC) - Tier 1; QL*  
*cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL*  
*cyclosporine ophthalmic (generic for RESTASIS) - Tier 1; PA; QL*  
 CYSTARAN - Tier 2; DX2RX; SP; QL  
*dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL*  
*neomycin-polymyxin-dexameth ophthalmic ointment (generic for MAXITROL) - Tier 1; QL*  
*neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1 (generic for MAXITROL) - Tier 1; QL*  
*NEO-POLYICIN HC (brand for bacitra-neomycin-polymyxin-hc) - Tier 2; QL*  
*phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1*  
*sulfacetamide-prednisolone - Tier 1*  
 TOBRADEX - Tier 2; QL  
*tobramycin-dexamethasone - Tier 1; QL*

*COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL*  
*COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL*  
*COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA*  
 ROCKLATAN - Tier 2; PA; QL

Ophthalmic Anti-allergy Agents

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

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Preferred Agents	Non-Preferred Agents
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Ophthalmic Anti-Infectives

*bacitracin ophthalmic - Tier 1; QL*  
*bacitracin-polymyxin b (generic for POLYCIN) - Tier 1; QL*  
*ciprofloxacin hcl ophthalmic - Tier 1; QL*  
*erythromycin ophthalmic - Tier 1; QL*  
*gentamicin sulfate ophthalmic - Tier 1; QL*  
*moxifloxacin hcl (2x day) - Tier 1; QL*  
*moxifloxacin hcl ophthalmic (generic for VIGAMOX) - Tier 1; QL*  
*neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1*  
*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*

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*

Ophthalmic Beta-Adrenergic Blocking Agents

<p> <i>betaxolol hcl ophthalmic - Tier 1; QL</i>  <i>carteolol hcl - Tier 1</i>  <i>levobunolol hcl - Tier 1; QL</i>  <i>timolol maleate ophthalmic solution - Tier 1; QL</i> </p>	<p> <i>BETIMOL (brand for timolol hemihydrate) - Tier 2; PA; QL</i>  <i>BETOPTIC-S - Tier 2; PA; QL</i>  <i>ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL</i>  <i>timolol maleate (once-daily) (generic for ISTALOL) - Tier 1; PA; QL</i>  <i>TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL</i> </p>
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Preferred Agents	Non-Preferred Agents
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Ophthalmic Intraocular Pressure Lowering Agents, Other

*apraclonidine hcl - Tier 1; QL*  
*brimonidine tartrate ophthalmic solution 0.15 % (generic for ALPHAGAN P) - Tier 1; QL*  
*brimonidine tartrate ophthalmic solution 0.2 % - Tier 1; QL*  
 DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC - Tier 2; QL  
*dorzolamide hcl solution 2 % ophthalmic - Tier 1; QL*  
*methazolamide oral - Tier 1; QL*  
 PHOSPHOLINE IODIDE - Tier 2  
*pilocarpine hcl ophthalmic - Tier 1*

*ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL*  
*AZOPT (brand for brinzolamide) - Tier 2; PA*  
 IOPIDINE - Tier 2; PA  
 RHOPRESSA - Tier 2; PA; QL  
 SIMBRINZA - Tier 2; PA; QL

Ophthalmic Agents - Drugs to Treat Eye Conditions

Ophthalmic Agents, Other - Miscellaneous Eye Drugs

*altachlore ophthalmic ointment (generic for ALTACHLORE) - Tier 1*  
*altachlore ophthalmic solution (generic for ALTACHLORE) - Tier 1; QL*  
*altalube (generic for ALTALUBE) - Tier 1; QL*  
*artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1*  
*artificial tears pf (generic for BION TEARS PF) - Tier 1*  
*astringent eye drops (generic for VISINE A.C.) - Tier 1; QL*  
*BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2*  
*BION TEARS PF (brand for artificial tears pf) - Tier 2*  
*carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL*  
*dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL*  
*eye drops adv relief - Tier 1; QL*  
*eye drops advanced relief - Tier 1; QL*

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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

*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*

## Non-Preferred Agents

## 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>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*



## 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>ARNUITY ELLIPTA - Tier 2; QL  ASMANEX (120 METERED DOSES) - Tier 2; QL  ASMANEX (14 METERED DOSES) - Tier 2; QL  ASMANEX (30 METERED DOSES) - Tier 2; QL  ASMANEX (60 METERED DOSES) - Tier 2; QL  ASMANEX HFA - Tier 2; QL  budesonide inhalation (generic for PULMICORT) - Tier 1; 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 INHALATION AEROSOL SOLUTION 160 MCG/ACT - Tier 2; PA; QL  ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT - Tier 2; PA  PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members &gt;= 5 years of age will require PA; QL; AL  QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT - Tier 2; PA; QL</p>
Antileukotrienes	
<p>montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL</p>	<p>ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL  SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL  zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL  zileuton er - Tier 1; PA; QL  ZYFLO - Tier 2; PA</p>

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

Preferred Agents	Non-Preferred Agents
Bronchodilators, Anticholinergic	
ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL <i>ipratropium bromide inhalation - Tier 1; QL</i> <i>ipratropium bromide nasal - Tier 1; QL</i> <i>tiotropium bromide monohydrate (generic for SPIRIVA HANDIHALER) - Tier 1; QL</i>	TUDORZA PRESSAIR - Tier 2; PA; QL
Bronchodilators, Sympathomimetic	
<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	<i>BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL</i> <i>PERFOROMIST (brand for formoterol fumarate) - 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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Cystic Fibrosis Agents

CAYSTON - Tier 2; DX2RX; SP; QL  
 KALYDECO - Tier 2; PA; SP; QL  
 ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG - Tier 2; PA; SP; QL  
 ORKAMBI ORAL PACKET 75-94 MG - Tier 2; SP; QL  
 ORKAMBI ORAL TABLET - Tier 2; PA; SP; QL  
 PULMOZYME - Tier 2; DX2RX; SP; QL  
 SYMDEKO - Tier 2; PA; SP; QL  
*tobramycin inhalation nebulization solution 300 mg/4ml (generic for BETHKIS) - Tier 1; DX2RX; SP; QL*  
 TRIKAFTA ORAL TABLET THERAPY PACK - Tier 2; PA; SP; QL  
 TRIKAFTA ORAL THERAPY PACK - Tier 2; PA; SP; QL; AL

Mast Cell Stabilizers

*cromolyn sodium inhalation - Tier 1; QL*

Phosphodiesterase Inhibitors, Airways Disease

*elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL*  
*roflumilast (generic for DALIRESP) - Tier 1; DX2RX; QL*  
 THEO-24 - Tier 2  
*theophylline er oral tablet extended release 12 hour 300 mg - Tier 1; QL*  
*theophylline er oral tablet extended release 12 hour 450 mg - Tier 1*  
*theophylline er oral tablet extended release 24 hour 400 mg - Tier 1; QL*  
*theophylline er oral tablet extended release 24 hour 600 mg - Tier 1*  
*theophylline oral (generic for ELIXOPHYLLIN) - Tier 1; QL*

*DALIRESP (brand for roflumilast) - Tier 2; DX2RX; QL*  
*theophylline er oral tablet extended release 12 hour 100 mg, 200 mg - Tier 1; PA; QL*

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Preferred Agents	Non-Preferred Agents
<b>Pulmonary Antihypertensives</b>	
<p>ADEMPAS - Tier 2; DX2RX; SP; QL  <i>alyq (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i>  <i>ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL</i>  <i>bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL</i>            OPSUMIT - Tier 2; DX2RX; SP; QL  <i>sildenafil citrate oral suspension reconstituted - Tier 1; DX2RX; SP; QL</i>  <i>sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL</i>  <i>tadalafil (pah) (generic for ALYQ) - Tier 1; DX2RX; SP; QL</i>            TRACLEER 32 MG - Tier 2; DX2RX; SP; QL</p>	
<b>Pulmonary Fibrosis Agents</b>	
<p>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></p>	
<b>Respiratory Tract Agents, Other</b>	
<p><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></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****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*

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**

*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 (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*  
*saline nasal spray (generic for AYR) - Tier 1*

## Non-Preferred Agents

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

*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*

**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

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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*

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**

*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 acetone 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>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>breyana (generic for BREYNA) - Tier 1; PA; QL</i>  <i>budesonide-formoterol fumarate (generic for BREYNA) - Tier 1; PA; ST; 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 (brand for fluticasone-salmeterol) - Tier 2; QL</i>  <i>ipratropium-albuterol - Tier 1; QL</i></p>	<p><i>ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i>  <i>AIRDUO RESPICLICK 113/14 (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i>  <i>AIRDUO RESPICLICK 232/14 (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i>  <i>AIRDUO RESPICLICK 55/14 (brand for fluticasone-salmeterol) - Tier 2; PA; QL</i>  <i>BREZTRI AEROSPHERE - Tier 2; PA; QL</i>  <i>DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT - Tier 2; PA; QL</i>  <i>SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; QL</i></p>
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Tier 1: Generic; Tier 2: Brand; AL: Limited to members of a certain age;DX2RX: Diagnosis Required; GE: Gender Limit; PA: Prior Auth Required; QL:Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Preferred Agents	Non-Preferred Agents
STIOLTO RESPIMAT - Tier 2; QL <i>wixela inhub (generic for WIXELA INHUB) - Tier 1; QL</i>	
Mast Cell Stabilizers - Drugs for the Lungs	
<i>cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL</i> <i>NASALCROM (brand for cromolyn sodium) - Tier 2; QL</i>	
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
<i>12 hour decongestant (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal decongestant (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1</i> <i>12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1</i> <i>ADVIL COLD/SINUS (brand for cold &amp; sinus) - Tier 2; AL</i> <i>allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL</i> <i>allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i> <i>allergy &amp; congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL</i>	

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**Preferred Agents**

*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*  
*allergy relief nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL*  
*allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*  
*altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*  
*anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1*  
*APRODINE (brand for cold & allergy d max strength) - Tier 2; AL*

**Non-Preferred Agents**

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

*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*  
*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*

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

cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL  
 DELSYM CGHICHEST CONG DM CHILD (brand for cvs cough & chest congestion) - Tier 2  
 DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL  
 DELSYM COUGHICHEST 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 CGHICHEST CONG DM CHILD) - Tier 1  
 dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL  
 dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL  
 dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL  
 dm maximum adult (generic for DELSYM CGHICHEST 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

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

*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*  
*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*

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

*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*

*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 st er) - 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 CON/CG ORAL LIQUID (brand for cvs cough & chest congestion) - Tier 2*

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

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

*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*

*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*

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

*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*

*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*

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

*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*

*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*

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

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

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

tussin cf oral liquid 30-10-100 mg/5ml - Tier 1

tussin cough dm sugar free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL

tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

tussin dm cough + chest oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1

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

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

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

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

tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL

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Preferred Agents	Non-Preferred Agents
<b>Skeletal Muscle Relaxants</b>	
<i>chlorzoxazone oral tablet 500 mg - Tier 1; QL</i> <i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL</i> <i>methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL</i> <i>orphenadrine citrate er - Tier 1; QL</i>	
<b>Sleep Disorder Agents</b>	
<b>Sleep Promoting Agents</b>	
<i>eszopiclone (generic for LUNESTA) - Tier 1; QL</i> <i>temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL</i> <i>triazolam (generic for HALCION) - Tier 1; QL</i> <i>zaleplon - Tier 1; QL</i> <i>zolpidem tartrate er (generic for AMBIEN CR) - Tier 1</i> <i>zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL</i>	
<b>Wakefulness Promoting Agents</b>	
<i>armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL</i> <i>modafinil oral (generic for PROVIGIL) - Tier 1; DX2RX; 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

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 (brand for multivitamin infant & toddler) - Tier 2; 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*

*DRISDOL (brand for ergocalciferol) - Tier 2; PA; QL*

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

*chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL*

*chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL*

*childrens animal shapes (generic for CEROVITE JR) - Tier 1; QL*

*childrens 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/iron (generic for LAND BEFORE TIME MULTIVITAMIN) - Tier 1; QL*

*daily multivitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL*

*DEPLIN MA (brand for v-c forte) - Tier 2*

*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*

*FOLAGENT DHA (brand for v-c forte) - Tier 2*

*FOLAMED DHA (brand for v-c forte) - Tier 2*

*fruity c - Tier 1; QL*

*ft calcium - 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*

*klor-con/ef - Tier 1; QL*

*K-PRIME - Tier 2; QL*

*LIVITA ADULTS (brand for support) - Tier 2; QL*

*MENATROL (brand for v-c forte) - Tier 2*

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



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

multiple vitamins/iron oral tablet (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL  
MULTIPRO (brand for v-c forte) - Tier 2  
multivitamin infant & toddler oral solution (generic for BPROTECTED PEDIA POLY-VITE) - Tier 1; QL  
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL  
OBTREX - Tier 2  
OCUVEL (brand for v-c forte) - Tier 2  
one-daily multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL  
one-daily/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL  
oyster shell calcium oral tablet 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  
POLY-VI-SOL (brand for multivitamin infant & toddler) - Tier 2; QL  
POLY-VITE PEDIATRIC (brand for multivitamin infant & toddler) - Tier 2; QL  
prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1  
stress formulal/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL  
SUPPORT (brand for support) - Tier 2; QL  
true oyster shell calcium - Tier 1; QL  
TRUE VITAMIN C (brand for ascorbic acid) - Tier 2; QL  
v-c forte (generic for VIC-FORTE) - Tier 1  
vic-forte (generic for VIC-FORTE) - Tier 1

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

*vit c/rose 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*  
*vitamin c oral tablet 1000 mg, 250 mg - Tier 1; QL*  
*vitamin c oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL*  
*vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL*  
*vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL*  
*vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL*  
*vitamin c/rose hips oral tablet 500 mg (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*vitamin c-rose hips (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*vitamin c-rose hips oral tablet (generic for EASY-C IMMUNE HEALTH) - Tier 1; QL*  
*vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL*  
*vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL*  
*WELL VITAMIN C (brand for ascorbic acid) - Tier 2; QL*  
*zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL*

**Preferred Agents**

**Non-Preferred Agents**

Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs

*b-1 - Tier 1; QL*  
*b-12 oral tablet extended release - Tier 1*  
*b6 - Tier 1; QL*  
*cyanocobalamin injection solution 1000 mcg/ml - Tier 1; QL*  
*e - Tier 1*  
*e-400-clear - Tier 1; QL*  
*ft vitamin b-1 - Tier 1; QL*  
*ft vitamin b-12 pr - Tier 1*  
*ft vitamin b-6 - Tier 1; QL*  
*natural vitamin e - Tier 1; QL*  
*pyridoxine hcl oral - Tier 1; QL*  
*thiamine hcl oral - Tier 1; QL*  
 TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG - Tier 2;  
 QL  
 TRUE VITAMIN E ORAL CAPSULE 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 268 mg (400 unit) - Tier 1; QL*

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

## Prior Authorization / Class Criteria

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

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<i>infants pain &amp; fever</i> .....	9	<i>iron oral tablet 325 (65 fe) mg</i> .....	73	<i>junel fe oral tablet 1-20 mg-mcg</i> .....	110
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.....				
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.....				
MAALOX MULTI SYMPTOM MAX ST				
.....				
<i>mag-al plus</i>				
.....				
<i>mag-al plus xs</i>				
.....				
<i>magnesium citrate oral solution</i>				
.....				
<i>magnesium oral tablet 500 mg</i>				
.....				
<i>magnesium oxide -mg supplement oral</i>				
<i>tablet 400 (240 mg) mg</i>				
.....				
<i>magnesium oxide -mg supplement oral</i>				
<i>tablet 500 mg</i>				
.....				
<i>magnesium oxide oral tablet 400 mg</i>				
.....				
<i>magnesium oxide oral tablet 420 mg</i>				
.....				



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