Preferred Drug List (PDL)

New Jersey – MLTSS

Effective Date: 7/1/2023

United Healthcare Community Plan

UnitedHealthcare®
Community Plan

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

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

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130

UHC_Civil_Rights@uhc.com

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

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

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

Internet:
https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Formas para las quejas se encuentran disponibles en:
http://www.hhs.gov/ocr/office/file/index.html

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

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

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

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

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

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

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

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

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

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

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።

ተተሓሒዙ ዘሎ ሓበሬታ ብቋንቋኹም ተዘይኮይኑ፤ ብኽብረትኩም በዚ ዝስዕብ ቁጽሪ ስልኪ ናብ UnitedHealthcare Community Plan ደውሉ፦ 1-800-941-4647 ምስማዕ ንዑጸግሙ/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。

ប្រសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសារដើមរបស់អ្នកទេ 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 ارطبا تی برای نا شنوایان-711 TTY.

New Jersey – MLTSS

Table of Contents

Preferred Agents	Non-Preferred Agents
Analgesics	
Nonsteroidal Anti-inflammatory Drugs	
ADVIL JUNIOR STRENGTH (brand for cvs ibuprofen childrens) - Tier 2; QL *ADVIL ORAL TABLET (brand for cvs ibuprofen) - Tier 2; QL* *ALEVE ORAL TABLET (brand for all day pain relief) - Tier 2; QL* *all day pain relief (generic for MEDIPROXEN) - Tier 1; QL* *all day relief (generic for MEDIPROXEN) - Tier 1; QL* *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* *ibuprofen (generic for IBU) - Tier 1; QL* *ibu-200 (generic for ADVIL) - Tier 1; QL* *ibuprofen childrens oral tablet chewable 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen ib childrens (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen ib oral tablet 200 mg (generic for ADVIL) - Tier 1; QL* *ibuprofen infants oral suspension 50 mg/1.25ml (generic for INFANTS ADVIL) - Tier 1; QL* *ibuprofen jr oral tablet 100 mg (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen junior (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen junior strength (generic for ADVIL JUNIOR STRENGTH) - Tier 1; QL* *ibuprofen oral suspension 100 mg/5ml (generic for CHILDRENS ADVIL) - Tier 1; QL*	*DUEXIS (brand for ibuprofen-famotidine) - Tier 2; PA; QL* ELYXYB - Tier 2; PA; QL *FLECTOR (brand for diclofenac epolamine) - Tier 2; PA; QL* LICART - Tier 2; PA; QL *NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 750 MG (brand for naproxen sodium er) - Tier 2; PA* *NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (brand for naproxen sodium er) - Tier 2; PA; QL* *NAPROSYN ORAL SUSPENSION (brand for naproxen) - Tier 2; PA; QL; AL* *NAPROSYN ORAL TABLET (brand for naproxen) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
ibuprofen oral tablet 200 mg (generic for ADVIL) - Tier 1; QL *ibuprofen oral tablet 400 mg, 600 mg, 800 mg (generic for IBU) - Tier 1; QL* *indomethacin oral - Tier 1; QL* *INFANTS ADVIL (brand for cvs ibuprofen infants) - Tier 2; QL* *infants ibuprofen (generic for INFANTS ADVIL) - Tier 1; QL* *ketoprofen oral capsule 50 mg - Tier 1; QL* *ketorolac tromethamine oral - Tier 1; QL* *ketorolac tromethamine solution 30 mg/ml injection - Tier 1; QL* KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION - Tier 2; QL *mediproxen (generic for MEDIPROXEN) - Tier 1; QL* *meloxicam oral tablet - Tier 1; QL* *mm ibuprofen (generic for ADVIL) - 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 oral suspension (generic for NAPROSYN) - 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 (generic for DAYPRO) - Tier 1; QL* *piroxicam oral (generic for FELDENE) - Tier 1; QL* *sulindac oral - Tier 1; QL*	
Opioid Analgesics, Long-acting	
buprenorphine (generic for BUTRANS) - Tier 1; PA; QL *fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr - Tier 1; PA; QL* *hydrocodone bitartrate er oral capsule extended release 12 hour 30 mg, 40 mg, 50 mg - Tier 1; PA; QL*	BELBUCA - Tier 2; PA; QL *BUTRANS (brand for buprenorphine) - Tier 2; PA; QL* *HYSINGLA ER (brand for hydrocodone bitartrate er) - Tier 2; PA; QL* *morphine sulfate er beads - Tier 1; PA; QL* *MS CONTIN (brand for morphine sulfate er) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
methadone hcl oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL *methadose oral tablet soluble (generic for METHADOSE) - Tier 1; DX2RX; QL* *morphine sulfate er (generic for MS CONTIN) - Tier 1; PA; QL* *morphine sulfate injection solution 2 mg/ml, 4 mg/ml - Tier 1* *morphine sulfate intravenous solution 50 mg/ml - Tier 1* *oxymorphone hcl er - Tier 1; PA; QL*	NUCYNTA ER - Tier 2; PA; QL *OXYCONTIN (brand for oxycodone hcl er) - Tier 2; PA; QL* ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG - Tier 2; PA; QL XTAMPZA ER - Tier 2; PA; QL
Opioid Analgesics, Short-acting	
acetaminophen-codeine - 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 (generic for ESGIC) - Tier 1; QL* *butalbital-apap-caffeine oral tablet (generic for BAC) - Tier 1; QL* *butalbital-asa-caff-codeine (generic for ASCOMP-CODEINE) - Tier 1; QL* *butalbital-aspirin-caffeine - Tier 1; QL* *butorphanol tartrate nasal - Tier 1; QL* *codeine sulfate oral tablet 30 mg, 60 mg - Tier 1; QL* *endocet oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg (generic for ENDOCET) - Tier 1; QL* *fentanyl citrate (pf) - Tier 1; QL* *hydrocodone-acetaminophen oral solution 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) - Tier 1; QL* *morphine sulfate oral - Tier 1; QL*	*apap-caff-dihydrocodeine (generic for TREZIX) - Tier 1; PA; QL* NUCYNTA - Tier 2; PA; QL SEGLENTIS - Tier 2; PA; QL *TREZIX (brand for apap-caff-dihydrocodeine) - Tier 2; PA; QL*

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

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

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

Preferred Agents	Non-Preferred Agents
acetaminophen childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL *acetaminophen childrens oral tablet chewable 160 mg (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 (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen infants (generic for PANADOL CHILDRENS) - Tier 1; QL* *acetaminophen oral liquid 160 mg/5ml (generic for LITTLE REMEDIES FOR 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 PANADOL CHILDRENS) - Tier 1; QL* *acetaminophen oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *acetaminophen oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *acetaminophen oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 120 mg (generic for FEVERALL CHILDRENS) - Tier 1; QL* *acetaminophen rectal suppository 650 mg (generic for FEVERALL ADULTS) - 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*	

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

Preferred Agents	Non-Preferred Agents
betatemp childrens (generic for PANADOL CHILDRENS) - Tier 1; QL *childrens acetaminophen (generic for PANADOL CHILDRENS) - Tier 1; QL* *childrens apap (generic for MAPAP CHILDRENS) - Tier 1; QL* *childrens non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *childrens silapap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *childs non-aspirin (generic for MAPAP CHILDRENS) - Tier 1; QL* *ed-apap (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *EXCEDRIN EXTRA STRENGTH (brand for cvs headache relief) - Tier 2* *EXCEDRIN MIGRAINE (brand for cvs headache relief) - Tier 2* *fever reducer/pain reliever (generic for PANADOL CHILDRENS) - Tier 1; QL* *fever reducing childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* *feverall adults (generic for FEVERALL ADULTS) - Tier 1; QL* *feverall childrens (generic for FEVERALL CHILDRENS) - Tier 1; QL* FEVERALL INFANTS - Tier 2; QL FEVERALL JUNIOR STRENGTH - Tier 2; QL *headache formula (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *headache relief (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *headache relief extra str (generic for EXCEDRIN EXTRA STRENGTH) - Tier 1* *infants pain & fever (generic for PANADOL CHILDRENS) - Tier 1; QL* *infants pain relief drops (generic for PANADOL CHILDRENS) - Tier 1; QL* *infants pain/fever (generic for PANADOL CHILDRENS) - Tier 1; QL* *liquid acetaminophen (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *liquid pain relief (generic for LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *mapap acetaminophen extra str (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *mapap arthritis pain (generic for TYLENOL 8 HOUR) - Tier 1; QL* *mapap childrens (generic for MAPAP CHILDRENS) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
mapap oral capsule - Tier 1; 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 LITTLE REMEDIES FOR FEVER) - Tier 1; QL* *non-aspirin (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *non-aspirin 8 hour (generic for TYLENOL 8 HOUR) - Tier 1; QL* *non-aspirin childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *non-aspirin extra strength (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *non-aspirin jr strength (generic for MAPAP CHILDRENS) - Tier 1; QL* *non-aspirin pain relief (generic for PHARBETOL) - Tier 1; QL* *pain & fever child (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain & fever childrens (generic for MAPAP CHILDRENS) - Tier 1; QL* *pain & fever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain & fever infants (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain relief childrens oral elixir 160 mg/5ml (generic for MAX RELIEF JUNIOR) - Tier 1; QL* *pain relief childrens oral suspension (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain relief childrens oral tablet chewable 160 mg (generic for MAPAP CHILDRENS) - Tier 1; 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*	

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

Preferred Agents	Non-Preferred Agents
pain relief extra strength oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL *pain relief oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain relief oral tablet 325 mg (generic for PHARBETOL) - Tier 1; QL* *pain relief oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain relief oral tablet extended release 650 mg (generic for TYLENOL 8 HOUR) - Tier 1; QL* *pain relief regular strength (generic for PHARBETOL) - Tier 1; QL* *pain relief/rapid burst (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever childrens oral suspension 160 mg/5ml (generic for PANADOL CHILDRENS) - Tier 1; QL* *pain reliever ex st oral liquid 500 mg/15ml (generic for MAPAP ACETAMINOPHEN EXTRA STR) - Tier 1* *pain reliever ex st oral tablet 500 mg (generic for MM ACETAMINOPHEN EX STR) - Tier 1; 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 for adults (generic for MM ACETAMINOPHEN EX STR) - Tier 1; QL* *pain reliever oral tablet (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 EXTRA STRENGTH (brand for acetaminophen) - Tier 2; QL* *PHARBETOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
sb arthritis pain relief (generic for TYLENOL 8 HOUR) - Tier 1; QL *sb pain reliever childrens (generic for PANADOL CHILDRENS) - Tier 1; QL* *TYLENOL FOR CHILDREN + ADULTS (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL SUSPENSION 160 MG/5ML (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET 325 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET 500 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET CHEWABLE 160 MG (brand for acetaminophen) - Tier 2; QL* *TYLENOL ORAL TABLET EXTENDED RELEASE 650 MG (brand for 8 hour arthritis pain) - Tier 2; QL*	
Nonsteroidal Anti-Inflammatory Drugs - Pain/Anti-Inflammatory Drugs	
salsalate oral - Tier 1; QL	
Opioid Analgesics, Short-acting	
oxycodone hcl oral tablet 10 mg, 20 mg - Tier 1; QL *oxycodone hcl oral tablet 15 mg, 30 mg (generic for ROXICODONE) - Tier 1; QL*	
Anesthetics	
Local Anesthetics	
7T LIDO - Tier 2; QL *ANECREAM EXTERNAL CREAM (brand for lidocaine) - Tier 2; QL* *lidocaine external cream (generic for ANECREAM) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
lidocaine external patch 5 % (generic for LIDODERM) - Tier 1; DX2RX; QL *lidocaine hcl external cream 3 % - Tier 1; QL* *lidocaine viscous hcl - Tier 1; QL* *lidocaine-prilocaine external cream - Tier 1; QL* *lidopin external cream 3 % - Tier 1; QL* *LMX 4 (brand for lidocaine) - Tier 2; QL* PROXIVOL - Tier 2; QL	
Anti-Addiction/Substance Abuse Treatment Agents	
Alcohol Deterrents/Anti-craving	
acamprosate calcium - Tier 1; QL *disulfiram oral tablet 250 mg - Tier 1; QL* *disulfiram oral tablet 500 mg - Tier 1* *naltrexone hcl oral - Tier 1* VIVITROL - Tier 2; QL	
Opioid Dependence	
buprenorphine hcl-naloxone hcl (generic for SUBOXONE) - Tier 1; QL	*SUBOXONE (brand for buprenorphine hcl-naloxone hcl) - Tier 2; PA; QL* ZUBSOLV - Tier 2; PA; ^; QL
Opioid Reversal Agents	
naloxone hcl injection solution - Tier 1; QL *naloxone hcl injection solution cartridge - Tier 1; QL* *naloxone hcl injection solution prefilled syringe - Tier 1; ^; QL* *naloxone hcl nasal (generic for NARCAN) - Tier 1; QL*	KLOXXADO - Tier 2; PA; ^; QL *NARCAN (brand for naloxone hcl) - Tier 2; PA; QL* ZIMHI - Tier 2; PA; QL
Smoking Cessation Agents	
APO-VARENICLINE - Tier 2; QL *bupropion hcl er (smoking det) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
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 - Tier 1; QL*	
Anti-Addiction/Substance Abuse Treatment Agents - Drugs for Overdose or Deterrence	
Smoking Cessation Agents - Deterrents	
mini nicotine (generic for KLS QUIT2) - Tier 1; QL *NICORETTE (brand for cvs nicotine) - Tier 2; QL* *NICORETTE MINI (brand for cvs nicotine) - Tier 2; QL* *NICORETTE STARTER KIT (brand for cvs nicotine) - Tier 2; QL* *nicotine gum mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine gum mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine gum mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine gum mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine mini (generic for KLS QUIT2) - Tier 1; QL* *nicotine mouth/throat gum 2 mg (generic for KLS QUIT2) - Tier 1; QL* *nicotine mouth/throat gum 4 mg (generic for KLS QUIT4) - Tier 1; QL* *nicotine mouth/throat lozenge 2 mg (generic for KLS QUIT2) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
nicotine mouth/throat lozenge 4 mg (generic for KLS QUIT4) - Tier 1; QL *nicotine polacrilex mini (generic for KLS QUIT2) - Tier 1; QL* *nicotine polacrilex mouth/throat (generic for KLS QUIT2) - Tier 1; QL* *quit2 (generic for KLS QUIT2) - Tier 1; QL* *quit4 (generic for KLS QUIT4) - Tier 1; QL* *THRIVE (brand for cvs nicotine) - Tier 2; QL*	
Antiandrogens - Hormone Suppressants	
Antineoplastics - Drugs to Treat Cancer	
	ORGOVYX - Tier 2; PA; SP; QL
Antibacterials	
Aminoglycosides	
neomycin sulfate oral - Tier 1; QL *paromomycin sulfate oral (generic for HUMATIN) - Tier 1; QL*	
Antibacterials, Other	
clindamycin hcl oral capsule 150 mg, 300 mg (generic for CLEOCIN) - Tier 1; QL *clindamycin palmitate hcl (generic for CLEOCIN) - Tier 1; QL* *clindamycin phosphate vaginal (generic for CLEOCIN) - Tier 1; QL* *colistimethate sodium (cba) (generic for COLY-MYCIN M) - Tier 1; QL* *daptomycin solution reconstituted 500 mg intravenous (generic for CUBICIN RF) - Tier 1; QL* *FIRVANQ (brand for vancomycin hcl) - Tier 2; DX2RX; QL* *linezolid oral suspension reconstituted (generic for ZYVOX) - Tier 1; DX2RX; QL* *linezolid oral tablet (generic for ZYVOX) - Tier 1; DX2RX* *methenamine hippurate (generic for HIPREX) - Tier 1; QL* *metronidazole external (generic for METROCREAM) - Tier 1; QL*	CLINDESSE - Tier 2; PA; QL *FLAGYL (brand for metronidazole) - Tier 2; PA; QL* *METROGEL (brand for metronidazole) - Tier 2; PA; QL* NORITATE - Tier 2; PA; QL NUVESSA - Tier 2; PA; QL SOLOSEC - Tier 2; PA; QL *VANCOCIN ORAL CAPSULE 250 MG (brand for vancomycin hcl) - Tier 2; PA; QL* XENLETA ORAL - Tier 2; PA; QL XIFAXAN - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
metronidazole oral tablet - Tier 1; QL *metronidazole vaginal (generic for VANDAZOLE) - Tier 1; QL* *nitrofurantoin - Tier 1; Members >= 8 years of age will require PA; QL; AL* *nitrofurantoin macrocrystal (generic for MACRODANTIN) - Tier 1; QL* *nitrofurantoin monohydrate macrocrystals (generic for MACROBID) - Tier 1; QL* *tigecycline (generic for TYGACIL) - Tier 1; QL* *trimethoprim oral - Tier 1; QL* *VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 25 MG/ML (brand for vancomycin hcl) - Tier 2; DX2RX; QL* *VANDAZOLE (brand for metronidazole) - Tier 2; QL*	
Beta-lactam, Cephalosporins	
cefaclor oral capsule - Tier 1; QL *cefaclor oral suspension reconstituted 250 mg/5ml - Tier 1; QL* *cefadroxil - Tier 1; QL* *cefazolin sodium injection solution reconstituted 1 gm - Tier 1; QL* *cefazolin sodium solution reconstituted 10 gm injection - Tier 1; QL* *cefdinir - Tier 1; QL* *cefepime hcl solution reconstituted 2 gm intravenous - Tier 1; QL* *cefixime oral capsule (generic for SUPRAX) - Tier 1; QL* *cefprozil - Tier 1; QL* *ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg - Tier 1; QL* *cefuroxime axetil - Tier 1; QL* *cephalexin oral capsule - Tier 1; QL* *cephalexin oral suspension reconstituted - Tier 1; QL* TEFLARO SOLUTION RECONSTITUTED 600 MG INTRAVENOUS - Tier 2; QL	
Beta-lactam, Penicillins	
amoxicillin oral capsule - Tier 1; QL	

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

Preferred Agents	Non-Preferred Agents
amoxicillin oral suspension reconstituted - Tier 1; QL *amoxicillin oral tablet 875 mg - Tier 1; QL* *amoxicillin oral tablet chewable - Tier 1; QL* *amoxicillin-potassium clavulanate (generic for AUGMENTIN) - Tier 1; QL* *ampicillin - Tier 1; QL* *ampicillin-sulbactam sodium solution reconstituted 3 (2-1) gm injection (generic for UNASYN) - Tier 1; QL* *dicloxacillin sodium - Tier 1; QL* *nafcillin sodium solution reconstituted 1 gm injection - Tier 1; QL* *penicillin v potassium - Tier 1; QL* *piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm - Tier 1; QL*	
Carbapenems	
ertapenem sodium (generic for INVANZ) - Tier 1; QL *meropenem solution reconstituted 500 mg intravenous - Tier 1; QL* MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML - Tier 2; QL	
Macrolides	
azithromycin oral suspension reconstituted (generic for ZITHROMAX) - Tier 1; QL *azithromycin oral tablet (generic for ZITHROMAX) - Tier 1; QL* *clarithromycin er - Tier 1; QL* *clarithromycin oral - Tier 1; QL* DIFICID - Tier 2; PA; QL *E.E.S. 400 (brand for erythromycin ethylsuccinate) - Tier 2; QL* *ERYTHROCIN STEARATE (brand for erythromycin stearate) - Tier 2; QL* *erythromycin base oral (generic for ERY-TAB) - Tier 1; QL* *erythromycin ethylsuccinate oral (generic for E.E.S. 400) - Tier 1; QL* *erythromycin oral (generic for ERY-TAB) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
Quinolones	
CIPRO ORAL SUSPENSION RECONSTITUTED - Tier 2; QL *ciprofloxacin hcl oral (generic for CIPRO) - Tier 1; QL* *levofloxacin oral tablet (generic for LEVAQUIN) - Tier 1; QL* *moxifloxacin hcl oral - Tier 1; QL* *ofloxacin oral - Tier 1; QL*	
Sulfonamides	
sulfamethoxazole-trimethoprim oral (generic for BACTRIM) - Tier 1; QL *sulfatrim pediatric (generic for SULFATRIM PEDIATRIC) - Tier 1; QL*	
Tetracyclines	
doxy 100 - Tier 1; QL *doxycycline hyclate oral capsule (generic for VIBRAMYCIN) - Tier 1; QL* *doxycycline hyclate oral tablet 100 mg - Tier 1; QL* *doxycycline monohydrate oral capsule 100 mg (generic for MONDOXYNE NL) - Tier 1; QL* *doxycycline monohydrate oral capsule 50 mg - Tier 1; QL* *minocycline hcl oral capsule 100 mg, 50 mg - Tier 1; QL* *mondoxyne nl (generic for MONDOXYNE NL) - Tier 1; QL* NUZYRA ORAL - Tier 2; PA; QL	*ORACEA (brand for doxycycline) - Tier 2; PA* *SOLODYN (brand for minocycline hcl er) - Tier 2; PA* *XIMINO (brand for minocycline hcl er) - Tier 2; PA; QL*
Antibacterials - Drugs to Treat Bacterial Infections	
Antibacterials, Other - Antibiotics	
antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL *antiseptic (generic for BETADINE) - Tier 1; QL* *BETADINE EXTERNAL SOLUTION 10 % (brand for cvs povidone-iodine) - Tier 2; QL*	SUTAB - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
first aid antibiotic external ointment 3.5-400-5000 , 3.5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL *first aid antiseptic external solution 10 % (generic for BETADINE) - Tier 1; QL* *medi-first triple antibiotic (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *NEOSPORIN ORIGINAL (brand for cvs antibiotic) - Tier 2; QL* *povidone iodine (generic for BETADINE) - Tier 1; QL* *povidone-iodine external solution (generic for BETADINE) - Tier 1; QL* *SCRUB CARE POVIDONE-IODINE (brand for cvs povidone-iodine) - Tier 2; QL* *triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit (generic for NEOSPORIN ORIGINAL) - Tier 1; QL* *triple antibiotic original (generic for NEOSPORIN ORIGINAL) - Tier 1; QL*	
Anticonvulsants	
Anticonvulsants, Other	
felbamate oral suspension (generic for FELBATOL) - Tier 1; Members >= 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 >= 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*	BRIVIACT ORAL - Tier 2; PA; QL EPIDIOLEX - Tier 2; PA; SP; QL FINTEPLA - Tier 2; PA; QL FYCOMPA - Tier 2; PA; QL *TOPAMAX (brand for topiramate) - Tier 2; PA; QL* *TOPAMAX SPRINKLE (brand for topiramate) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL* *TROKENDI XR (brand for topiramate er) - Tier 2; PA; QL* XCOPRI (250 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI (350 MG DAILY DOSE) - Tier 2; PA; QL XCOPRI ORAL TABLET - Tier 2; PA; QL XCOPRI ORAL TABLET THERAPY PACK - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
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 (generic for TOPAMAX SPRINKLE) - Tier 1; Members >= 8 years of age will require PA; QL; AL* *topiramate oral tablet (generic for TOPAMAX) - Tier 1; QL* *valproic acid oral - Tier 1; QL*	
Calcium Channel Modifying Agents	
ethosuximide oral (generic for ZARONTIN) - Tier 1; QL *methsuximide (generic for CELONTIN) - Tier 1; QL*	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
clobazam (generic for ONFI) - Tier 1; DX2RX; QL *diazepam rectal (generic for DIASTAT ACUDIAL) - Tier 1; QL* *gabapentin oral capsule (generic for NEURONTIN) - Tier 1; QL* *gabapentin oral tablet 600 mg, 800 mg (generic for NEURONTIN) - Tier 1; QL* NAYZILAM - Tier 2; PA; QL *phenobarbital oral - Tier 1; QL* *primidone oral tablet 250 mg, 50 mg (generic for MYSOLINE) - Tier 1; QL* *tiagabine hcl (generic for GABITRIL) - Tier 1; PA; QL; AL* *vigabatrin oral packet (generic for VIGADRONE) - Tier 1; PA; SP; QL* *vigadrone (generic for VIGADRONE) - Tier 1; PA; SP; QL*	*gabapentin oral solution 250 mg/5ml (generic for NEURONTIN) - Tier 1; PA; QL* *NEURONTIN (brand for gabapentin) - Tier 2; PA; QL* SYMPAZAN - Tier 2; PA; QL VALTOCO 10 MG DOSE - Tier 2; PA; QL VALTOCO 15 MG DOSE - Tier 2; PA; QL VALTOCO 20 MG DOSE - Tier 2; PA; QL VALTOCO 5 MG DOSE - Tier 2; PA; QL
Sodium Channel Agents	

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

Preferred Agents	Non-Preferred Agents
carbamazepine er (generic for CARBATROL) - Tier 1; QL *carbamazepine oral (generic for EPITOL) - 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* *phenytoin infatabs (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin oral suspension 125 mg/5ml (generic for DILANTIN) - Tier 1; QL* *phenytoin oral tablet chewable (generic for PHENYTOIN INFATABS) - Tier 1; QL* *phenytoin sodium extended (generic for DILANTIN) - Tier 1; QL* *rufinamide (generic for BANZEL) - Tier 1; DX2RX; QL* *TEGRETOL ORAL SUSPENSION (brand for carbamazepine) - Tier 2; QL* *zonisamide oral (generic for ZONEGRAN) - Tier 1; QL*	APTIOM - Tier 2; PA; QL OXTELLAR XR - Tier 2; PA; QL *VIMPAT ORAL (brand for lacosamide) - Tier 2; PA; QL; AL* *ZONEGRAN (brand for zonisamide) - Tier 2; PA; QL*
Anticonvulsants - Drugs to Treat Seizures	
Anticonvulsants, Other	
	DIACOMIT - Tier 2; PA; SP; QL
Antidementia Agents	
Antidementia Agents, Other	
	NAMZARIC - Tier 2; PA; QL; AL
Cholinesterase Inhibitors	
donepezil hcl oral tablet 10 mg, 5 mg (generic for ARICEPT) - Tier 1; Members <18 years of age will require PA; QL; AL	*EXELON (brand for rivastigmine) - Tier 2; PA; Members <18 years of age will require PA; QL; AL*

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

Preferred Agents	Non-Preferred Agents
donepezil hcl oral tablet 23 mg (generic for ARICEPT) - Tier 1; ST; Members <18 years of age will require PA; QL; AL *galantamine hydrobromide oral solution - Tier 1; QL; AL* *galantamine hydrobromide oral tablet 12 mg, 8 mg - Tier 1; QL; AL* *galantamine hydrobromide oral tablet 4 mg - Tier 1; Members <18 years of age will require PA; QL; AL* *rivastigmine (generic for EXELON) - Tier 1; Members <18 years of age will require PA; QL; AL* *rivastigmine tartrate - Tier 1; QL; AL*	
N-methyl-D-aspartate (NMDA) Receptor Antagonist	
memantine hcl oral solution - Tier 1; QL *memantine hcl oral tablet (generic for NAMENDA) - Tier 1; Members <18 years of age will require PA; QL; AL*	
Antidepressants	
Antidepressants, Other	
bupropion hcl er (sr) (generic for WELLBUTRIN SR) - Tier 1; QL *bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg (generic for WELLBUTRIN XL) - Tier 1; ^; QL* *bupropion hcl oral - Tier 1; QL* *mirtazapine oral tablet 15 mg, 30 mg (generic for REMERON) - Tier 1; Tabs (not soltabs); QL* *mirtazapine oral tablet 45 mg, 7.5 mg - Tier 1; QL* *perphenazine-amitriptyline oral tablet 2-10 mg, 4-10 mg, 4-25 mg, 4-50 mg - Tier 1* *perphenazine-amitriptyline oral tablet 2-25 mg - Tier 1; QL*	*FORFIVO XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL* SPRAVATO (84 MG DOSE) - Tier 2; PA; ^; QL *WELLBUTRIN XL (brand for bupropion hcl er (xl)) - Tier 2; PA; ^; QL*
Monoamine Oxidase Inhibitors	
tranylcypromine sulfate (generic for PARNATE) - Tier 1; QL	

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

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* FETZIMA - Tier 2; PA; ^; QL *PAXIL ORAL SUSPENSION (brand for paroxetine hcl) - Tier 2; PA; ^; QL* *PAXIL ORAL TABLET (brand for paroxetine hcl) - Tier 2; PA; QL* *PRISTIQ (brand for desvenlafaxine succinate er) - Tier 2; PA; ^; QL* TRINTELLIX - Tier 2; PA; ^; QL *VIIBRYD (brand for vilazodone hcl) - Tier 2; PA; ^; QL* VIIBRYD STARTER PACK - Tier 2; PA; ^; QL
Tricyclics	
amitriptyline hcl oral - Tier 1; QL *amoxapine - 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	
Antiemetics, Other	
BONINE (brand for cvs motion sickness relief) - Tier 2 *compro (generic for COMPRO) - Tier 1; QL* *driminate (generic for DRIMINATE) - Tier 1* *meclizine hcl oral tablet (generic for DRAMAMINE) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
meclizine hcl oral tablet chewable (generic for BONINE) - Tier 1 *metoclopramide hcl oral solution - Tier 1; QL* *metoclopramide hcl oral tablet (generic for REGLAN) - Tier 1; QL* *motion sickness oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness relief oral tablet 50 mg (generic for DRIMINATE) - Tier 1* *motion sickness relief oral tablet chewable 25 mg (generic for BONINE) - Tier 1* *motion-time (generic for BONINE) - Tier 1* *perphenazine oral - Tier 1; QL* *prochlorperazine (generic for COMPRO) - Tier 1; QL* *prochlorperazine maleate oral - Tier 1; QL* *promethazine hcl injection solution 25 mg/ml (generic for PHENERGAN) - Tier 1; QL* *promethazine hcl oral - Tier 1; QL* *promethazine hcl rectal (generic for PROMETHEGAN) - Tier 1; QL* *promethegan (generic for PROMETHEGAN) - Tier 1; QL* *travel ease (generic for BONINE) - Tier 1* *trimethobenzamide hcl oral - Tier 1; QL*	
Emetogenic Therapy Adjuncts	
aprepitant (generic for EMEND) - Tier 1; QL *dronabinol (generic for MARINOL) - Tier 1; PA; QL* *ondansetron hcl oral tablet 4 mg, 8 mg - Tier 1; QL* *ondansetron odt - Tier 1; QL*	AKYNZEO ORAL - Tier 2; PA; QL *EMEND ORAL (brand for aprepitant) - Tier 2; PA; QL* SANCUSO - Tier 2; PA; QL
Antiemetics - Drugs to Treat Nausea and Vomiting	
Antiemetics, Other - Nausea and Vomiting Drugs	
anti-nausea (generic for EMETROL) - Tier 1 *EMETROL ORAL SOLUTION (brand for anti-nausea) - Tier 2* *gnp anti-nausea relief (generic for EMETROL) - Tier 1* *nausea control (generic for EMETROL) - Tier 1*	

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

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

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

Preferred Agents	Non-Preferred Agents
Antifungals - Fungal Infection Drugs	
3 day vaginal (generic for GYNE-LOTRIMIN 3) - Tier 1; QL *3-day vaginal vaginal cream 2 % (generic for GYNE-LOTRIMIN 3) - Tier 1; QL* *antifungal (generic for DESENEX) - Tier 1; QL* *antifungal foot care (generic for LAMISIL AT) - Tier 1; QL* *antifungal miconazole (generic for MICATIN) - Tier 1; QL* *atheletes foot (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; QL* *athletes foot (terbinafine) (generic for LAMISIL AT) - Tier 1; QL* *athletes foot external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; QL* *athletes foot external cream 1 % (generic for LAMISIL AT) - Tier 1; QL* *athletes foot powder spray external aerosol powder 2 % (generic for CRUEX PRESCRIPTION STRENGTH) - Tier 1; QL* *athletes foot spray external aerosol 2 % (generic for LOTRIMIN AF) - Tier 1; QL* *baza antifungal (generic for MICATIN) - Tier 1; QL* *clotrimazole 3 (generic for GYNE-LOTRIMIN 3) - Tier 1; QL* *clotrimazole 7 (generic for GYNE-LOTRIMIN) - Tier 1; QL* *clotrimazole vaginal (generic for GYNE-LOTRIMIN) - Tier 1; QL* *clotrimazole vaginal cream 1 % (generic for GYNE-LOTRIMIN) - Tier 1; QL* *CRUEX PRESCRIPTION STRENGTH (brand for athletes foot powder spray) - Tier 2; QL* *DESENEX EXTERNAL POWDER (brand for antifungal) - Tier 2; QL* *DESENEX JOCK ITCH (brand for athletes foot powder spray) - Tier 2; QL* *foot care (terbinafine) (generic for LAMISIL AT) - Tier 1; QL* *GYNE-LOTRIMIN (brand for clotrimazole) - Tier 2; QL* *GYNE-LOTRIMIN 3 (brand for 3 day vaginal) - Tier 2; QL* *jock itch external cream 1 % (generic for LAMISIL AT) - Tier 1; QL* *LAMISIL AT EXTERNAL CREAM (brand for athletes foot (terbinafine)) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
LAMISIL AT JOCK ITCH (brand for athletes foot (terbinafine)) - Tier 2; QL *micaderm (generic for MICATIN) - Tier 1; QL* *MICATIN (brand for antifungal) - Tier 2; QL* *miconazole antifungal (generic for MICATIN) - Tier 1; QL* *miconazole nitrate external cream (generic for MICATIN) - Tier 1; QL* *miconazorb af (generic for DESENEX) - Tier 1; QL* *MICOTRIN AP (brand for antifungal) - Tier 2; QL* *MYCOZYL AP (brand for antifungal) - Tier 2; QL* *terbinafine hcl external (generic for LAMISIL AT) - Tier 1; QL* *terbinafine hydrochloride external cream 1 % (generic for LAMISIL AT) - Tier 1; QL* *ZEASORB-AF (brand for antifungal) - Tier 2; QL*	
Antigout Agents	
allopurinol oral tablet 100 mg, 300 mg (generic for ZYLOPRIM) - Tier 1; QL *febuxostat (generic for ULORIC) - Tier 1; ST; QL* *MITIGARE (brand for colchicine) - Tier 2; QL* *probenecid - Tier 1; QL*	*COLCHICINE ORAL CAPSULE (brand for colchicine) - Tier 2; PA; QL* *colchicine oral tablet (generic for COLCRYS) - Tier 1; PA; QL* *COLCRYS (brand for colchicine) - Tier 2; PA; QL*
Antimigraine Agents	
Ergot Alkaloids	
dihydroergotamine mesylate injection - Tier 1; QL MIGERGOT - Tier 2; QL	*MIGRANAL (brand for dihydroergotamine mesylate) - Tier 2; PA; QL* QULIPTA - Tier 2; PA; QL
Prophylactic	
AIMOVIG - Tier 2; PA; QL EMGALITY - Tier 2; PA; QL EMGALITY (300 MG DOSE) - Tier 2; PA; QL	AJOVY - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
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	
naratriptan hcl - Tier 1; ST; QL *rizatriptan benzoate (generic for MAXALT) - Tier 1; QL* *sumatriptan nasal (generic for IMITREX) - Tier 1; QL* *sumatriptan succinate oral (generic for IMITREX) - Tier 1; QL* *sumatriptan succinate refill (generic for IMITREX STATDOSE REFILL) - Tier 1; QL* *sumatriptan succinate subcutaneous (generic for IMITREX STATDOSE SYSTEM) - Tier 1; QL*	*FROVA (brand for frovatriptan succinate) - Tier 2; PA; QL* *IMITREX (brand for sumatriptan) - Tier 2; PA; QL* *MAXALT (brand for rizatriptan benzoate) - Tier 2; PA; QL* *RELPAX (brand for eletriptan hydrobromide) - Tier 2; PA; QL* REYVOW - Tier 2; PA; QL *TREXIMET (brand for sumatriptan-naproxen sodium) - Tier 2; PA; QL* *ZOMIG NASAL (brand for zolmitriptan) - Tier 2; PA; QL*
Antimyasthenic Agents	
Parasympathomimetics	
pyridostigmine bromide er (generic for MESTINON) - Tier 1; QL *pyridostigmine bromide oral solution (generic for MESTINON) - Tier 1; QL* *pyridostigmine bromide oral tablet 60 mg (generic for MESTINON) - Tier 1; QL*	
Antimycobacterials	
Antimycobacterials, Other	
dapsone oral - Tier 1; QL *rifabutin (generic for MYCOBUTIN) - Tier 1; QL*	

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

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 (generic for MYAMBUTOL) - 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, 180 mg, 20 mg, 250 mg, 5 mg - Tier 1; PA; SP; QL* *temozolomide oral capsule 140 mg - Tier 1; PA; SP*	
Antiandrogens	
abiraterone acetate (generic for ZYTIGA) - Tier 1; PA; SP; QL *bicalutamide (generic for CASODEX) - Tier 1; QL* ERLEADA - Tier 2; PA; SP; QL EULEXIN - Tier 2; QL NUBEQA - Tier 2; PA; SP; QL	XTANDI - Tier 2; PA; SP; QL *ZYTIGA (brand for abiraterone acetate) - Tier 2; PA; SP; QL*
Antiangiogenic Agents	

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

Preferred Agents	Non-Preferred Agents
lenalidomide (generic for REVLIMID) - Tier 1; PA; SP; QL POMALYST - Tier 2; PA; SP; QL *REVLIMID (brand for lenalidomide) - Tier 2; PA; SP; QL* THALOMID - Tier 2; PA; SP; QL	
Antiestrogens/Modifiers	
tamoxifen citrate oral - Tier 1; QL *toremifene citrate (generic for FARESTON) - Tier 1; QL*	
Antimetabolites	
hydroxyurea oral (generic for HYDREA) - Tier 1; QL *mercaptopurine oral - Tier 1; QL* TABLOID - Tier 2; SP	PURIXAN - Tier 2; PA; QL
Antineoplastics, Other	
IDHIFA - Tier 2; PA; SP; QL LONSURF - Tier 2; PA; SP; QL NINLARO - Tier 2; PA; SP; QL ZOLINZA - Tier 2; PA; SP; QL	SYNRIBO - Tier 2; PA; SP; QL XPOVIO (100 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (40 MG TWICE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (60 MG ONCE WEEKLY) - Tier 2; PA; SP; QL XPOVIO (80 MG ONCE WEEKLY) - Tier 2; PA; SP; QL
Aromatase Inhibitors, 3rd Generation	
anastrozole oral (generic for ARIMIDEX) - Tier 1; QL *exemestane (generic for AROMASIN) - Tier 1; QL* *letrozole oral (generic for FEMARA) - Tier 1; QL*	
Enzyme Inhibitors	
etoposide oral - Tier 1 HYCAMTIN ORAL - Tier 2; PA; SP	

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

Preferred Agents	Non-Preferred Agents
Molecular Target Inhibitors	
BALVERSA - Tier 2; PA; SP; QL COTELLIC - Tier 2; PA; SP; QL DAURISMO - Tier 2; PA; SP; QL ERIVEDGE - Tier 2; PA; SP; QL *everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg (generic for AFINITOR) - Tier 1; PA; SP; QL* *everolimus oral tablet soluble (generic for AFINITOR DISPERZ) - Tier 1; PA; SP; QL* IBRANCE ORAL CAPSULE - Tier 2; PA; SP; QL IBRANCE ORAL TABLET - Tier 2; PA; QL JAKAFI - Tier 2; PA; SP; QL LYNPARZA - Tier 2; PA; 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 - Tier 2; PA; SP; QL RUBRACA - Tier 2; PA; SP; QL RYDAPT - Tier 2; PA; SP; QL *sorafenib tosylate (generic for NEXAVAR) - Tier 1; PA; SP; QL* STIVARGA - Tier 2; PA; SP; QL *sunitinib malate (generic for SUTENT) - Tier 1; PA; SP; QL* TAFINLAR ORAL CAPSULE - Tier 2; PA; SP; QL TIBSOVO - Tier 2; PA; SP; QL VENCLEXTA - Tier 2; PA; SP; QL VENCLEXTA STARTING PACK - Tier 2; PA; SP; QL VERZENIO - Tier 2; PA; SP; QL VITRAKVI - Tier 2; PA; SP; QL ZEJULA - Tier 2; PA; SP; QL ZELBORAF - Tier 2; PA; SP; QL ZYDELIG - Tier 2; PA; SP; QL	*AFINITOR (brand for everolimus) - Tier 2; PA; SP; QL* COPIKTRA - Tier 2; PA; SP; QL EXKIVITY - Tier 2; PA; SP; QL KISQALI (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI (600 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA (200 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA (400 MG DOSE) - Tier 2; PA; SP; QL KISQALI FEMARA (600 MG DOSE) - Tier 2; PA; SP; QL KOSELUGO - Tier 2; PA; SP; QL *NEXAVAR (brand for sorafenib tosylate) - Tier 2; PA; SP; QL* *SUTENT (brand for sunitinib malate) - Tier 2; PA; SP; QL* TALZENNA - Tier 2; PA; SP; QL TEPMETKO - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Retinoids	
bexarotene external (generic for TARGRETIN) - Tier 1; PA; SP; QL *bexarotene oral (generic for TARGRETIN) - Tier 1; PA; SP* *tretinoin oral - Tier 1; SP; QL*	*TARGRETIN EXTERNAL (brand for bexarotene) - Tier 2; PA; SP; QL* *TARGRETIN ORAL (brand for bexarotene) - Tier 2; PA; SP*
Treatment Adjuncts	
leucovorin calcium oral tablet 10 mg - Tier 1 *leucovorin calcium oral tablet 15 mg, 25 mg, 5 mg - Tier 1; QL* MESNEX ORAL - Tier 2; SP	
Antineoplastics - Drugs to Treat Cancer	
Alkylating Agents - Chemotherapy Agents	
melphalan (generic for ALKERAN) - Tier 1	
Antimetabolites - Chemotherapy Agents	
capecitabine (generic for XELODA) - Tier 1; SP	*XELODA (brand for capecitabine) - Tier 2; PA; SP*
Molecular Target Inhibitors - Chemotherapy Agents	
	SCEMBLIX - Tier 2; PA; SP; QL
Antineoplastics, Other - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ZYKADIA - Tier 2; PA; SP; QL	LUMAKRAS - Tier 2; PA; SP; QL
Antiparasitics	

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

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

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

Preferred Agents	Non-Preferred Agents
RID LICE KILLING SHAMPOO (brand for cvs lice killing) - Tier 2; QL *sb lice killing max st (generic for RID LICE KILLING SHAMPOO) - Tier 1; QL*	
Antiparkinson Agents	
Anticholinergics	
benztropine mesylate oral - Tier 1; QL *trihexyphenidyl hcl - Tier 1; QL*	
Antiparkinson Agents, Other	
amantadine hcl oral capsule - Tier 1; QL *amantadine hcl oral solution - Tier 1; QL* *entacapone (generic for COMTAN) - Tier 1; QL* *tolcapone (generic for TASMAR) - Tier 1; QL*	*COMTAN (brand for entacapone) - Tier 2; PA; QL* 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	
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 1.5 mg - Tier 1; QL *pramipexole dihydrochloride oral tablet 0.75 mg - Tier 1* *ropinirole hcl - Tier 1; QL*	*APOKYN (brand for apomorphine hcl) - Tier 2; PA; SP; QL* KYNMOBI - Tier 2; PA; SP; QL NEUPRO - Tier 2; PA; QL
Dopamine Precursors and/or L-Amino Acid Decarboxylase Inhibitors	
carbidopa-levodopa er - Tier 1; QL *carbidopa-levodopa oral tablet (generic for DHIVY) - Tier 1; QL* *DHIVY (brand for carbidopa-levodopa) - Tier 2; QL*	*carbidopa oral (generic for LODOSYN) - Tier 1; PA; QL* DUOPA - Tier 2; PA INBRIJA - Tier 2; PA; SP; QL RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 61.25-245 MG - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
	RYTARY ORAL CAPSULE EXTENDED RELEASE 48.75-195 MG - Tier 2; PA; QL *SINEMET (brand for carbidopa-levodopa) - Tier 2; PA; QL*
Monoamine Oxidase B (MAO-B) Inhibitors	
selegiline hcl oral - Tier 1; QL	
Antipsychotics	
1st Generation/Typical	
chlorpromazine hcl oral tablet - Tier 1; QL *fluphenazine decanoate injection - Tier 1; QL* *fluphenazine hcl injection - Tier 1; QL* *fluphenazine hcl oral concentrate - Tier 1; QL* *fluphenazine hcl oral elixir - Tier 1* *fluphenazine hcl oral tablet - Tier 1; QL* *haloperidol decanoate intramuscular (generic for HALDOL DECANOATE) - Tier 1; QL* *haloperidol oral - Tier 1; QL* *loxapine succinate - Tier 1; QL* *pimozide - Tier 1; QL; AL* *thioridazine hcl oral - Tier 1; QL* *thiothixene - Tier 1; QL* *trifluoperazine hcl - Tier 1; QL*	
2nd Generation/Atypical	
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 INVEGA HAFYERA - Tier 2; PA; ^; QL; AL INVEGA SUSTENNA - Tier 2; DX2RX; ST; ^; QL; AL INVEGA TRINZA - Tier 2; DX2RX; ST; ^; QL; AL	*ABILIFY (brand for aripiprazole) - Tier 2; PA; QL; AL* *aripiprazole oral solution - Tier 1; DX2RX; ^; QL; AL* *aripiprazole oral tablet dispersible - Tier 1; DX2RX; ^; QL; AL* ARISTADA INITIO - Tier 2; DX2RX; ^; QL; AL CAPLYTA - Tier 2; PA; ^; QL; AL FANAPT - Tier 2; DX2RX; ^; QL; AL

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

Preferred Agents	Non-Preferred Agents
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 oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg (generic for SEROQUEL) - Tier 1; QL; AL* RISPERDAL CONSTA - Tier 2; 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* *ziprasidone hcl (generic for GEODON) - Tier 1; QL; AL*	FANAPT TITRATION PACK - Tier 2; DX2RX; ^; QL; AL *GEODON INTRAMUSCULAR (brand for ziprasidone mesylate) - Tier 2; PA; ^; QL* *GEODON ORAL (brand for ziprasidone hcl) - Tier 2; PA; QL; AL* *INVEGA (brand for paliperidone er) - Tier 2; DX2RX; ^; QL; AL* *LATUDA (brand for lurasidone hcl) - Tier 2; PA; ^; QL; AL* LYBALVI - Tier 2; PA; ^; QL; AL *olanzapine intramuscular (generic for ZYPREXA) - Tier 1; DX2RX; ^; QL* *olanzapine oral tablet dispersible (generic for ZYPREXA ZYDIS) - Tier 1; DX2RX; ^; QL; AL* *paliperidone er (generic for INVEGA) - Tier 1; DX2RX; ^; QL; AL* *quetiapine fumarate er (generic for SEROQUEL XR) - Tier 1; DX2RX; ^; QL; AL* *quetiapine fumarate oral tablet 150 mg - Tier 1; PA; ^; QL; AL* REXULTI - Tier 2; DX2RX; ^; QL; AL *RISPERDAL ORAL SOLUTION (brand for risperidone) - Tier 2; PA; Members >= 8 years of age will require PA; QL; AL* *RISPERDAL ORAL TABLET (brand for risperidone) - Tier 2; PA; QL; AL* *risperidone oral tablet dispersible - Tier 1; DX2RX; ^; QL; AL* *SAPHRIS (brand for asenapine maleate) - Tier 2; DX2RX; ^; QL; AL* *SEROQUEL (brand for quetiapine fumarate) - Tier 2; PA; QL; AL* *SEROQUEL XR (brand for quetiapine fumarate er) - Tier 2; DX2RX; ^; QL; AL* VRAYLAR - Tier 2; DX2RX; ^; QL; AL *ZYPREXA INTRAMUSCULAR (brand for olanzapine) - Tier 2; DX2RX; ^; QL* *ZYPREXA ORAL (brand for olanzapine) - Tier 2; PA; QL; AL* ZYPREXA RELPREVV - Tier 2; PA; ^; QL *ZYPREXA ZYDIS (brand for olanzapine) - Tier 2; DX2RX; ^; QL; AL*
Treatment-Resistant	
clozapine oral tablet 100 mg, 25 mg, 50 mg (generic for CLOZARIL) - Tier 1; QL; AL	*CLOZARIL ORAL TABLET 100 MG, 25 MG, 50 MG (brand for clozapine) - Tier 2; PA; QL; AL*

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

Preferred Agents	Non-Preferred Agents
	CLOZARIL ORAL TABLET 200 MG (brand for clozapine) - Tier 2; DX2RX; ^; QL; AL VERSACLOZ - Tier 2; DX2RX; ^; QL; AL
Antispasmodics, Urinary - Bladder Control Drugs	
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
	GEMTESA - Tier 2; PA; QL
Antispasticity Agents	
baclofen oral tablet - Tier 1; QL *dantrolene sodium oral (generic for DANTRIUM) - Tier 1; QL* *tizanidine hcl oral tablet (generic for ZANAFLEX) - Tier 1; QL*	*ZANAFLEX ORAL CAPSULE 2 MG (brand for tizanidine hcl) - Tier 2; PA; QL* *ZANAFLEX ORAL CAPSULE 4 MG, 6 MG (brand for tizanidine hcl) - Tier 2; PA* *ZANAFLEX ORAL TABLET (brand for tizanidine hcl) - Tier 2; PA; QL*
Antivirals	
Anti-cytomegalovirus (CMV) Agents	
valganciclovir hcl oral tablet (generic for VALCYTE) - Tier 1; QL	
Anti-hepatitis B (HBV) Agents	
BARACLUDE ORAL SOLUTION - Tier 2; SP; QL *entecavir (generic for BARACLUDE) - Tier 1; SP; QL* *lamivudine oral tablet 100 mg - Tier 1; SP; QL*	VEMLIDY - Tier 2; PA; SP; QL
Anti-hepatitis C (HCV) Agents	
MAVYRET ORAL PACKET - Tier 2; PA; SP; QL	*EPCLUSA (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL* *HARVONI (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL*

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

Preferred Agents	Non-Preferred Agents
MAVYRET ORAL TABLET - Tier 2; PA; Preferred for Genotypes 1, 2, 3, 4, 5,& 6; SP; QL *ribavirin oral - Tier 1; QL* *SOFOSBUVIR-VELPATASVIR (brand for sofosbuvir-velpatasvir) - Tier 2; PA; SP; QL* ZEPATIER - Tier 2; PA; SP; QL	*LEDIPASVIR-SOFOSBUVIR (brand for ledipasvir-sofosbuvir) - Tier 2; PA; SP; QL* SOVALDI - Tier 2; PA; SP; QL VOSEVI - Tier 2; PA; SP; QL
Antiherpetic Agents	
acyclovir oral - Tier 1; QL *valacyclovir hcl oral (generic for VALTREX) - Tier 1; QL*	
Anti-HIV Agents, Integrase Inhibitors (INSTI)	
BIKTARVY ORAL TABLET 30-120-15 MG - Tier 2 BIKTARVY ORAL TABLET 50-200-25 MG - Tier 2; QL DOVATO - Tier 2; QL GENVOYA - Tier 2; QL ISENTRESS HD - Tier 2; QL ISENTRESS ORAL PACKET - Tier 2; Members >= 2 years of age will require PA; QL; AL ISENTRESS ORAL TABLET - Tier 2; QL ISENTRESS ORAL TABLET CHEWABLE - Tier 2; QL JULUCA - Tier 2; QL STRIBILD - Tier 2; QL TIVICAY - Tier 2; QL TIVICAY PD - Tier 2; QL; AL	
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	
COMPLERA - Tier 2; QL DELSTRIGO - Tier 2; QL EDURANT - Tier 2; QL	*SYMFI (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL* *SYMFI LO (brand for efavirenz-lamivudine-tenofovir) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
efavirenz (generic for SUSTIVA) - Tier 1; QL *efavirenz-emtricitab-tenofo df (generic for ATRIPLA) - Tier 1; QL* *efavirenz-lamivudine-tenofovir (generic for SYMFI) - Tier 1; QL* *etravirine (generic for INTELENCE) - Tier 1; QL* INTELENCE ORAL TABLET 25 MG - Tier 2; QL *nevirapine - Tier 1; QL* *nevirapine er - Tier 1; QL* PIFELTRO - Tier 2; QL	
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	
abacavir sulfate (generic for ZIAGEN) - Tier 1; QL *abacavir sulfate-lamivudine (generic for EPZICOM) - Tier 1; QL* CIMDUO - Tier 2; QL DESCOVY - Tier 2; QL *emtricitabine (generic for EMTRIVA) - Tier 1; QL* *emtricitabine-tenofovir df (generic for TRUVADA) - Tier 1; QL* EMTRIVA ORAL SOLUTION - Tier 2; QL *lamivudine oral solution (generic for EPIVIR) - Tier 1; QL* *lamivudine oral tablet 150 mg, 300 mg (generic for EPIVIR) - Tier 1; QL* *lamivudine-zidovudine (generic for COMBIVIR) - Tier 1; QL* ODEFSEY - Tier 2; QL *tenofovir disoproxil fumarate (generic for VIREAD) - Tier 1; QL* TRIUMEQ - Tier 2; QL TRIUMEQ PD - Tier 2; QL TRIZIVIR - Tier 2; QL VIREAD ORAL POWDER - Tier 2; QL VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG - Tier 2; QL *zidovudine (generic for RETROVIR) - Tier 1; QL*	*TRUVADA (brand for emtricitabine-tenofovir df) - Tier 2; PA; QL*
Anti-HIV Agents, Other	
FUZEON - Tier 2; QL *maraviroc (generic for SELZENTRY) - Tier 1; QL*	

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

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

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

Preferred Agents	Non-Preferred Agents
Antivirals	
LAGEVRIO - Tier 2; QL PAXLOVID (150/100) - Tier 2; QL PAXLOVID (300/100) - Tier 2; QL	
Anxiolytics	
Anxiolytics, Other	
buspirone hcl oral - Tier 1; QL *hydroxyzine hcl oral - Tier 1; QL* *hydroxyzine pamoate oral (generic for VISTARIL) - Tier 1; QL*	
Benzodiazepines	
alprazolam oral tablet (generic for XANAX) - Tier 1; QL *chlordiazepoxide hcl - Tier 1; QL* *clonazepam oral tablet (generic for KLONOPIN) - Tier 1; QL* *clorazepate dipotassium - Tier 1; QL* *diazepam oral solution - Tier 1; QL* *diazepam oral tablet (generic for VALIUM) - Tier 1; QL* *lorazepam injection solution 2 mg/ml (generic for ATIVAN) - Tier 1; QL* *lorazepam oral tablet (generic for ATIVAN) - Tier 1; QL* *oxazepam - Tier 1; QL*	LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG - Tier 2; PA; ^; QL LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG - Tier 2; PA; QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines - ADHD Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	QELBREE - Tier 2; PA; ^; QL; AL
Bipolar Agents	

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

Preferred Agents	Non-Preferred Agents
Mood Stabilizers	
*divalproex sodium er (generic for DEPAKOTE ER) - Tier 1; *; QL* *divalproex sodium oral capsule delayed release sprinkle (generic for DEPAKOTE SPRINKLES) - Tier 1; Members >= 8 years of age will require PA; QL; AL* *divalproex sodium oral tablet delayed release (generic for DEPAKOTE) - Tier 1; Minimum age of 2 years; QL* *lithium carbonate er (generic for LITHOBID) - Tier 1; QL* *lithium carbonate oral - Tier 1; QL*	
Blood Glucose Regulators	
Antidiabetic Agents	
acarbose oral - Tier 1; QL *ALOGLIPTIN BENZOATE (brand for alogliptin benzoate) - Tier 2; ST; QL* *ALOGLIPTIN-METFORMIN HCL (brand for alogliptin-metformin hcl) - Tier 2; ST; QL* *ALOGLIPTIN-PIOGLITAZONE (brand for alogliptin-pioglitazone) - Tier 2; ST; QL* FARXIGA - Tier 2; PA; QL *glimepiride (generic for AMARYL) - Tier 1; QL* *glipizide er (generic for GLUCOTROL XL) - Tier 1; QL* *glipizide ir - Tier 1; QL* *glipizide xl (generic for GLUCOTROL XL) - Tier 1; QL* *glyburide micronized (generic for GLYNASE) - Tier 1; QL* *glyburide oral - Tier 1; QL* *glyburide-metformin - Tier 1; QL* *metformin hcl er (osm) - Tier 1; PA; QL* *metformin hcl er oral tablet extended release 24 hour 500 mg - Tier 1; QL* *metformin hcl er oral tablet extended release 24 hour 750 mg - Tier 1* *metformin hcl oral tablet 1000 mg, 500 mg, 850 mg - Tier 1; QL*	BYDUREON BCISE AUTOINJECTOR - Tier 2; PA; QL BYETTA 10 MCG PEN - Tier 2; PA; QL BYETTA 5 MCG PEN - Tier 2; PA; QL GLYXAMBI - Tier 2; PA INVOKAMET - Tier 2; PA; QL INVOKAMET XR - Tier 2; PA; QL INVOKANA - Tier 2; PA; QL JANUMET - Tier 2; PA; QL JANUMET XR - Tier 2; PA; QL JANUVIA - Tier 2; PA; QL JARDIANCE - Tier 2; PA; QL JENTADUETO - Tier 2; PA; QL JENTADUETO XR - Tier 2; PA; QL *KAZANO (brand for alogliptin-metformin hcl) - Tier 2; PA; ST; QL* KOMBIGLYZE XR - Tier 2; PA; QL *NESINA (brand for alogliptin benzoate) - Tier 2; PA; ST; QL* ONGLYZA - Tier 2; PA; QL *OSENI (brand for alogliptin-pioglitazone) - Tier 2; PA; ST; QL* OZEMPIC - Tier 2; PA; QL OZEMPIC (2 MG/DOSE) - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
nateglinide - Tier 1; QL *pioglitazone hcl (generic for ACTOS) - Tier 1; QL* *repaglinide - Tier 1; QL* SEGLUROMET - Tier 2; ST; QL SOLIQUA - Tier 2; ST; QL STEGLATRO - Tier 2; ST; QL SYMLINPEN 120 - Tier 2; PA; QL SYMLINPEN 60 - Tier 2; PA; QL TRULICITY - Tier 2; ST; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; ST; QL	QTERN - Tier 2; PA; QL RYBELSUS - Tier 2; PA; QL STEGLUJAN - Tier 2; PA; QL SYNJARDY - Tier 2; PA; QL SYNJARDY XR - Tier 2; PA; QL TRADJENTA - Tier 2; PA; QL TRIJARDY XR - Tier 2; PA; QL VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS - Tier 2; PA; QL XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG - Tier 2; PA XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG - Tier 2; PA; QL XULTOPHY - Tier 2; PA; QL
Glycemic Agents	
BAQSIMI ONE PACK - Tier 2; QL BAQSIMI TWO PACK - Tier 2; QL GLUCAGEN HYPOKIT - Tier 2; QL GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED - Tier 2; QL *glucagon emergency kit 1 mg injection - Tier 1; 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	GLUCAGON EMERGENCY KIT 1 MG INJECTION - Tier 2; PA; QL
Insulins	
ADMELOG (brand for insulin lispro) - Tier 2; QL *ADMELOG SOLOSTAR (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* *BASAGLAR KWIKPEN (brand for insulin glargine solostar) - Tier 2; QL* HUMALOG MIX 50/50 - Tier 2; QL	AFREZZA - Tier 2; PA; QL APIDRA SOLOSTAR - Tier 2; PA; QL APIDRA VIAL - Tier 2; PA; QL FIASP - Tier 2; PA; QL FIASP FLEXTOUCH - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
HUMALOG MIX 75/25 - Tier 2; QL HUMULIN 70/30 VIAL - Tier 2; QL HUMULIN N VIAL - Tier 2; QL HUMULIN R VIAL - Tier 2; QL *INSULIN ASPART PROT & ASPART (brand for insulin aspart prot & aspart) - Tier 2; QL* *INSULIN GLARGINE-YFGN (brand for insulin glargine-yfgn) - Tier 2; QL* *INSULIN LISPRO (brand for insulin lispro) - Tier 2; QL* NOVOLIN 70/30 RELION - Tier 2; QL NOVOLIN 70/30 VIAL - Tier 2; QL NOVOLIN N RELION - Tier 2; QL NOVOLIN N VIAL - Tier 2; QL NOVOLIN R RELION - Tier 2; QL NOVOLIN R VIAL - Tier 2; QL *NOVOLOG FLEXPEN RELION (brand for insulin aspart flexpen) - Tier 2; QL* *NOVOLOG RELION (brand for insulin aspart) - Tier 2; QL*	FIASP PENFILL - Tier 2; PA; QL *HUMALOG (brand for insulin lispro) - Tier 2; PA; QL* *HUMALOG JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL* *HUMALOG KWIKPEN (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* HUMALOG MIX 50/50 KWIKPEN - Tier 2; PA; QL *HUMALOG MIX 75/25 KWIKPEN (brand for insulin lispro prot & lispro) - Tier 2; PA; QL* HUMULIN 70/30 KWIKPEN - Tier 2; PA; QL HUMULIN N KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 KWIKPEN - Tier 2; PA; QL HUMULIN R U-500 VIAL (CONCENTRATED) - Tier 2; PA; QL *INSULIN ASPART (brand for insulin aspart) - Tier 2; PA; QL* *INSULIN GLARGINE (brand for insulin glargine) - Tier 2; PA; QL* *INSULIN GLARGINE SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL* *INSULIN LISPRO (1 UNIT DIAL) (brand for insulin lispro (1 unit dial)) - Tier 2; PA; QL* *INSULIN LISPRO JUNIOR KWIKPEN (brand for insulin lispro junior kwikpen) - Tier 2; PA; QL* *INSULIN LISPRO PROT & LISPRO (brand for insulin lispro prot & lispro) - Tier 2; PA; QL* *LANTUS SOLOSTAR (brand for insulin glargine solostar) - Tier 2; PA; QL* *LANTUS U-100 VIAL (brand for insulin glargine) - Tier 2; PA; QL* LEVEMIR FLEXPEN - Tier 2; PA; QL LEVEMIR U-100 VIAL - Tier 2; PA; QL LYUMJEV - Tier 2; PA; QL LYUMJEV KWIKPEN - Tier 2; PA; QL NOVOLIN 70/30 FLEXPEN - Tier 2; PA; QL NOVOLIN N FLEXPEN - Tier 2; PA; QL NOVOLIN R FLEXPEN - Tier 2; PA; QL *NOVOLOG FLEXPEN (brand for insulin aspart flexpen) - Tier 2; PA; QL* *NOVOLOG MIX 70/30 FLEXPEN (brand for insulin asp prot & asp flexpen) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
	NOVOLOG MIX 70/30 VIAL (brand for insulin aspart prot & aspart) - Tier 2; PA; QL *NOVOLOG PENFILL (brand for insulin aspart penfill) - Tier 2; PA; QL* *NOVOLOG U-100 VIAL (brand for insulin aspart) - Tier 2; PA; QL* *SEMGLEE (YFGN) (brand for insulin glargine-yfgn) - Tier 2; PA; QL* TOUJEO MAX SOLOSTAR - Tier 2; PA; QL TOUJEO SOLOSTAR - Tier 2; PA; QL *TRESIBA (brand for insulin degludec) - Tier 2; PA; QL* *TRESIBA FLEXTOUCH (brand for insulin degludec flextouch) - Tier 2; PA; QL*
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
Glycemic Agents - Diabetic Drugs	
glucose oral tablet chewable 4 gm (generic for TRUEPLUS GLUCOSE) - Tier 1; QL *soft glucose (generic for TRUEPLUS GLUCOSE) - Tier 1; QL* *TRUEPLUS GLUCOSE ON THE GO (brand for cvs glucose) - Tier 2; 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*	
Blood Products and Modifiers	
Anticoagulants	

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

Preferred Agents	Non-Preferred Agents
ELIQUIS - Tier 2; QL ELIQUIS DVT/PE STARTER PACK - Tier 2; QL *enoxaparin sodium (generic for LOVENOX) - Tier 1; QL* *heparin sodium (porcine) - Tier 1; QL* *heparin sodium (porcine) pf injection solution 5000 unit/0.5ml - Tier 1; QL* *heparin sodium (porcine) pf injection solution 5000 unit/ml - Tier 1* *jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL* *jantoven oral tablet 6 mg (generic for JANTOVEN) - Tier 1* SAVAYSA - Tier 2; QL *warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 7.5 mg (generic for JANTOVEN) - Tier 1; QL* *warfarin sodium oral tablet 6 mg (generic for JANTOVEN) - Tier 1*	*PRADAXA ORAL CAPSULE (brand for dabigatran etexilate mesylate) - Tier 2; PA; QL* PRADAXA ORAL PACKET - Tier 2; PA; QL; AL XARELTO - Tier 2; PA; QL XARELTO STARTER PACK - Tier 2; PA; QL
Blood Products and Modifiers, Other	
anagrelide hcl (generic for AGRYLIN) - Tier 1 ARANESP (ALBUMIN FREE) INJECTION SOLUTION - Tier 2; PA; SP ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML - Tier 2; PA; SP; QL ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML - Tier 2; PA; SP DROXIA ORAL CAPSULE 200 MG, 300 MG - Tier 2 DROXIA ORAL CAPSULE 400 MG - Tier 2; QL LEUKINE - Tier 2; PA; SP MOZOBIL - Tier 2; PA; SP; QL MULPLETA - Tier 2; PA; SP; QL NEULASTA - Tier 2; PA; SP NEULASTA ONPRO - Tier 2; PA; SP PROMACTA - Tier 2; PA; SP; QL RETACRIT - Tier 2; PA; SP ZARXIO - Tier 2; PA; SP	EPOGEN - Tier 2; PA; SP FULPHILA - Tier 2; PA; SP GRANIX - Tier 2; PA; SP NEUPOGEN INJECTION SOLUTION 300 MCG/ML - Tier 2; PA; SP NEUPOGEN INJECTION SOLUTION 480 MCG/1.6ML - Tier 2; PA; SP; QL NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP NIVESTYM - Tier 2; PA; SP NYVEPRIA - Tier 2; PA; SP OXBRYTA ORAL TABLET 300 MG - Tier 2; PA; SP; QL; AL OXBRYTA ORAL TABLET 500 MG - Tier 2; PA; QL OXBRYTA ORAL TABLET SOLUBLE - Tier 2; PA; SP; QL PROCRIT - Tier 2; PA; SP SIKLOS - Tier 2; PA; QL UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP

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

Preferred Agents	Non-Preferred Agents
ZIEXTENZO - Tier 2; PA; SP	
Hemostasis Agents	
aminocaproic acid oral (generic for AMICAR) - Tier 1; QL *tranexamic acid oral - Tier 1; DX2RX; QL*	
Platelet Modifying Agents	
BRILINTA - Tier 2; DX2RX; QL CABLIVI - Tier 2; PA; SP; QL *cilostazol - Tier 1; QL* *clopidogrel bisulfate oral (generic for PLAVIX) - Tier 1; QL* *dipyridamole oral - Tier 1; QL* *prasugrel hcl (generic for EFFIENT) - Tier 1; DX2RX; QL*	DOPTELET - Tier 2; PA; SP; QL *EFFIENT (brand for prasugrel hcl) - Tier 2; DX2RX; QL* TAVALISSE - Tier 2; PA; SP; QL
Blood Products/Modifiers/Volume Expanders - Drugs to Treat Blood Disorders	
Anticoagulants - Blood Thinners	
CATHFLO ACTIVASE - Tier 2; QL	
Hemostasis Agents - Drugs to Stop Bleeding	
HEMLIBRA - Tier 2; PA; SP; QL	
Cardiovascular Agents	
Alpha-adrenergic Agonists	
clonidine hcl oral - Tier 1; QL *guanfacine hcl - Tier 1; QL* METHYLDOPA - Tier 2; QL *midodrine hcl - Tier 1; QL*	*droxidopa oral capsule 100 mg (generic for NORTHERA) - Tier 1; PA; SP; QL*

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

Preferred Agents	Non-Preferred Agents
Alpha-adrenergic Blocking Agents	
doxazosin mesylate oral (generic for CARDURA) - Tier 1; QL *prazosin hcl oral (generic for MINIPRESS)* - Tier 1; QL	
Angiotensin II Receptor Antagonists	
irbesartan (generic for AVAPRO) - Tier 1; QL *losartan potassium oral (generic for COZAAR)* - Tier 1; QL *olmesartan medoxomil oral (generic for BENICAR)* - Tier 1; QL *telmisartan (generic for MICARDIS)* - Tier 1; QL *valsartan oral tablet (generic for DIOVAN)* - Tier 1; QL	EDARBI - Tier 2; PA; QL
Angiotensin-converting Enzyme (ACE) Inhibitors	
benazepril hcl oral (generic for LOTENSIN) - Tier 1; QL *captopril oral* - Tier 1; QL *enalapril maleate oral solution (generic for EPANED)* - Tier 1; Members >= 8 years of age will require PA; QL; AL *enalapril maleate oral tablet (generic for VASOTEC)* - Tier 1; QL *fosinopril sodium* - Tier 1; QL *lisinopril oral (generic for ZESTRIL)* - Tier 1; QL *quinapril hcl (generic for ACCUPRIL)* - Tier 1; QL *ramipril (generic for ALTACE)* - Tier 1; QL *trandolapril* - Tier 1; QL	
Antiarrhythmics	
amiodarone hcl oral tablet 200 mg, 400 mg (generic for PACERONE) - Tier 1; QL *disopyramide phosphate (generic for NORPACE)* - Tier 1; QL *dofetilide (generic for TIKOSYN)* - Tier 1; QL *flecainide acetate* - Tier 1; QL *mexiletine hcl oral* - Tier 1; QL	*BETAPACE (brand for sotalol hcl)* - Tier 2; PA; QL *BETAPACE AF (brand for sotalol hcl (af))* - Tier 2; PA; QL MULTAQ - Tier 2; PA; QL *PACERONE (brand for amiodarone hcl)* - Tier 2; PA; QL *RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 225 MG, 325 MG (brand for propafenone hcl er)* - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
NORPACE CR - Tier 2 *propafenone hcl - Tier 1; QL* *quinidine gluconate er - Tier 1; QL* *quinidine sulfate - Tier 1; QL* *sotalol hcl (af) (generic for BETAPACE AF) - Tier 1; QL* *sotalol hcl oral (generic for BETAPACE) - Tier 1; QL*	*RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 425 MG (brand for propafenone hcl er) - Tier 2; PA* *TIKOSYN (brand for dofetilide) - Tier 2; PA; QL*
Beta-adrenergic Blocking Agents	
acebutolol hcl oral - Tier 1; QL *atenolol oral (generic for TENORMIN) - Tier 1; QL* *betaxolol hcl oral - Tier 1; QL* *bisoprolol fumarate oral - Tier 1; QL* *carvedilol (generic for COREG) - Tier 1; QL* *labetalol hcl oral - Tier 1; QL* *metoprolol succinate er (generic for TOPROL XL) - Tier 1; QL* *metoprolol tartrate oral tablet 100 mg, 50 mg (generic for LOPRESSOR) - Tier 1; QL* *metoprolol tartrate oral tablet 25 mg - Tier 1; QL* *nadolol oral (generic for CORGARD) - Tier 1; QL* *propranolol hcl er (generic for INDERAL LA) - Tier 1; QL* *propranolol hcl oral solution 20 mg/5ml - Tier 1; QL* *propranolol hcl oral solution 40 mg/5ml - Tier 1* *propranolol hcl oral tablet - Tier 1; QL*	HEMANGEOL - Tier 2; PA; QL
Calcium Channel Blocking Agents, Dihydropyridines	
amlodipine besylate oral (generic for NORVASC) - Tier 1; QL *felodipine er - Tier 1; QL* *nifedipine er - Tier 1; QL* *nifedipine er osmotic release (generic for PROCARDIA XL) - Tier 1; QL* *nifedipine oral - Tier 1; QL* *nimodipine oral - Tier 1; QL* NYMALIZE - Tier 2; QL	KATERZIA - Tier 2; PA; QL NORLIQVA - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
Calcium Channel Blocking Agents, Nondihydropyridines	
cartia xt (generic for CARTIA XT) - Tier 1; QL *diltiazem hcl er beads (generic for TAZTIA XT) - Tier 1; QL* *diltiazem hcl er coated beads (generic for CARDIZEM CD) - Tier 1; QL* *diltiazem hcl er oral capsule extended release 12 hour - Tier 1; QL* *diltiazem hcl er oral capsule extended release 24 hour - Tier 1; QL* *diltiazem hcl oral (generic for CARDIZEM) - Tier 1; QL* *dilt-xr - Tier 1; QL* *taztia xt (generic for TAZTIA XT) - Tier 1; QL* *tiadylt er (generic for TAZTIA XT) - Tier 1; QL* *verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg (generic for VERELAN) - Tier 1; QL* *verapamil hcl er oral tablet extended release (generic for CALAN SR) - Tier 1; QL* *verapamil hcl oral - Tier 1; QL*	
Cardiovascular Agents, Other	
ACCURETIC ORAL TABLET 10-12.5 MG - Tier 2; QL *acetazolamide er - Tier 1; QL* *acetazolamide oral - Tier 1; QL* *amiloride-hydrochlorothiazide - Tier 1; QL* *atenolol-chlorthalidone (generic for TENORETIC 100) - Tier 1; QL* *benazepril-hydrochlorothiazide (generic for LOTENSIN HCT) - Tier 1; QL* *bisoprolol-hydrochlorothiazide (generic for ZIAC) - Tier 1; QL* *captopril-hydrochlorothiazide - Tier 1; QL* *digoxin oral solution - Tier 1* *digoxin oral tablet 125 mcg, 250 mcg (generic for DIGOX) - Tier 1; QL* *enalapril-hydrochlorothiazide (generic for VASERETIC) - Tier 1; QL* ENTRESTO - Tier 2; PA; QL *fosinopril sodium-hctz - Tier 1; QL* *lisinopril-hydrochlorothiazide (generic for ZESTORETIC) - Tier 1; QL* *losartan potassium-hctz (generic for HYZAAR) - Tier 1; QL*	*BIDIL (brand for isosorb dinitrate-hydralazine) - Tier 2; PA; QL* CORLANOR - Tier 2; PA; QL EDARBYCLOR - Tier 2; PA; QL KERENDIA - Tier 2; PA; QL *TEKTURNA (brand for aliskiren fumarate) - Tier 2; PA; QL* TEKTURNA HCT - Tier 2; PA

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

Preferred Agents	Non-Preferred Agents
pentoxifylline er - Tier 1; QL *quinapril-hydrochlorothiazide (generic for ACCURETIC) - Tier 1; QL* *ranolazine er - Tier 1; ST; QL* *spironolactone-hctz (generic for ALDACTAZIDE) - Tier 1; QL* *triamterene-hctz (generic for MAXZIDE) - Tier 1; 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*	
Diuretics, Potassium-sparing	
amiloride hcl oral - Tier 1; QL *spironolactone oral (generic for ALDACTONE) - Tier 1; QL*	
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 134 mg, 200 mg, 67 mg - Tier 1; ST; QL *fenofibrate oral capsule 134 mg, 200 mg, 67 mg - Tier 1; ST; QL* *fenofibrate oral tablet 145 mg (generic for TRICOR) - Tier 1; PA; ST; QL*	*ANTARA (brand for fenofibrate micronized) - Tier 2; PA; QL* *FENOGLIDE (brand for fenofibrate) - Tier 2; PA; QL* *LIPOFEN (brand for fenofibrate) - Tier 2; PA*

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

Preferred Agents	Non-Preferred Agents
fenofibrate oral tablet 160 mg, 54 mg - Tier 1; PA; ST; QL *gemfibrozil oral (generic for LOPID) - Tier 1; QL*	*TRICOR ORAL TABLET 145 MG (brand for fenofibrate) - Tier 2; PA; ST; QL* *TRICOR ORAL TABLET 48 MG (brand for fenofibrate) - Tier 2; PA; QL* *TRILIPIX (brand for fenofibric acid) - Tier 2; PA; QL*
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 (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* *LESCOL XL (brand for fluvastatin sodium er) - Tier 2; PA* *LIPITOR (brand for atorvastatin calcium) - Tier 2; PA; QL* LIVALO - 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; QL *cholestyramine oral powder (generic for QUESTRAN) - Tier 1; Only the bulk products are covered (cans) Individual packets are not covered; QL* *ezetimibe (generic for ZETIA) - Tier 1; QL* *niacin (antihyperlipidemic) (generic for NIACOR) - Tier 1; QL* *niacin er (antihyperlipidemic) - Tier 1; QL* *niacor (generic for NIACOR) - Tier 1; QL* *omega-3-acid ethyl esters (generic for LOVAZA) - Tier 1; PA; QL* *prevalite oral powder (generic for PREVALITE) - Tier 1; QL* REPATHA - Tier 2; PA; NDC starting w/72511 Preferred w/PA; SP; QL	*LOVAZA (brand for omega-3-acid ethyl esters) - Tier 2; PA; QL* NEXLETOL - Tier 2; PA; QL NEXLIZET - Tier 2; PA; QL PRALUENT - Tier 2; PA; NDC starting w/72733 Preferred w/PA; SP; QL *VASCEPA (brand for icosapent ethyl) - Tier 2; PA; QL* *VYTORIN (brand for ezetimibe-simvastatin) - Tier 2; PA; QL*
Vasodilators, Direct-acting Arterial	
hydralazine hcl oral - Tier 1; QL *minoxidil oral - Tier 1; QL*	
Vasodilators, Direct-acting Arterial/Venous	

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

Preferred Agents	Non-Preferred Agents
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 *NITRO-DUR (brand for nitroglycerin) - Tier 2; QL* *nitroglycerin sublingual (generic for NITROSTAT) - Tier 1; QL* *nitroglycerin transdermal (generic for NITRO-DUR) - Tier 1; QL* *nitroglycerin translingual (generic for NITROLINGUAL) - Tier 1; QL* RECTIV - Tier 2; DX2RX; QL	
Cardiovascular Agents, Other - Miscellaneous Cardiac Drugs	
Cardiovascular Agents - Drugs to Treat Heart and Circulation Conditions	
	VERQUVO - Tier 2; PA; QL
Central Nervous System Agents	
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	
atomoxetine hcl (generic for STRATTERA) - Tier 1; DX2RX; QL; AL *dexmethylphenidate hcl (generic for FOCALIN) - Tier 1; DX2RX; ^; QL; AL* *dexmethylphenidate hcl er (generic for FOCALIN XR) - Tier 1; DX2RX; ^; QL; AL* *guanfacine hcl er (generic for INTUNIV) - Tier 1; DX2RX; QL; AL* *methylphenidate hcl er (cd) - Tier 1; DX2RX; 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; QL; AL* *methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg (generic for CONCERTA) - Tier 1; DX2RX; ^; QL; AL* *methylphenidate hcl er oral tablet extended release - Tier 1; DX2RX; QL; AL*	*APTENSIO XR (brand for methylphenidate hcl er (xr)) - Tier 2; DX2RX; ^; QL; AL* *CONCERTA (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; ^; QL; AL* *DAYTRANA (brand for methylphenidate) - Tier 2; DX2RX; ^; QL; AL* *FOCALIN (brand for dexmethylphenidate hcl) - Tier 2; DX2RX; ^; QL; AL* *INTUNIV (brand for guanfacine hcl er) - Tier 2; DX2RX; QL; AL* JORNAY PM - Tier 2; PA; ^; QL; AL *KAPVAY (brand for clonidine hcl er) - Tier 2; DX2RX; ^; QL; AL* *METHYLIN (brand for methylphenidate hcl) - Tier 2; DX2RX; ^; QL; AL* *RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG (brand for methylphenidate hcl er (osm)) - Tier 2; PA; QL; AL*

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

Preferred Agents	Non-Preferred Agents
methylphenidate hcl er oral tablet extended release 24 hour - Tier 1; DX2RX; Mallinckrodt and Kremers Urban labelers; QL; AL *methylphenidate hcl oral tablet (generic for RITALIN) - Tier 1; DX2RX; QL; AL*	*RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG (brand for methylphenidate hcl er (osm)) - Tier 2; DX2RX; ^; QL; AL* *RITALIN (brand for methylphenidate hcl) - Tier 2; DX2RX; QL; AL* *STRATTERA (brand for atomoxetine hcl) - Tier 2; DX2RX; QL; AL*
Attention Deficit Hyperactivity Disorder Agents, Amphetamines	
amphetamine-dextroamphetamine (generic for ADDERALL) - Tier 1; DX2RX; QL; AL *amphetamine-dextroamphetamine er (generic for ADDERALL XR) - Tier 1; DX2RX; QL; AL* *dextroamphetamine sulfate er (generic for DEXEDRINE) - Tier 1; DX2RX; ^; QL; AL* *dextroamphetamine sulfate oral tablet 10 mg, 5 mg (generic for ZENZEDI) - Tier 1; DX2RX; ^; QL; AL*	*ADDERALL XR (brand for amphetamine-dextroamphet er) - Tier 2; DX2RX; QL; AL* AZSTARYS - Tier 2; PA; ^; QL; AL DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE - Tier 2; DX2RX; ^; QL; AL DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE - Tier 2; PA; ^; QL; AL *EVEKEO (brand for amphetamine sulfate) - Tier 2; DX2RX; ^; QL; AL* EVEKEO ODT - Tier 2; PA; ^; QL; AL MYDAYIS - Tier 2; DX2RX; ^; QL; AL VYVANSE ORAL CAPSULE - Tier 2; PA; ^; QL; AL VYVANSE ORAL TABLET CHEWABLE - Tier 2; PA; ^; QL *ZENZEDI (brand for dextroamphetamine sulfate) - Tier 2; DX2RX; ^; QL; AL*
Central Nervous System, Other	
AUSTEDO - Tier 2; PA; SP; QL *caffeine citrate oral - Tier 1; QL; AL* INGREZZA - Tier 2; PA; SP; QL NUEDEXTA - Tier 2; DX2RX; QL *riluzole (generic for RILUTEK) - Tier 1; QL* *tetrabenazine (generic for XENAZINE) - Tier 1; DX2RX; SP; QL*	GRALISE ORAL TABLET 300 MG, 600 MG - Tier 2; PA; QL HORIZANT - Tier 2; PA; QL RADICAVA ORS - Tier 2; PA; SP; QL RADICAVA ORS STARTER KIT - Tier 2; PA; SP; QL TIGLUTIK - Tier 2; PA; QL *XENAZINE (brand for tetrabenazine) - Tier 2; DX2RX; SP; QL*
Fibromyalgia Agents	
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg (generic for CYMBALTA) - Tier 1; QL	*CYMBALTA (brand for duloxetine hcl) - Tier 2; PA; QL* *LYRICA CR (brand for pregabalin er) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
pregabalin (generic for LYRICA) - Tier 1; QL	
Multiple Sclerosis Agents	
dimethyl fumarate oral (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL *dimethyl fumarate starter pack (generic for TECFIDERA) - Tier 1; DX2RX; SP; QL* *fingolimod hcl (generic for GILENYA) - Tier 1; DX2RX; SP; QL* *glatiramer acetate (generic for GLATOPA) - Tier 1; DX2RX; SP; QL* *glatopa (generic for GLATOPA) - Tier 1; DX2RX; SP; QL* MAYZENT - Tier 2; PA; SP; QL MAYZENT STARTER PACK - Tier 2; PA; SP; QL PLEGRIDY STARTER PACK - Tier 2; DX2RX; SP; QL PLEGRIDY SUBCUTANEOUS - Tier 2; DX2RX; SP; QL *teriflunomide (generic for AUBAGIO) - Tier 1; DX2RX; SP; QL*	*AMPYRA (brand for dalfampridine er) - Tier 2; PA; SP; QL* *AUBAGIO (brand for teriflunomide) - Tier 2; DX2RX; SP; QL* AVONEX PEN - Tier 2; PA; SP; QL AVONEX PREFILLED - Tier 2; PA; SP; QL BAFIERTAM - Tier 2; PA; SP; QL BETASERON - Tier 2; PA; SP; QL *COPAXONE (brand for glatiramer acetate) - Tier 2; DX2RX; SP; QL* *dalfampridine er (generic for AMPYRA) - Tier 1; PA; SP; QL* EXTAVIA - Tier 2; PA; SP; QL *GILENYA ORAL CAPSULE 0.5 MG (brand for fingolimod hcl) - Tier 2; DX2RX; SP; QL* KESIMPTA - Tier 2; PA; SP; QL MAVENCLAD (10 TABS) - Tier 2; PA; SP; QL MAVENCLAD (4 TABS) - Tier 2; PA; SP; QL MAVENCLAD (5 TABS) - Tier 2; PA; SP; QL MAVENCLAD (6 TABS) - Tier 2; PA; SP; QL MAVENCLAD (7 TABS) - Tier 2; PA; SP; QL MAVENCLAD (8 TABS) - Tier 2; PA; SP; QL MAVENCLAD (9 TABS) - Tier 2; PA; SP; QL PLEGRIDY INTRAMUSCULAR - Tier 2; PA; SP; QL REBIF - Tier 2; PA; SP; QL REBIF REBIDOSE - Tier 2; PA; SP; QL REBIF REBIDOSE TITRATION PACK - Tier 2; PA; SP; QL REBIF TITRATION PACK - Tier 2; PA; SP; QL *TECFIDERA ORAL CAPSULE DELAYED RELEASE (brand for dimethyl fumarate) - Tier 2; DX2RX; SP; QL* VUMERITY - Tier 2; PA; SP; QL ZEPOSIA - Tier 2; PA; SP; QL ZEPOSIA 7-DAY STARTER PACK - Tier 2; PA; SP; QL ZEPOSIA STARTER KIT - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
Cystic Fibrosis Agents - Drugs to treat Cystic Fibrosis	
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
	BRONCHITOL - Tier 2; PA; QL
Dental and Oral Agents	
chlorhexidine gluconate mouth/throat (generic for PERIOGARD) - Tier 1; QL *oralone (generic for ORALONE) - 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 ORALONE) - Tier 1; QL*	
Dermatological Agents	
Acne and Rosacea Agents	
accutane (generic for ACCUTANE) - Tier 1; PA; QL *acitretin - Tier 1; PA; QL* *amnesteem (generic for ACCUTANE) - Tier 1; PA; QL* *AVITA (brand for tretinoin) - Tier 2; ST; QL; AL* *azelaic acid external (generic for FINACEA) - Tier 1; QL* *claravis (generic for ACCUTANE) - Tier 1; PA; QL* *DIFFERIN EXTERNAL GEL 0.1 % (brand for adapalene) - Tier 2; QL* *isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg (generic for ACCUTANE) - Tier 1; PA; QL* *tretinoin external cream (generic for AVITA) - Tier 1; ST; QL; AL* *zenatane (generic for ACCUTANE) - Tier 1; PA; QL*	*ABSORICA (brand for isotretinoin) - Tier 2; PA; QL* ABSORICA LD - Tier 2; PA; QL *ACANYA (brand for clindamycin phos-benzoyl perox) - Tier 2; PA; QL* *ATRALIN (brand for tretinoin) - Tier 2; PA; QL; AL* *BENZAMYCIN (brand for benzoyl peroxide-erythromycin) - Tier 2; PA; QL* *DIFFERIN EXTERNAL CREAM (brand for adapalene) - Tier 2; PA; QL* *DIFFERIN EXTERNAL GEL 0.3 % (brand for adapalene) - Tier 2; PA; QL* *EPIDUO (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* *EPIDUO FORTE (brand for adapalene-benzoyl peroxide) - Tier 2; PA; QL* *FINACEA (brand for azelaic acid) - Tier 2; PA; QL* *MIRVASO (brand for brimonidine tartrate) - Tier 2; PA; QL* ONEXTON - Tier 2; PA; QL *RETIN-A EXTERNAL CREAM (brand for tretinoin) - Tier 2; PA; ST; QL; AL* *RETIN-A EXTERNAL GEL (brand for tretinoin) - Tier 2; PA; QL; AL*

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

Preferred Agents	Non-Preferred Agents
	RETIN-A MICRO GEL 0.04 %, 0.1 % (brand for tretinoin microsphere) - Tier 2; PA; QL; AL RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % - Tier 2; PA; QL; AL RHOFADE - Tier 2; PA; QL *TAZORAC EXTERNAL CREAM 0.1 % (brand for tazarotene) - Tier 2; PA; QL* *TAZORAC EXTERNAL GEL (brand for tazarotene) - Tier 2; PA; QL* *VELTIN (brand for clindamycin-tretinoin) - Tier 2; PA; QL* *ZIANA (brand for clindamycin-tretinoin) - Tier 2; PA; QL*
Dermatitis and Pruitus Agents	
ala-cort (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL *alclometasone dipropionate external ointment - Tier 1; QL* *ammonium lactate external (generic for AL12) - Tier 1; QL* *anti-itch aloe (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *anti-itch intensive heal (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *anti-itch intensive healing external cream 1 % (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *anti-itch maximum strength external cream 1 % (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *betamethasone dipropionate aug (generic for DIPROLENE) - Tier 1; QL* *betamethasone dipropionate external lotion - Tier 1; QL* *betamethasone dipropionate external ointment - Tier 1; QL* *betamethasone valerate external cream - Tier 1; QL* *betamethasone valerate external lotion - Tier 1; QL* *betamethasone valerate external ointment - Tier 1; QL* *clobetasol prop emollient base - Tier 1; QL* *clobetasol propionate e - Tier 1; QL* *clobetasol propionate external cream - Tier 1; QL* *clobetasol propionate external ointment - Tier 1; QL* *clobetasol propionate external solution - Tier 1; QL*	BRYHALI - Tier 2; PA; QL *CLOBEX (brand for clobetasol propionate) - Tier 2; PA; QL* *CLOBEX SPRAY (brand for clobetasol propionate) - Tier 2; PA; QL* *doxepin hcl external (generic for PRUDOXIN) - Tier 1; PA; QL* *LUXIQ (brand for betamethasone valerate) - Tier 2; PA; QL* *OLUX-E (brand for clobetasol propionate emulsion) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
cortisone intense healing (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL *cortisone maximum strength external cream (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *CORTIZONE-10 FEMININE ITCH (brand for ala-cort) - Tier 2; QL* *CORTIZONE-10 INTENSVE MOISTURE (brand for ala-cort) - Tier 2; QL* *CORTIZONE-10 OVERNIGHT (brand for ala-cort) - Tier 2; QL* *CORTIZONE-10 SENSITIVE SKIN (brand for ala-cort) - Tier 2; QL* *CORTIZONE-10 SOOTHING ALOE (brand for ala-cort) - Tier 2; QL* *CORTIZONE-10 ULTRA SOOTHING (brand for ala-cort) - Tier 2; QL* *eczema anti-itch (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* EUCRISA - Tier 2; ST; QL *fluocinolone acetonide body (generic for DERMA-SMOOTHE/FS BODY) - Tier 1; QL* *fluocinolone acetonide external cream 0.025 % (generic for SYNALAR) - Tier 1; QL* *fluocinolone acetonide external ointment (generic for SYNALAR) - Tier 1; QL* *fluocinolone acetonide external solution (generic for SYNALAR) - Tier 1; QL* *fluocinolone acetonide scalp (generic for DERMA-SMOOTHE/FS SCALP) - Tier 1; QL* *fluocinonide emulsified base - Tier 1; QL* *fluocinonide external cream (generic for VANOS) - Tier 1; QL* *fluocinonide external solution - Tier 1; QL* *fluticasone propionate external cream - Tier 1; QL* *fluticasone propionate external ointment - Tier 1; QL* *halobetasol propionate external cream - Tier 1; QL* *hydrocortisone anti-itch (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *hydrocortisone butyrate external ointment - Tier 1; QL* *hydrocortisone butyrate external solution - Tier 1; QL* *hydrocortisone external cream (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
hydrocortisone external lotion 2.5 % - Tier 1; QL *hydrocortisone external ointment (generic for AQUAPHOR ITCH RELIEF CHILDREN) - Tier 1; QL* *hydrocortisone max st external cream (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *hydrocortisone max st/12 moist (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *hydrocortisone plus 12 (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *hydrocortisone plus external cream 1 % (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *hydrocortisone/aloe (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *hydrocortisone/aloe max str (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *hydrocortisone-aloe max st (generic for CORTIZONE-10 FEMININE ITCH) - Tier 1; QL* *instacort 5 - Tier 1; QL* LAC-HYDRIN FIVE - Tier 2; QL *MEDPURA HYDROCORTISONE (brand for ala-cort) - Tier 2; QL* *mometasone furoate external - Tier 1; QL* *pimecrolimus (generic for ELIDEL) - Tier 1; ST; Minimum age of 2 years; QL; AL* *PREPARATION H EXTERNAL CREAM 1 % (brand for ala-cort) - Tier 2; QL* *selenium sulfide external lotion - Tier 1; QL* *tacrolimus external ointment 0.03 % - Tier 1; ST; Minimum age of 2 years; QL; AL* *tacrolimus external ointment 0.1 % - Tier 1; ST; Minimum age of 16 years; QL; AL* *triamcinolone acetonide external cream (generic for TRIDERM) - Tier 1; QL* *triamcinolone acetonide external lotion - Tier 1; QL* *triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 % - Tier 1; QL*	

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

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

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

Preferred Agents	Non-Preferred Agents
clindacin-p (generic for CLINDACIN ETZ) - 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* *mupirocin external - Tier 1; QL* *nyamyc (generic for NYAMYC) - Tier 1; QL* *nystatin external (generic for NYAMYC) - Tier 1; QL* *nystop (generic for NYAMYC) - Tier 1; QL*	XEPI - Tier 2; PA; QL
Dermatological Agents - Drugs to Treat Skin Conditions	
advanced healing external ointment (generic for HYDROLATUM) - Tier 1; QL *astringent solution (generic for DOMEBORO) - Tier 1; QL* *AVAR-E EMOLLIENT (brand for sss 10-5) - Tier 2; QL* *AVAR-E GREEN (brand for sss 10-5) - Tier 2; QL* *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; QL* *boro-packs (generic for DOMEBORO) - Tier 1; QL* *boudreauxs butt paste ointment 40 % external (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
BOUDREAUXS BUTT PASTE OINTMENT 40 % EXTERNAL (brand for cvs diaper rash) - Tier 2; QL *bp 10-1 - Tier 1; QL* *diaper rash external ointment (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL* DR SMITHS ADULT BARRIER - Tier 2; QL DR SMITHS DIAPER QUICK RELIEF - Tier 2; QL *glycerin external - Tier 1* *glycerin external liquid 99.5 % - Tier 1* *hydrolatum (generic for HYDROLATUM) - Tier 1; QL* *hydrophor (generic for HYDROLATUM) - Tier 1; QL* *ointment base (generic for HYDROLATUM) - Tier 1; QL* *renewal soothing bath (generic for AVEENO BABY BATH TREATMENT) - Tier 1; QL* *sss 10-5 external cream (generic for AVAR-E EMOLLIENT) - Tier 1; QL* *sulfacetamide sodium-sulfur external cream 10-5 % (generic for AVAR-E EMOLLIENT) - Tier 1; QL* *sulfacetamide sodium-sulfur external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL* *sulfacetamide sod-sulfur wash external liquid 9-4.5 % (generic for SUMADAN WASH) - Tier 1; QL* *sulfamez wash - Tier 1; QL* *SUMADAN WASH (brand for sulfacetamide sod-sulfur wash) - Tier 2; QL* *zinc oxide external ointment 40 % (generic for BOUDREAUXS BUTT PASTE) - Tier 1; QL*	
Dermatological Agents - Skin Agents	
ABREVA (brand for docosanol) - Tier 2; QL *cerovel (generic for CEROVEL) - Tier 1; QL* *docosanol external (generic for ABREVA) - Tier 1; QL* *gormel - Tier 1; QL* *gormel 10 (generic for NUTRAPLUS) - Tier 1; QL* *hemorrhoidal rectal suppository 0.25-3-85.5 % - Tier 1*	CIBINQO - Tier 2; PA; SP; QL OPZELURA - Tier 2; PA; SP; QL ZILXI - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
NUTRAPLUS (brand for gormel 10) - Tier 2; QL *urea 20 intensive hydrating - Tier 1; QL* *urea external lotion (generic for CEROVEL) - Tier 1; QL* *ureacin-10 (generic for NUTRAPLUS) - Tier 1; QL* *ureacin-20 - Tier 1; QL* XERAC AC - Tier 2; QL	
DEVICES	
MEDICAL SUPPLIES	
PEAK FLOW METER UNIVERSAL RANG - Tier 2; QL PURE COMFORT FLOW METER ADULT - Tier 2; QL PURE COMFORT FLOW METER CHILD - Tier 2; QL	
Diabetes - Glucose Monitoring	
ACCU-CHEK AVIVA DEVICE (brand for element compact control 2) - Tier 2; QL *ACCU-CHEK GUIDE CONTROL (brand for element compact control 2) - Tier 2; QL* *ACCU-CHEK 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 *CARETOUCH CONTROL SOL LEVEL 2 (brand for element compact control 2) - Tier 2; QL* CHEMSTRIP 10 MD - Tier 2; QL CHEMSTRIP 10/SG - Tier 2; QL CHEMSTRIP 2 GP - Tier 2; QL CHEMSTRIP 5 OB - Tier 2; QL CHEMSTRIP 7 - Tier 2; QL	*ACCU-CHEK AVIVA PLUS TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *ACCU-CHEK FASTCLIX LANCET KIT (brand for select-lite device/lancets) - Tier 2; PA; QL* *ACCU-CHEK GUIDE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *ACCU-CHEK SMARTVIEW (brand for blood glucose test) - Tier 2; PA; QL* *ACCU-CHEK SOFTCLIX LANCET DEVICE KIT (brand for select-lite device/lancets) - Tier 2; PA; QL* *BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *BD ULTRA-FINE PEN NEEDLES (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *BLOOD GLUCOSE TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *CONTOUR NEXT EZ KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
CHEMSTRIP 9 - Tier 2; QL *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 freestyle libre 3 sensor) - Tier 2; PA; QL* DEXCOM G7 RECEIVER - Tier 2; PA; QL *DEXCOM G7 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* *EASYMAX 15 LEVEL 2 CONTROL (brand for element compact control 2) - Tier 2; QL* *EASYMAX 15 LEVEL 2-3 CONTROL (brand for element compact control 2) - Tier 2; QL* *GLUCOSE CONTROL SOLUTIONS (brand for element compact control 2) - Tier 2; QL* FREESTYLE LIBRE 14 DAY READER - Tier 2; PA; QL *FREESTYLE LIBRE 14 DAY SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* FREESTYLE LIBRE 2 READER - Tier 2; PA; QL *FREESTYLE LIBRE 2 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* FREESTYLE LIBRE READER - Tier 2; PA; 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* *MEDISENSE GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *MEDISENSE HI/MID/LOW CONTROL (brand for element compact control 2) - Tier 2; QL* *NEUTEK 2TEK CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH ULTRA TEST STRIPS (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL*	*CONTOUR NEXT GEN MONITOR (brand for blood glucose monitor system) - Tier 2; PA; QL* *CONTOUR NEXT MONITOR KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *CONTOUR NEXT ONE KIT (brand for blood glucose monitoring 333) - Tier 2; PA; QL* *CONTOUR NEXT GEN TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *CONTOUR TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL* *FREESTYLE LIBRE 3 SENSOR (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* *FREESTYLE PRECISION NEO TEST (brand for blood glucose test) - Tier 2; PA; QL* *FREESTYLE TEST (brand for blood glucose test) - Tier 2; PA; QL* *GUARDIAN SENSOR (3) (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* *GUARDIAN SENSOR 3 (brand for freestyle libre 3 sensor) - Tier 2; PA; QL* *INSULIN PEN NEEDLES (brand for pen needles) - Tier 2; PA; QL* *INSULIN PEN NEEDLES 32G X 4 MM , 32G X 6 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; PA; QL* *ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; PA; QL* *PRECISION XTRA BLOOD GLUCOSE (brand for blood glucose test) - Tier 2; PA; QL* *RELION TRUE METRIX TEST STRIPS (brand for blood glucose test) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
ONETOUCH ULTRA 2 KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL *ONETOUCH ULTRA CONTROL (brand for element compact control 2) - Tier 2; QL* *ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *ONETOUCH VERIO IN VITRO SOLUTION (brand for element compact control 2) - Tier 2; QL* *ONETOUCH VERIO REFLECT KIT W/DEVICE (brand for blood glucose monitor system) - Tier 2; QL* *ONETOUCH VERIO STRIP IN VITRO (brand for blood glucose test) - Tier 2; QL for non-insulin dependent members: allow twice daily testing; QL* *PIP GLUCOSE CONTROL SOLUTION (brand for element compact control 2) - Tier 2; QL* *PRECISION GLUCOSE KETONE CONTR (brand for element compact control 2) - Tier 2; QL* *QUINTET CONTROL HIGH/NORMAL (brand for element compact control 2) - Tier 2; QL* *TRUECONTROL GLUCOSE CONT LEV 0 (brand for element compact control 2) - Tier 2; QL* *TRUECONTROL GLUCOSE CONT LEV 1 (brand for element compact control 2) - Tier 2; QL*	
Electrolytes/Minerals/Metals/Vitamins	
Electrolyte/Mineral Replacement	
carglumic acid (generic for CARBAGLU) - Tier 1; PA; SP *DENTA 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *DENTAGEL (brand for sf) - Tier 2; QL* *easygel - Tier 1; QL* *fluoridex daily renewal - Tier 1; QL* *JUST RIGHT 5000 DENTAL GEL (brand for sf) - Tier 2; QL* *klor-con (generic for KLOR-CON) - Tier 1; QL*	ENDARI - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
klor-con 10 (generic for KLOR-CON 10) - Tier 1; QL *klor-con m10 (generic for KLOR-CON M10) - Tier 1; QL* *klor-con m20 (generic for KLOR-CON M20) - Tier 1; QL* *potassium chloride crys er oral tablet extended release 10 meq (generic for KLOR-CON M10) - Tier 1; QL* *potassium chloride crys er oral tablet extended release 20 meq (generic for KLOR-CON M20) - Tier 1; QL* *potassium chloride er oral capsule extended release 10 meq - Tier 1; QL* *potassium chloride er oral tablet extended release (generic for K-TAB) - Tier 1; QL* *potassium chloride oral (generic for KLOR-CON) - Tier 1; QL* *potassium citrate er oral tablet extended release 10 meq (1080 mg) (generic for UROCIT-K 10) - Tier 1; QL* *potassium citrate er oral tablet extended release 15 meq (1620 mg) (generic for UROCIT-K 15) - Tier 1* *potassium citrate er oral tablet extended release 5 meq (540 mg) (generic for UROCIT-K 5) - Tier 1* *PREVIDENT (brand for sf) - Tier 2; QL* *PREVIDENT 5000 DRY MOUTH (brand for sf) - Tier 2; QL* *PREVIDENT 5000 PLUS (brand for sf 5000 plus) - Tier 2; QL* *sf (generic for DENTAGEL) - Tier 1; QL* *sf 5000 plus (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium chloride (pf) - Tier 1; QL* *sodium chloride intravenous solution 0.45 %, 0.9 % - 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 dental (generic for DENTA 5000 PLUS) - Tier 1; QL* *sodium fluoride oral solution 1.1 (0.5 f) mg/ml - Tier 1; QL* *sodium fluoride oral tablet chewable (generic for NAFRINSE) - Tier 1; QL*	

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

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

Preferred Agents	Non-Preferred Agents
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 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 - Tier 1; QL* *calcium 600/vitamin d-3 - Tier 1; QL* *calcium 600+d oral tablet 600-10 mg-mcg - Tier 1; QL* *calcium carb-cholecalciferol oral tablet 600-10 mg-mcg, 600-5 mg-mcg - Tier 1; QL* *calcium cit plus vit d-3 (generic for CALCITRATE) - Tier 1* *calcium citrate + d3 maximum (generic for CALCITRATE) - Tier 1* *calcium citrate +d3 (generic for CALCITRATE) - Tier 1* *calcium citrate oral tablet 950 (200 ca) mg - Tier 1* *calcium citrate plus vit d - Tier 1; QL* *calcium citrate+d oral tablet 315-6.25 mg-mcg (generic for CALCITRATE) - Tier 1* *calcium citrate+d3 oral tablet (generic for ADVANCED CALCIUM/D/MAGNESIUM) - Tier 1; QL* *calcium citrate+d3 w/magne (generic for ADVANCED CALCIUM/D/MAGNESIUM) - 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 OYSCO 500+D) - Tier 1; QL* *calcium plus vitamin 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 solution oral 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*	

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

Preferred Agents	Non-Preferred Agents
ferocon (generic for TRICON) - Tier 1 *ferosul (generic for FEROSUL) - Tier 1; QL* *ferotrinsic (generic for TRICON) - Tier 1* *ferretts - Tier 1* *ferrex 150 capsule 150 mg oral (generic for FERREX 150) - Tier 1* *FERREX 150 CAPSULE 150 MG ORAL (brand for polysaccharide iron complex) - Tier 2* *FERRIC X-150 (brand for polysaccharide iron complex) - Tier 2* *ferrous fumarate oral tablet 324 (106 fe) mg, 324 mg (generic for FERROCITE) - Tier 1* *ferrous gluconate oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1* *ferrous gluconate oral tablet 324 (37.5 fe) mg - Tier 1* *ferrous gluconate oral tablet 324 (38 fe) mg - Tier 1; QL* *ferrous sulfate oral elixir - Tier 1* *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* *foltrin (generic for TRICON) - Tier 1* *hi cal (generic for OYSCO 500+D) - Tier 1; QL* *iferex 150 (generic for FERREX 150) - Tier 1* *iferex 150 forte (generic for IFEREX 150 FORTE) - Tier 1* *iron (ferrous sulfate) oral solution (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron infant/toddler (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron oral tablet 240 (27 fe) mg (generic for FERATE) - Tier 1* *iron oral tablet 325 (65 fe) mg (generic for FEROSUL) - Tier 1; QL* *iron supplement childrens (generic for BPROTECTED PEDIA IRON) - Tier 1; QL* *iron supplement oral elixir - Tier 1* K-PHOS - Tier 2; QL *magnesium oral tablet 500 mg - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg (generic for MAGNESIUM-OXIDE) - Tier 1 *magnesium oxide -mg supplement oral tablet 500 mg - Tier 1* *magnesium-oxide (generic for MAGNESIUM-OXIDE) - Tier 1* *NU-IRON (brand for polysaccharide iron complex) - Tier 2* *OS-CAL CALCIUM + D3 (brand for calcium plus vitamin d) - 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/d oral tablet 250-6.25 mg-mcg - Tier 1* *oyster shell calcium/vit d (generic for OYSCO 500+D) - Tier 1; QL* *oyster shell calcium/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* *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* *poly-iron 150 forte (generic for IFEREX 150 FORTE) - Tier 1* *polysaccharide iron complex (generic for FERREX 150) - Tier 1* *polysaccharide iron forte (generic for IFEREX 150 FORTE) - 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 - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
TRICON (brand for ferocon) - Tier 2	
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*	
Phosphate Binders	
calcium acetate (phos binder) oral tablet (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 VELPHORO - Tier 2; PA; QL
Potassium Binders	
LOKELMA - Tier 2; PA; QL *sps - Tier 1; QL* VELTASSA - Tier 2; PA; QL	
Vitamins	
a-25 - Tier 1; QL *aqueous vitamin d (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *b-complex oral tablet - Tier 1* *b-complex with b-12 - Tier 1* *b-complex/b-12 oral - Tier 1* *BPROTECTED PEDIA D-VITE (brand for aqueous vitamin d) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
CENTRUM SPECIALIST PRENATAL - Tier 2 *classic prenatal - Tier 1; QL* *CO-NATAL FA (brand for neonatal complete) - Tier 2; QL* *d3 2000 - Tier 1; QL* *d3 5000 (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3 high potency oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1* *d3 oral capsule 10 mcg (400 unit), 50 mcg (2000 ut) - Tier 1; QL* *d3 oral capsule 125 mcg (5000 ut) (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3 oral capsule 25 mcg (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1* *d-3-5 (generic for DIALYVITE VITAMIN D 5000) - Tier 1* *d3-50 (generic for D3-50) - Tier 1; QL* *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* *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* INFUVITE ADULT - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
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* *multi-vitamin/fluoride (generic for FLORIVA PLUS) - Tier 1; QL* *multivitamin/fluoride oral tablet chewable (generic for MULTI-VIT-FLOR) - Tier 1; QL* *multi-vitamin/fluoride/iron - Tier 1; QL* *mynephrocaps oral capsule 1 mg (generic for MYNEPHRON) - Tier 1* *MYNEPHRON (brand for triphrocaps) - Tier 2* *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 (generic for SLO-NIACIN) - Tier 1* *niacin er oral tablet extended release 500 mg (generic for NIAVASC) - Tier 1* *niacin oral tablet 100 mg, 250 mg, 50 mg - Tier 1* *NIAVASC (brand for niacin er) - Tier 2* *NIAVASC 750 (brand for niacin er) - Tier 2* *NIVA-PLUS (brand for prenatal) - Tier 2; QL* OBSTETRIX DHA ORAL 29-1 & 387 MG - Tier 2 *once daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *one daily (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *ONE VITE DAILY MULTIVITAMIN (brand for daily multiple vitamins) - Tier 2* ONE VITE WOMENS - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
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 injection solution 10 mg/ml - Tier 1; QL* *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 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* *prenatal/iron - Tier 1; QL* *PRONUTRIENTS VITAMIN D3 (brand for cvs d3) - Tier 2* *QUFLORA PEDIATRIC ORAL SOLUTION 0.5 MG/ML (brand for multi-vitamin/fluoride) - Tier 2; QL* *radiance platinum vitamin d3 (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *RENAL (brand for triphrocaps) - Tier 2* *rena-vite (generic for DIALYVITE 800) - Tier 1; QL* *SLO-NIACIN (brand for niacin er) - Tier 2* *stress formula (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* STUART ONE - Tier 2 *tab-a-vite/beta carotene (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *THERA (brand for daily multiple vitamins) - Tier 2* *thera-tabs (generic for TAB-A-VITE/BETA CAROTENE) - Tier 1* *thiamine mononitrate oral - Tier 1; QL* THRIVITE RX - Tier 2; QL *triphrocaps (generic for MYNEPHRON) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
tri-vite pediatric - Tier 1; QL *virt-caps (generic for MYNEPHRON) - Tier 1* *vitachew vitamin d3 oral tablet chewable 25 mcg (generic for YUMVS VITAMIN D3) - Tier 1* *vitamin a oral capsule 2400 mcg (8000 ut), 3 mg (10000 ut) - Tier 1; QL* *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) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1* *vitamin d3 oral capsule 1.25 mg (50000 ut) (generic for D3-50) - Tier 1; QL* *vitamin d3 oral capsule 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 (1000 ut) (generic for PRONUTRIENTS VITAMIN D3) - Tier 1* *vitamin d3 oral capsule 250 mcg (10000 ut) (generic for IS-D 10,000) - Tier 1* *vitamin d3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *vitamin d-3 oral capsule 50 mcg (2000 ut) - Tier 1; QL* *vitamin d3 oral liquid 10 mcg/ml (generic for BPROTECTED PEDIA D-VITE) - Tier 1; QL* *vitamin d3 oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin d3 oral tablet 125 mcg (5000 ut) (generic for RADIANCE PLATINUM VITAMIN D3) - Tier 1* *vitamin d3 oral tablet 25 mcg (1000 ut) (generic for VITAMIN D-1000 MAX ST) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
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) (generic for HEALTHY KIDS VITAMIN D3) - Tier 1* *vitamin d3 oral tablet chewable 25 mcg, 25 mcg (1000 ut) (generic for YUMVS VITAMIN D3) - Tier 1* *vitamin d-400 oral tablet 10 mcg (400 unit) - Tier 1; QL* *vitamin k1 injection solution 10 mg/ml - Tier 1; QL* *vitamin-b complex - Tier 1* *weekly-d (generic for D3-50) - Tier 1; QL* *wescaps (generic for MYNEPHRON) - Tier 1* *WESTAB PLUS (brand for prenatal) - Tier 2; QL* *womens prenatal+dha - Tier 1; QL* XCELLENT A 7500 - Tier 2; QL *YUMVS VITAMIN D3 (brand for cvs vitamin d3) - Tier 2* *YUMVS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (brand for cvs vitamin d3) - Tier 2* *YUMVSKIDS VITAMIN D3 ZERO ORAL TABLET CHEWABLE 25 MCG (brand for cvs vitamin d3) - Tier 2*	
Estrogens - Hormone Replacement/Modifying Drugs	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
	MYFEMBREE - Tier 2; PA; QL NEXTSTELLIS - Tier 2; PA; QL
Gastrointestinal Agents	
Anti-Constipation Agents	
constulose - Tier 1; QL	*AMITIZA (brand for lubiprostone) - Tier 2; DX2RX; ST; QL*

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

Preferred Agents	Non-Preferred Agents
enulose - Tier 1; QL *generlac - Tier 1; QL* *lactulose encephalopathy - Tier 1; QL* *lactulose oral solution - Tier 1; QL* *lubiprostone (generic for AMITIZA) - Tier 1; DX2RX; ST; QL* MOTEGRITY - Tier 2; ST; QL MOVANTIK - Tier 2; DX2RX; ST; QL	LINZESS - Tier 2; PA; QL RELISTOR - Tier 2; PA; QL SYMPROIC - Tier 2; PA; QL TRULANCE - Tier 2; DX2RX; ST; QL
Anti-Diarrheal Agents	
anti-diarrheal oral tablet 2 mg (generic for IMODIUM A-D) - Tier 1 *diamode (generic for IMODIUM A-D) - Tier 1* *diphenoxylate-atropine (generic for LOMOTIL) - Tier 1; QL* *IMODIUM A-D ORAL TABLET (brand for anti-diarrheal) - Tier 2* *loperamide hcl oral capsule (generic for IMODIUM A-D) - Tier 1; QL* *loperamide hcl oral tablet (generic for IMODIUM A-D) - Tier 1* *meijer anti-diarrheal (generic for IMODIUM A-D) - Tier 1* MYTESI - Tier 2; DX2RX; QL	VIBERZI - Tier 2; PA; QL XERMELO - Tier 2; PA; SP; QL
Antispasmodics, Gastrointestinal	
dicyclomine hcl oral capsule - Tier 1; QL *dicyclomine hcl oral solution - Tier 1* *dicyclomine hcl oral tablet - Tier 1; QL* *glycopyrrolate oral tablet 1 mg (generic for ROBINUL) - Tier 1* *glycopyrrolate oral tablet 2 mg (generic for ROBINUL-FORTE) - Tier 1*	
Gastrointestinal Agents, Other	
GATTEX - Tier 2; PA; SP; QL *gavilyte-c - Tier 1; QL* *gavilyte-g (generic for GAVILYTE-G) - Tier 1; QL* HELIDAC THERAPY - Tier 2; QL *peg 3350-kcl-na bicarb-nacl - Tier 1; QL* *peg-3350/electrolytes (generic for GAVILYTE-G) - Tier 1; QL*	CLENPIQ - Tier 2; PA; QL *MOVIPREP (brand for peg-3350/electrolytes/ascorbat) - Tier 2; PA; QL* OCALIVA ORAL TABLET 5 MG - Tier 2; PA; SP; QL OMECLAMOX-PAK - Tier 2; PA PLENVU - Tier 2; PA; QL *PYLERA (brand for bismuth/metronidaz/tetracyclin) - Tier 2; PA*

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

Preferred Agents	Non-Preferred Agents
ursodiol oral capsule 300 mg - Tier 1; QL *ursodiol oral tablet (generic for URSO 250) - Tier 1*	*SUPREP BOWEL PREP KIT (brand for na sulfate-k sulfate-mg sulf) - Tier 2; PA; QL* TALICIA - Tier 2; PA; QL
Histamine2 (H2) Receptor Antagonists	
acid controller (generic for PEPCID AC) - Tier 1; QL *acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *acid reducer oral tablet 200 mg (generic for TAGAMET HB) - Tier 1* *cimetidine oral tablet 200 mg (generic for TAGAMET HB) - Tier 1* *cimetidine oral tablet 300 mg, 400 mg, 800 mg - Tier 1; QL* *famotidine acid reducer oral tablet 10 mg (generic for PEPCID AC) - Tier 1; QL* *famotidine oral suspension reconstituted - Tier 1; QL; AL* *famotidine oral tablet (generic for MM ACID-PEP MAXIMUM STRENGTH) - Tier 1; QL* *famotidine orig st (generic for PEPCID AC) - Tier 1; QL* *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) - Tier 1*	
Protectants	
misoprostol oral (generic for CYTOTEC) - Tier 1; QL *sucralfate oral suspension (generic for CARAFATE) - Tier 1; Members 10 years of age up to 65 years of age will require PA; QL* *sucralfate oral tablet (generic for CARAFATE) - Tier 1; QL*	
Proton Pump Inhibitors	
acid reducer oral capsule delayed release 20.6 (20 base) mg - Tier 1; QL *esomeprazole magnesium oral packet (generic for NEXIUM) - Tier 1; Members >= 2 years of age will require PA; QL; AL*	*ACIPHEX (brand for rabeprazole sodium) - Tier 2; PA; QL* *DEXILANT (brand for dexlansoprazole) - Tier 2; PA; QL* *esomeprazole magnesium oral capsule delayed release (generic for NEXIUM) - Tier 1; PA; QL*

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

Preferred Agents	Non-Preferred Agents
lansoprazole oral capsule delayed release (generic for PREVACID) - Tier 1; QL *lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; QL; AL* NEXIUM ORAL PACKET 2.5 MG, 5 MG - Tier 2; Members >= 2 years of age will require PA; QL; AL *omeprazole magnesium oral capsule delayed release - Tier 1; QL* *omeprazole oral capsule delayed release 10 mg, 20 mg, 20.6 (20 base) mg, 40 mg - Tier 1; QL* *pantoprazole sodium oral tablet delayed release (generic for PROTONIX) - Tier 1; QL* *PREVACID 24HR (brand for eq lansoprazole) - Tier 2; QL*	*lansoprazole oral tablet delayed release dispersible 15 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; QL; AL* *lansoprazole oral tablet delayed release dispersible 30 mg (generic for PREVACID SOLUTAB) - Tier 1; PA; Members >= 2 years of age will require PA; QL; AL* *NEXIUM ORAL CAPSULE DELAYED RELEASE (brand for esomeprazole magnesium) - Tier 2; PA; QL* *NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (brand for esomeprazole magnesium) - Tier 2; PA; Members >= 2 years of age will require PA; QL; AL* *omeprazole magnesium oral tablet delayed release (generic for PRILOSEC OTC) - Tier 1; PA; QL* *omeprazole oral tablet delayed release 20 mg - Tier 1; PA; QL* *pantoprazole sodium oral packet (generic for PROTONIX) - Tier 1; PA; QL* *PREVACID (brand for lansoprazole) - Tier 2; PA; QL* *ZEGERID (brand for cvs omeprazole-sod bicarbonate) - Tier 2; PA; QL*
Gastrointestinal Agents - Drugs to Treat Bowel, Intestine and Stomach Conditions	
Gastrointestinal Agents, Other - Miscellaneous Gastrointestinal Drugs	
abatinex (generic for ABATINEX) - Tier 1 *acid gone (generic for ACID GONE) - Tier 1* *acidophilus lactobacillus oral (generic for ABATINEX) - Tier 1* *acidophilus oral capsule , 10 mg (generic for ABATINEX) - Tier 1* *acidophilus probiotic oral capsule 10 mg (generic for ABATINEX) - Tier 1* *acidophilus probiotic oral tablet , 0.5 mg (generic for FLORANEX) - Tier 1* *acidophilus/l-sporogenes (generic for FLORANEX) - Tier 1* *adult 50+ probiotic (generic for RESTORA) - Tier 1; QL* *adult probiotic (generic for RESTORA) - Tier 1; QL* *advanced antacid (generic for MINTOX) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
almacone double strength (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 (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid advanced (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid advanced max st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid anti-gas (generic for MINTOX) - Tier 1; QL* *antacid anti-gas ex st oral suspension 400-400-40 mg/5ml (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid anti-gas max strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid calcium (generic for CAL-GEST ANTACID) - Tier 1* *antacid calcium rich (generic for CAL-GEST ANTACID) - Tier 1* *antacid extra 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 ULTRA 1000) - Tier 1* *antacid maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
antacid maximum strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - 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 ULTRA 1000) - Tier 1* *antacid oral tablet chewable 500 mg (generic for CAL-GEST ANTACID) - Tier 1* *antacid oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *antacid plus antigas (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *antacid regular strength oral suspension (generic for MINTOX) - Tier 1; QL* *antacid regular strength oral tablet chewable (generic for CAL-GEST ANTACID) - Tier 1* *antacid supreme - Tier 1* *antacid ultra strength oral tablet chewable 1000 mg (generic for TUMS ULTRA 1000) - Tier 1* *antacid/antigas (generic for MINTOX) - Tier 1; 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 (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* *anti-diarrheal oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
anti-diarrheal/anti-gas (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1 *anti-gas oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1* *biotinex (generic for ABATINEX) - Tier 1* *bismatrol oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *bismuth (generic for SOOTHE) - Tier 1; QL* *bismuth subsalicylate oral (generic for SOOTHE) - Tier 1; QL* *calcium antacid (generic for CAL-GEST ANTACID) - Tier 1* *calcium antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *calcium antacid extra strength (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *calcium carbonate antacid 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* *diarrhea (generic for SOOTHE) - Tier 1* *diarrhea relief (generic for SOOTHE) - Tier 1* *digestive probiotic oral capsule (generic for RESTORA) - Tier 1; QL* *digestive probiotic oral capsule 250 mg (generic for SACCHAROMYCIN DF) - Tier 1* *diotame instydose (generic for SOOTHE) - Tier 1* *enema (generic for FLEET ENEMA) - Tier 1; QL* *enema disposable (generic for FLEET ENEMA) - Tier 1; QL* *enema ready-to-use (generic for FLEET ENEMA) - Tier 1; QL* *enema rectal enema 16-6 gm/133ml, 19-7 gm/118ml (generic for FLEET ENEMA) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
FLEET ENEMA (brand for cvs enema disposable) - Tier 2; QL *FLEET PEDIATRIC (brand for enema pediatric) - Tier 2; QL* *floranex tablet oral (generic for FLORANEX) - Tier 1* *FLORANEX TABLET ORAL (brand for acidophilus/l-sporogenes) - Tier 2* *foaming antacid oral tablet chewable 80-20 mg - Tier 1* *freeze dried acidophilus (generic for ABATINEX) - Tier 1* *gas relief extra strength oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief extra strength oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief extstrength (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *gas relief infants drops oral suspension 20 mg/0.3ml, 40 mg/0.6ml (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *gas relief infants oral suspension (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *gas relief oral capsule 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief oral capsule 180 mg (generic for GAS-X ULTRA STRENGTH) - Tier 1* *gas relief oral tablet chewable 125 mg (generic for GAS-X EXTRA STRENGTH) - Tier 1* *gas relief oral tablet chewable 80 mg - Tier 1* *gas relief ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *gas relief ultstrength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *GAS-X EXTRA STRENGTH ORAL CAPSULE (brand for eq gas relief) - Tier 2* *GAS-X EXTRA STRENGTH ORAL TABLET CHEWABLE (brand for cvs gas relief extra strength) - Tier 2* *GAS-X ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2* GAVISCON - Tier 2	

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

Preferred Agents	Non-Preferred Agents
GAVISCON EXTRA RELIEF FORMULA (brand for cvs heartburn relief ex st) - Tier 2 *GAVISCON EXTRA STRENGTH (brand for antacid extra strength) - Tier 2* GELUSIL - Tier 2 *geri-lanta (generic for MINTOX) - Tier 1; QL* *geri-lanta maximum strength (generic for ALMACONE DOUBLE STRENGTH) - Tier 1; QL* *geri-lanta supreme - Tier 1* *geri-mox (generic for MINTOX) - Tier 1; QL* *heartburn antacid (generic for ACID GONE) - Tier 1* *heartburn antacid ex st (generic for ACID GONE) - Tier 1* *heartburn relief ex st (generic for GAVISCON EXTRA RELIEF FORMULA) - Tier 1* *heartburn relief oral tablet chewable 160-105 mg (generic for ACID GONE) - Tier 1* *heartland gas relief - Tier 1* *high potency probiotic (generic for RESTORA) - Tier 1; QL* *IMODIUM MULTI-SYMPTOM RELIEF (brand for gnp anti-diarrheal/anti-gas) - Tier 2* *infant gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *infants gas relief (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *lactobacillus oral tablet (generic for FLORANEX) - Tier 1* *lacto-pectin (generic for RESTORA) - Tier 1; QL* *long lasting antacid (generic for CAL-GEST ANTACID) - Tier 1* *loperamide-simethicone (generic for IMODIUM MULTI-SYMPTOM RELIEF) - Tier 1* MAALOX - Tier 2 *MAALOX CHILDRENS (brand for childrens pepto) - Tier 2* *MAALOX MAX ORAL SUSPENSION (brand for antacid advanced) - Tier 2; QL* *MAALOX MULTI SYMPTOM MAX ST (brand for antacid advanced) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
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 RESTORA) - Tier 1; QL* *meijer antacid (generic for ALMACONE DOUBLE STRENGTH) - 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 RESTORA) - Tier 1; QL* *MYLICON INFANTS GAS RELIEF (brand for cvs gas relief infants) - Tier 2; QL* *PEPTO-BISMOL ORAL SUSPENSION 524 MG/30ML (brand for cvs anti-diarrheal) - Tier 2* *PHAZYME (brand for cvs gas relief extra strength) - Tier 2* *PHAZYME ULTRA STRENGTH (brand for cvs gas relief ultra strength) - Tier 2* *pink bismuth maximum strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral suspension 262 mg/15ml (generic for SOOTHE) - Tier 1* *pink bismuth oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *pink bismuth oral tablet 262 mg (generic for KAOPECTATE) - Tier 1* *pink bismuth oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *pink-bismuth (generic for SOOTHE) - Tier 1; QL* *PROBIOMAX SERENITY (brand for acidophilus) - Tier 2* *probiotic blend (generic for RESTORA) - Tier 1; QL* *probiotic colon care (generic for RESTORA) - Tier 1; QL* *probiotic complex (generic for RESTORA) - Tier 1; QL* *probiotic maximum strength (generic for RESTORA) - Tier 1; QL* *probiotic oral capsule (generic for RESTORA) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
probiotic oral capsule 250 mg (generic for SACCHAROMYCIN DF) - Tier 1 *probiotic pearls ex st (generic for RESTORA) - Tier 1; QL* *qc gas relief infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *ready-to-use enema rectal enema (generic for FLEET ENEMA) - Tier 1; QL* *REPHRESH PRO-B (brand for acidophilus) - Tier 2* *RESTORA (brand for cvs adult 50+ probiotic) - Tier 2; QL* *RISAQUAD (brand for cvs adult 50+ probiotic) - Tier 2; QL* *RISAQUAD-2 (brand for cvs adult 50+ probiotic) - Tier 2; QL* *saccharomyces boulardii (generic for SACCHAROMYCIN DF) - Tier 1* *SACCHAROMYCIN DF (brand for cvs digestive probiotic) - Tier 2* *saline enema (generic for FLEET ENEMA) - Tier 1; QL* *senior probiotic (generic for RESTORA) - Tier 1; QL* *simeped (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *simethicone drops infants (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *simethicone oral capsule (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone oral suspension (generic for MYLICON INFANTS GAS RELIEF) - Tier 1; QL* *simethicone oral tablet chewable (generic for GAS-X EXTRA STRENGTH) - Tier 1* *simethicone ultra strength (generic for GAS-X ULTRA STRENGTH) - Tier 1* *smooth antacid ex st oral tablet chewable 750 mg (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *smooth antacid extra st (generic for CVS CHEWY NOT CHALKY FLAVOR) - Tier 1* *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*	

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

Preferred Agents	Non-Preferred Agents
soothe oral suspension (generic for SOOTHE) - Tier 1 *soothe oral tablet chewable (generic for SOOTHE) - Tier 1; QL* *stomach relief extra strength (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief max st oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 1050 mg/30ml, 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief oral suspension 262 mg/15ml, 525 mg/30ml, 527 mg/30ml (generic for SOOTHE) - Tier 1* *stomach relief oral tablet 262 mg (generic for KAOPECTATE) - Tier 1* *stomach relief oral tablet chewable 262 mg (generic for SOOTHE) - Tier 1; QL* *stomach relief plus (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *stomach relief ultra oral suspension 525 mg/15ml (generic for SOOTHE MAXIMUM STRENGTH) - Tier 1* *TUMS (brand for antacid) - Tier 2* *TUMS CHEWY BITES (brand for antacid) - Tier 2* *TUMS E-X 750 (brand for antacid) - Tier 2* *TUMS EXTRA STRENGTH 750 (brand for antacid) - Tier 2* *TUMS LASTING EFFECTS (brand for antacid) - Tier 2* *TUMS SMOOTHIES (brand for antacid) - Tier 2* *TUMS ULTRA 1000 (brand for antacid maximum) - Tier 2* *ZELAC (brand for cvs adult 50+ probiotic) - Tier 2; QL*	
Laxatives - Bowel Treatment Drugs	
clearlax oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL *daily fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *enema mineral oil (generic for FLEET OIL) - Tier 1; QL* *EVAC (brand for cvs natural fiber supplement) - Tier 2; QL* *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*	

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

Preferred Agents	Non-Preferred Agents
fiber oral powder 28.3 %, 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL *fiber oral powder 48.57 % (generic for METAMUCIL) - Tier 1; QL* *fiber therapy oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *fiber therapy oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *FLEET OIL (brand for cvs mineral oil enema) - Tier 2; QL* *gavilax oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *gentlelax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *glycolax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *konsyl daily fiber oral powder 28.3 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *laxaclear (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *laxative oral powder 17 gm/scoop (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *mineral oil enema (generic for FLEET OIL) - Tier 1; QL* *mineral oil heavy oral - Tier 1* *mineral oil oral oil - Tier 1* *mineral oil rectal enema (generic for FLEET OIL) - Tier 1; QL* *MIRALAX ORAL POWDER (brand for gavilax) - Tier 2; ONLY powder bottle; QL* *mm clearlax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *natural daily fiber (generic for METAMUCIL) - Tier 1; QL* *natural fiber oral capsule 0.52 gm (generic for MEDI-MUCIL) - Tier 1* *natural fiber oral powder 28.3 %, 58.6 % (generic for METAMUCIL SMOOTH TEXTURE) - Tier 1; QL* *natural fiber oral powder 48.57 % (generic for METAMUCIL) - Tier 1; QL* *natural fiber supplement (generic for EVAC) - Tier 1; QL* *natural vegetable (generic for HYDROCIL) - Tier 1; QL* *natural vegetable fiber (generic for METAMUCIL) - Tier 1; QL* *natura-lax (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *peg 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL*	

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

Preferred Agents	Non-Preferred Agents
polyethylene glycol 3350 oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL *polyethylene glycol 3350-grx oral powder (generic for CLEARLAX) - Tier 1; ONLY powder bottle; QL* *psyldex - Tier 1; 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*	
Laxatives - Drugs to treat Constipation	
AVEDANA GLYCERIN (ADULT) (brand for cvs glycerin adult) - Tier 2 *citroma (generic for CITROMA) - Tier 1* CITRUCEL ORAL POWDER - Tier 2; QL *CITRUCEL ORAL TABLET (brand for cvs soluble 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 DOCUSOL MINI) - Tier 1; QL* *docusate sodium oral capsule (generic for COLACE) - Tier 1; QL* *docusate sodium oral liquid - Tier 1; QL* *docusate sodium oral syrup - Tier 1* *DOCUSOL MINI (brand for docusate mini) - Tier 2; QL* *docuzen (generic for SENEXON-S) - Tier 1* *dss (generic for COLACE) - Tier 1; QL* *easy-lax plus (generic for SENEXON-S) - Tier 1* *ENEMEEZ MINI (brand for docusate mini) - Tier 2; QL* *EX-LAX MAXIMUM STRENGTH (brand for cvs laxative pills max st) - Tier 2* *fiber laxative + calcium (generic for FIBERCON) - Tier 1* *fiber laxative oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *fiber oral tablet 500 mg (generic for CITRUCEL) - Tier 1* *fiber oral tablet 625 mg (generic for FIBERCON) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
fiber therapy oral tablet 500 mg (generic for CITRUCEL) - Tier 1 *fiber therapy oral tablet 625 mg (generic for FIBERCON) - Tier 1* *fiber-caps (generic for FIBERCON) - Tier 1* *fiber-lax (generic for FIBERCON) - Tier 1* *geri-kot (generic for SENOKOT) - Tier 1* *glycerin (adult) rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin (infants & children) rectal suppository 1 gm - Tier 1* *glycerin adult rectal suppository 2 gm (generic for AVEDANA GLYCERIN (ADULT)) - Tier 1* *glycerin child rectal suppository 1 gm, 1.2 gm - Tier 1* *glycerin childrens - Tier 1* *glycerin pediatric rectal suppository 1.2 gm - Tier 1* *laxacin (generic for SENEXON-S) - Tier 1* *laxative max str (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative maximum strength oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative pills max st (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative pills oral tablet 25 mg (generic for EX-LAX MAXIMUM STRENGTH) - Tier 1* *laxative regular strength (generic for SENNA SMOOTH) - Tier 1* *magnesium citrate oral solution (generic for CITROMA) - Tier 1* *mm stool softener laxative (generic for COLACE) - Tier 1; QL* *natural senna laxative (generic for SENOKOT) - Tier 1* *natural vegetable laxative oral tablet 8.6 mg (generic for SENOKOT) - Tier 1* *ONELAX MAGNESIUM CITRATE (brand for cvs magnesium citrate) - Tier 2* *ONELAX SENNA (brand for senna) - Tier 2* *p col-rite (generic for SENEXON-S) - Tier 1* PEDIA-LAX ORAL LIQUID - Tier 2 *PERDIEM OVERNIGHT RELIEF (brand for laxative regular strength) - Tier 2* *sb docusate sodium/senna (generic for SENEXON-S) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
senexon-s (generic for SENEXON-S) - Tier 1 *senna lax (generic for SENOKOT) - Tier 1* *senna laxative (generic for SENOKOT) - Tier 1* *senna oral liquid (generic for ONELAX SENNA) - Tier 1* *senna oral syrup (generic for ONELAX SENNA) - Tier 1* *senna oral tablet (generic for SENOKOT) - Tier 1* *senna plus oral tablet (generic for SENEXON-S) - Tier 1* *senna s (generic for SENEXON-S) - Tier 1* *senna smooth (generic for SENNA SMOOTH) - Tier 1* *senna-docusate sodium (generic for SENEXON-S) - Tier 1* *senna-lax (generic for SENOKOT) - Tier 1* *senna-plus (generic for SENEXON-S) - Tier 1* *senna-s (generic for SENEXON-S) - Tier 1* *senna-tabs (generic for SENOKOT) - Tier 1* *senna-time (generic for SENOKOT) - Tier 1* *senna-time s (generic for SENEXON-S) - Tier 1* *sennazon (generic for ONELAX SENNA) - Tier 1* *SENOKOT (brand for cvs senna) - Tier 2* *SENOKOT S (brand for cvs senna plus) - Tier 2* *soluble fiber therapy (generic for CITRUCEL) - Tier 1* *stimulant laxative oral tablet 8.6-50 mg (generic for SENEXON-S) - Tier 1* *stool softener laxative oral capsule (generic for COLACE) - Tier 1; 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 SENEXON-S) - Tier 1* *stool softener plus laxative (generic for SENEXON-S) - Tier 1* *stool softener/laxative (generic for SENEXON-S) - Tier 1* *stool softener/laxative oral tablet (generic for SENEXON-S) - Tier 1* *vegetable lax+stool softener (generic for SENEXON-S) - Tier 1* *vegetable laxative (generic for SENOKOT) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
Genetic or Enzyme or Protein Disorder: Replacement, Modifiers, Treatment	
CHOLBAM - Tier 2; PA; SP; QL CREON - Tier 2 CYSTAGON - Tier 2; SP; QL NITYR - Tier 2; DX2RX; SP; QL RAVICTI - Tier 2; PA; SP; QL *sapropterin dihydrochloride (generic for JAVYGTOR) - Tier 1; DX2RX; SP; QL* *sodium phenylbutyrate oral powder (generic for BUPHENYL) - Tier 1; DX2RX; SP; QL* STRENSIQ - Tier 2; PA; SP TEGSEDI - Tier 2; PA; SP; QL VYNDAMAX - Tier 2; PA; SP; QL VYNDAQEL - Tier 2; PA; SP; QL	CERDELGA - Tier 2; PA; SP; QL EVRYSDI - Tier 2; PA; SP; QL *KUVAN ORAL PACKET 100 MG (brand for sapropterin dihydrochloride) - Tier 2; DX2RX; SP; QL* *ORFADIN (brand for nitisinone) - Tier 2; PA; SP; QL* PERTZYE - Tier 2; PA VIOKACE - Tier 2; PA *ZAVESCA (brand for miglustat) - Tier 2; PA; SP; QL* ZENPEP - Tier 2; PA
Genitourinary Agents	
Antispasmodics, Urinary	
oxybutynin chloride er (generic for DITROPAN XL) - Tier 1; QL *oxybutynin chloride oral syrup - Tier 1; QL* *oxybutynin chloride oral tablet 5 mg - Tier 1; QL* OXYTROL FOR WOMEN - Tier 2; QL *tolterodine tartrate (generic for DETROL) - Tier 1; ST; QL* *trospium chloride - Tier 1; ST; QL*	*DETROL (brand for tolterodine tartrate) - Tier 2; PA; ST; QL* *DETROL LA (brand for tolterodine tartrate er) - Tier 2; PA; QL* *DITROPAN XL (brand for oxybutynin chloride er) - Tier 2; PA; QL* MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER - Tier 2; PA; QL; AL MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR - Tier 2; PA; QL *TOVIAZ (brand for fesoterodine fumarate er) - Tier 2; PA; QL* *VESICARE (brand for solifenacin succinate) - Tier 2; PA; QL*
Benign Prostatic Hypertrophy Agents	
alfuzosin hcl er (generic for UROXATRAL) - Tier 1; QL *finasteride oral tablet 5 mg (generic for PROSCAR) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
tamsulosin hcl (generic for FLOMAX) - Tier 1; QL *terazosin hcl - Tier 1; QL*	
Genitourinary Agents, Other	
bethanechol chloride oral - Tier 1 ELMIRON - Tier 2; DX2RX; QL *penicillamine oral tablet (generic for DEPEN TITRATABS) - Tier 1; DX2RX; SP; QL*	*CUPRIMINE (brand for penicillamine) - Tier 2; PA; SP* *DEPEN TITRATABS (brand for penicillamine) - Tier 2; DX2RX; SP; QL* *THIOLA (brand for tiopronin) - Tier 2; PA; SP; QL* THIOLA EC - Tier 2; PA; SP; QL
Genitourinary Agents - Drugs to Treat Bladder, Genital and Kidney Conditions	
Genitourinary Agents, Other - Miscellaneous Bladder, Genital, and Kidney Conditions Drugs	
azo (generic for PHENAZO) - Tier 1 *phenazo oral tablet 200 mg (generic for PHENAZO) - Tier 1; QL* *phenazo oral tablet 95 mg (generic for PHENAZO) - Tier 1* *phenazopyridine hcl oral (generic for PHENAZO) - Tier 1; QL* *PYRIDIUM (brand for phenazopyridine hcl) - Tier 2; QL* SHUR-SEAL CONTRACEPTIVE - Tier 2; QL; GE *urinary pain relief oral tablet 95 mg (generic for PHENAZO) - Tier 1* VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM - Tier 2; QL; GE	
Glycemic Agents - Diabetic Drugs	
Blood Glucose Regulators - Drugs to Regulate Blood Sugar	
ZEGALOGUE - Tier 2; QL	
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	
dexamethasone intensol - Tier 1; QL *dexamethasone oral elixir - Tier 1; QL*	ACTHAR - Tier 2; PA; SP; QL CORTROPHIN - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
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 (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 - Tier 1; QL*	EMFLAZA ORAL TABLET 6 MG - Tier 2; PA; SP; QL TAPERDEX 12-DAY - Tier 2; PA; QL *TAPERDEX 6-DAY (brand for dexamethasone) - Tier 2; PA; QL* TAPERDEX 7-DAY - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	
CHORIONIC GONADOTROPIN INTRAMUSCULAR (brand for chorionic gonadotropin) - Tier 2; DX2RX; QL *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 NORDITROPIN FLEXPRO - Tier 2; PA; SP *NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (brand for chorionic gonadotropin) - Tier 2; DX2RX; QL* NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT - Tier 2; DX2RX NUTROPIN AQ NUSPIN 10 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 20 - Tier 2; PA; SP NUTROPIN AQ NUSPIN 5 - Tier 2; PA; SP *PREGNYL (brand for chorionic gonadotropin) - Tier 2; DX2RX; QL*	GENOTROPIN - Tier 2; PA; SP GENOTROPIN MINIQUICK - Tier 2; PA; SP HUMATROPE - Tier 2; PA; SP OMNITROPE - Tier 2; PA; SP SAIZEN - Tier 2; PA; SP ZOMACTON - Tier 2; PA; SP

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Drugs to Regulate Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary) - Hormone Replacement/Modifying Drugs	
OVIDREL - Tier 2; DX2RX	SKYTROFA SUBCUTANEOUS CARTRIDGE 3.6 MG - Tier 2; PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	
KORLYM - Tier 2; PA; SP; QL *methergine (generic for METHERGINE) - Tier 1; QL* *methylergonovine maleate oral (generic for METHERGINE) - Tier 1; QL*	
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	
Androgens	
danazol oral - Tier 1; QL *testosterone cypionate intramuscular (generic for DEPO-TESTOSTERONE) - Tier 1; QL* *testosterone enanthate intramuscular - Tier 1; QL* *testosterone transdermal gel 12.5 mg/act (1%) (generic for VOGELXO PUMP) - Tier 1; PA; QL* *testosterone transdermal gel 25 mg/2.5gm (1%) - Tier 1; PA; QL* *testosterone transdermal gel 50 mg/5gm (1%) (generic for TESTIM) - Tier 1; PA; QL*	ANDRODERM - Tier 2; PA; QL *FORTESTA (brand for testosterone) - Tier 2; PA; QL* NATESTO - Tier 2; PA; QL *TESTIM (brand for testosterone) - Tier 2; PA; QL* *VOGELXO (brand for testosterone) - Tier 2; PA; QL* XYOSTED - Tier 2; PA; QL
Estrogens	
afirmelle (generic for AFIRMELLE) - Tier 1; QL; GE *ALORA (brand for estradiol) - Tier 2; QL* *altavera (generic for ALTAVERA) - Tier 1; QL; GE*	*ACTIVELLA (brand for estradiol-norethindrone acet) - Tier 2; PA; QL* ANGELIQ - Tier 2; PA; QL ANNOVERA - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
alyacen 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE	BALCOLTRA - Tier 2; PA; QL
alyacen 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE	*BEYAZ (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*
apri - Tier 1; QL; GE	BIJUVA - Tier 2; PA; QL
aranelle - Tier 1; QL; GE	*CLIMARA (brand for estradiol) - Tier 2; PA; QL*
aubra eq (generic for AFIRMELLE) - Tier 1; QL; GE	CLIMARA PRO - Tier 2; PA; QL
aurovela 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE	COMBIPATCH - Tier 2; PA; QL
aurovela 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE	*DIVIGEL (brand for estradiol) - Tier 2; PA; QL*
aurovela fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE	ELESTRIN - Tier 2; PA; QL
aurovela fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE	*ESTRACE (brand for estradiol) - Tier 2; PA; QL*
aviane (generic for AFIRMELLE) - Tier 1; QL; GE	*estradiol transdermal gel (generic for DIVIGEL) - Tier 1; PA; QL*
ayuna (generic for ALTAVERA) - Tier 1; QL; GE	ESTRING VAGINAL RING 2 MG - Tier 2; PA; QL
azurette (generic for AZURETTE) - Tier 1; QL; GE	EVAMIST - Tier 2; PA; QL
balziva (generic for BALZIVA) - Tier 1; QL; GE	FEMRING - Tier 2; PA; QL
blisovi fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE	*fyavolv - Tier 1; PA; QL*
blisovi fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE	*jinteli - Tier 1; PA; QL*
briellyn (generic for BALZIVA) - Tier 1; QL; GE	LO LOESTRIN FE - Tier 2; PA; QL
chateal eq (generic for ALTAVERA) - Tier 1; QL; GE	*loryna - Tier 1; PA; QL*
cryselle-28 - Tier 1; QL; GE	MENEST - Tier 2; PA; QL
cyred eq - Tier 1; QL; GE	*mimvey - Tier 1; PA; QL*
dasetta 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE	*MINIVELLE (brand for estradiol) - Tier 2; PA; QL*
dasetta 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE	NATAZIA - Tier 2; PA; QL
delyla (generic for AFIRMELLE) - Tier 1; QL; GE	*NUVARING (brand for etonogestrel-ethinyl estradiol) - Tier 2; PA; QL; GE*
DEPO-ESTRADIOL - Tier 2; QL	*ocella - Tier 1; PA; QL*
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5) (generic for AZURETTE) - Tier 1; QL; GE	PREFEST - Tier 2; PA; QL
	PREMARIN VAGINAL - Tier 2; PA; QL
dotti (generic for DOTTI) - Tier 1; QL	*SAFYRAL (brand for drospiren-eth estrad-levomefol) - Tier 2; PA; QL*
DUAVEE - Tier 2; QL	*SEASONIQUE (brand for levonorgest-eth estrad 91-day) - Tier 2; PA; QL*
elinest - Tier 1; QL; GE	*syeda - Tier 1; PA; QL*
eluryng (generic for ELURYNG) - Tier 1; QL; GE	*VAGIFEM (brand for estradiol) - Tier 2; PA; QL*
enpresse-28 (generic for ENPRESSE-28) - Tier 1; QL; GE	*vestura - Tier 1; PA; QL*
enskyce - Tier 1; QL; GE	*VIVELLE-DOT (brand for estradiol) - Tier 2; PA; QL*
estarylla (generic for ESTARYLLA) - Tier 1; QL; GE	*YASMIN 28 (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL*
estradiol oral (generic for ESTRACE) - Tier 1; QL	*YAZ (brand for drospirenone-ethinyl estradiol) - Tier 2; PA; QL*
estradiol transdermal patch twice weekly (generic for DOTTI) - Tier 1; QL	

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

Preferred Agents	Non-Preferred Agents
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* *hailey 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *hailey fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *hailey fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *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* *jolessa (generic for ICLEVIA) - Tier 1; QL* *juleber - Tier 1; QL; GE* *junel 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *junel 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE* *junel fe oral tablet 1.5-30 mg-mcg (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *junel fe oral tablet 1-20 mg-mcg (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *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 fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *larin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *leena - Tier 1; QL; GE* *lessina (generic for AFIRMELLE) - Tier 1; QL; GE* *levonest (generic for ENPRESSE-28) - Tier 1; QL; GE* *levonorgest-eth estrad 91-day oral tablet 0.15-0.03 mg (generic for ICLEVIA) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
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* *low-ogestrel - Tier 1; QL; GE* *lutera (generic for AFIRMELLE) - Tier 1; QL; GE* *lyllana (generic for DOTTI) - Tier 1; QL* *marlissa (generic for ALTAVERA) - Tier 1; QL; GE* *microgestin 1.5/30 (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *microgestin 1/20 (generic for AUROVELA 1/20) - Tier 1; QL; GE* *microgestin fe 1.5/30 (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *microgestin fe 1/20 (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *mili (generic for ESTARYLLA) - Tier 1; QL; GE* *mono-linyah (generic for ESTARYLLA) - Tier 1; QL; GE* *necon 0.5/35 (28) - Tier 1; QL; GE* *norethin ace-eth estrad-fe oral tablet (generic for AUROVELA FE 1.5/30) - Tier 1; QL; GE* *norethindrone acet-ethinyl est (generic for AUROVELA 1.5/30) - Tier 1; QL; GE* *norethindron-ethinyl estrad-fe (generic for TILIA FE) - Tier 1; QL; GE* *norgestimate-eth estradiol (generic for ESTARYLLA) - Tier 1; QL; GE* *norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-35 mcg (generic for TRI-ESTARYLLA) - Tier 1; QL; GE* *nortrel 0.5/35 (28) - Tier 1; QL; GE* *nortrel 1/35 (21) (generic for DASETTA 1/35) - Tier 1; QL; GE* *nortrel 1/35 (28) (generic for DASETTA 1/35) - Tier 1; QL; GE* *nortrel 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE* *nylia 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE* *nylia 7/7/7 (generic for DASETTA 7/7/7) - Tier 1; QL; GE* *nymyo (generic for ESTARYLLA) - Tier 1; QL; GE* *philith (generic for BALZIVA) - Tier 1; QL; GE*	

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

Preferred Agents	Non-Preferred Agents
pimtrea (generic for AZURETTE) - Tier 1; QL; GE *pirmella 1/35 (generic for DASETTA 1/35) - Tier 1; QL; GE* *pirmella 7/7/7 (generic for DASETTA 7/7/7) - 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* *sprintec 28 (generic for ESTARYLLA) - Tier 1; QL; GE* *sronyx (generic for AFIRMELLE) - Tier 1; QL; GE* *tarina fe 1/20 eq (generic for AUROVELA FE 1/20) - Tier 1; QL; GE* *tilia fe (generic for TILIA FE) - Tier 1; QL; GE* *tri-estarylla (generic for TRI-ESTARYLLA) - Tier 1; QL; GE* *tri-legest fe (generic for TILIA FE) - Tier 1; QL; GE* *tri-linyah (generic for TRI-ESTARYLLA) - Tier 1; QL; GE* *tri-mili (generic for TRI-ESTARYLLA) - Tier 1; QL; GE* *tri-nymyo (generic for TRI-ESTARYLLA) - Tier 1; QL; GE* *tri-sprintec (generic for TRI-ESTARYLLA) - Tier 1; QL; GE* *trivora (28) (generic for ENPRESSE-28) - Tier 1; QL; GE* *tri-vylibra (generic for TRI-ESTARYLLA) - Tier 1; QL; GE* *tyblume - Tier 1; QL; GE* *velivet - 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* *xulane - Tier 1; QL; GE* *yuvafem (generic for YUVAFEM) - Tier 1; QL* *zafemy - Tier 1; QL; GE* *zovia 1/35 (28) (generic for KELNOR 1/35) - Tier 1; QL; GE*	

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

Preferred Agents	Non-Preferred Agents
Progestins	
camila (generic for CAMILA) - Tier 1; QL; GE *deblitane (generic for CAMILA) - Tier 1; QL; GE* ELLA - Tier 2; QL *errin (generic for CAMILA) - Tier 1; QL; GE* *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 AYGESTIN) - 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*	DEPO-SUBQ PROVERA 104 - Tier 2; PA; QL ENDOMETRIN - Tier 2; PA
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
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers) - Drugs to Regulate Hormones	
Progestins - Hormone Replacement/Modifying Drugs	
aftera (generic for AFTERA) - Tier 1; QL; GE	

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

Preferred Agents	Non-Preferred Agents
curae (generic for AFTERA) - Tier 1; QL; GE *econtra one-step (generic for AFTERA) - Tier 1; QL; GE* *her style (generic for AFTERA) - Tier 1; QL; GE* *levonorgestrel (generic for AFTERA) - Tier 1; QL; GE* *my choice (generic for AFTERA) - Tier 1; QL; GE* *my way (generic for AFTERA) - Tier 1; QL; GE* *new day (generic for AFTERA) - Tier 1; QL; GE* *opcicon one-step (generic for AFTERA) - Tier 1; QL; GE* *option 2 (generic for AFTERA) - Tier 1; QL; GE* *PLAN B ONE-STEP (brand for levonorgestrel) - Tier 2; QL; GE* *react (generic for AFTERA) - Tier 1; QL; GE* *take action (generic for AFTERA) - Tier 1; QL; GE*	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	
euthyrox (generic for EUTHYROX) - Tier 1; QL *levo-t (generic for EUTHYROX) - Tier 1; QL* *levothyroxine sodium oral tablet (generic for EUTHYROX) - Tier 1; QL* *levoxyl (generic for EUTHYROX) - Tier 1; QL* *liothyronine sodium oral (generic for CYTOMEL) - Tier 1; QL* *unithroid (generic for EUTHYROX) - Tier 1; QL*	*TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (brand for levothyroxine sodium) - Tier 2; PA; QL* TIROSINT-SOL - Tier 2; PA; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Drugs to Replace Thyroid Hormones	
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid) - Thyroid Replacement Drugs	
	ARMOUR THYROID - Tier 2; PA; QL
Hormonal Agents, Suppressant (Adrenal)	
LYSODREN - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
Hormonal Agents, Suppressant (Pituitary)	
cabergoline - Tier 1; QL *leuprolide acetate injection - Tier 1; PA; SP* LUPRON DEPOT (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG - Tier 2; PA; SP; QL LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG - Tier 2; PA; SP; QL LUPRON DEPOT-PED (1-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (3-MONTH) - Tier 2; PA; SP; QL LUPRON DEPOT-PED (6-MONTH) - Tier 2; PA; SP; QL *octreotide acetate (generic for SANDOSTATIN) - Tier 1; SP; QL* ORILISSA - Tier 2; PA; QL SIGNIFOR - Tier 2; PA; SP; QL SOMAVERT - Tier 2; PA; SP; QL	FENSOLVI (6 MONTH) - Tier 2; PA; SP; QL ORIAHNN - Tier 2; PA; QL SYNAREL - Tier 2; PA; QL TRIPTODUR - Tier 2; PA; SP; QL
Hormonal Agents, Suppressant (Thyroid)	
Antithyroid Agents	
methimazole oral - Tier 1; QL *propylthiouracil oral - Tier 1; QL*	
Immune Suppressants - Immune System Drugs	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
	LUPKYNIS - Tier 2; PA; QL
Immunological Agents	
Angioedema Agents	

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

Preferred Agents	Non-Preferred Agents
HAEGARDA - Tier 2; PA; SP; QL *icatibant acetate (generic for SAJAZIR) - Tier 1; PA; SP; QL* RUCONEST - Tier 2; PA; SP; QL *sajazir (generic for SAJAZIR) - Tier 1; PA; SP; QL*	BERINERT - Tier 2; PA; SP CINRYZE - Tier 2; PA; SP TAKHZYRO SUBCUTANEOUS SOLUTION - Tier 2; PA; SP; QL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML - Tier 2; PA; SP; QL; AL TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML - Tier 2; PA; SP; QL
Immunological Agents, Other	
COSENTYX - Tier 2; PA; SP; QL ILARIS - Tier 2; PA; SP; QL ILUMYA - Tier 2; PA; SP; QL KEVZARA - Tier 2; PA; SP; QL KINERET - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 1 MG, 2 MG - Tier 2; PA; SP; QL OLUMIANT ORAL TABLET 4 MG - Tier 2; PA; SP OTEZLA - Tier 2; PA; SP; QL SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML - Tier 2; PA; SP SYNAGIS INTRAMUSCULAR SOLUTION 50 MG/0.5ML - Tier 2; PA; SP; QL XOLAIR - Tier 2; PA; SP; QL	ACTEMRA ACTPEN - Tier 2; PA; SP; QL ACTEMRA SUBCUTANEOUS - Tier 2; PA; SP; QL ADBRY - Tier 2; PA; SP; QL BENLYSTA SUBCUTANEOUS - Tier 2; PA; SP; QL DUPIXENT - Tier 2; PA; SP; QL ORENCIA CLICKJECT - Tier 2; PA; SP; QL ORENCIA SUBCUTANEOUS - Tier 2; PA; SP; QL RINVOQ - Tier 2; PA; SP; QL SILIQ - Tier 2; PA; SP; QL SKYRIZI PEN - Tier 2; PA; SP; QL SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE - Tier 2; PA; SP; QL STELARA SUBCUTANEOUS - Tier 2; PA; SP; QL TALTZ - Tier 2; PA; SP; QL TREMFYA - Tier 2; PA; SP; QL XELJANZ - Tier 2; PA; SP; QL XELJANZ XR - Tier 2; PA; SP; QL
Immunostimulants	
ACTIMMUNE - Tier 2; PA; SP PEGASYS - Tier 2; PA; SP; QL	
Immunosuppressants	

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

Preferred Agents	Non-Preferred Agents
azathioprine oral tablet 50 mg (generic for IMURAN) - Tier 1; QL CIMZIA VIAL KIT - Tier 2; PA; SP; QL CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML, 6 X 200 MG/ML - Tier 2; PA; SP; 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* *gengraf oral capsule (generic for GENGRAF) - Tier 1; QL* HADLIMA - Tier 2; PA; SP *leflunomide oral (generic for ARAVA) - Tier 1; QL* *methotrexate oral - Tier 1* *methotrexate sodium (pf) - Tier 1; QL* *methotrexate sodium injection - Tier 1; QL* *methotrexate sodium oral - Tier 1* *mycophenolate mofetil oral (generic for CELLCEPT) - Tier 1; QL* *mycophenolate sodium (generic for MYFORTIC) - Tier 1; QL* *sirolimus oral solution (generic for RAPAMUNE) - Tier 1; QL* *sirolimus oral tablet 0.5 mg, 1 mg (generic for RAPAMUNE) - Tier 1; QL* *sirolimus oral tablet 2 mg (generic for RAPAMUNE) - 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*	ENSPRYNG - Tier 2; PA; SP; QL HUMIRA PEN-PEDIATRIC UC START - Tier 2; PA; SP; QL HUMIRA PEN-PSOR/UVEIT STARTER - Tier 2; PA HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML - Tier 2; PA; SP; QL HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML, 80 MG/0.8ML & 40MG/0.4ML - Tier 2; PA; SP; QL OTREXUP - Tier 2; PA; QL RASUVO - Tier 2; PA; QL REDITREX - Tier 2; PA; QL SIMPONI - Tier 2; PA; SP; QL TREXALL - Tier 2; PA
Vaccines	
ACTHIB - Tier 2; QL 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; QL	

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

Preferred Agents	Non-Preferred Agents
INFANRIX - Tier 2; QL IPOL - Tier 2; QL MENACTRA - Tier 2; QL MENQUADFI - Tier 2; QL MENVEO - Tier 2; QL M-M-R II - Tier 2; QL PEDIARIX - Tier 2; QL PEDVAX HIB - Tier 2; QL PENTACEL - Tier 2; QL PREHEVBRIO - Tier 2; QL PRIORIX - Tier 2; QL PROQUAD - Tier 2; QL QUADRACEL INTRAMUSCULAR SUSPENSION - Tier 2; QL RECOMBIVAX HB - Tier 2; QL ROTARIX ORAL SUSPENSION RECONSTITUTED - Tier 2; QL ROTATEQ - Tier 2; QL 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	
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
Vaccines	
AFLURIA QUADRIVALENT - Tier 2; QL DENGVAXIA - Tier 2; QL FLUAD QUADRIVALENT - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
FLUARIX QUADRIVALENT - Tier 2; QL FLUBLOK QUADRIVALENT - Tier 2; QL FLUCELVAX QUADRIVALENT - Tier 2; QL FLULAVAL QUADRIVALENT - Tier 2; QL FLUZONE HIGH-DOSE QUADRIVALENT - Tier 2; QL FLUZONE QUADRIVALENT - Tier 2; QL HEPLISAV-B - Tier 2; QL; AL HYPERTET - Tier 2; QL NOVAVAX COVID-19 VACCINE - Tier 2; QL PNEUMOVAX 23 - Tier 2; QL PREVNAR 13 - Tier 2; QL PREVNAR 20 - Tier 2; QL	
Inflammatory Bowel Disease Agents	
Aminosalicylates	
balsalazide disodium (generic for COLAZAL) - Tier 1; QL *mesalamine oral capsule delayed release 400 mg (generic for DELZICOL) - 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* *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* *PENTASA (brand for mesalamine er) - 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 (generic for CORTENEMA) - Tier 1; QL* *procto-med hc (generic for PROCTO-MED HC) - Tier 1; QL* *proctosol hc (generic for PROCTO-MED HC) - Tier 1; QL* *proctozone-hc (generic for PROCTO-MED HC) - Tier 1; QL*	CORTIFOAM - Tier 2; PA; QL *UCERIS (brand for budesonide) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
Metabolic Bone Disease Agents	
alendronate sodium oral solution - Tier 1; QL *alendronate sodium oral tablet 10 mg, 35 mg - Tier 1; QL* *alendronate sodium oral tablet 70 mg (generic for FOSAMAX) - Tier 1; QL* *calcitonin (salmon) nasal - Tier 1; QL* *calcitriol oral capsule (generic for ROCALTROL) - Tier 1; QL* *calcitriol oral solution (generic for ROCALTROL) - Tier 1; Members >= 8 years of age will require PA; QL; AL* *cinacalcet hcl (generic for SENSIPAR) - Tier 1; PA; QL* TYMLOS - Tier 2; PA; SP; QL	*ACTONEL ORAL TABLET 150 MG (brand for risedronate sodium) - Tier 2; PA* *ACTONEL ORAL TABLET 35 MG (brand for risedronate sodium) - Tier 2; PA; QL* *ATELVIA (brand for risedronate sodium) - Tier 2; PA* FORTEO - Tier 2; PA; SP; QL *FOSAMAX (brand for alendronate sodium) - Tier 2; PA; QL* FOSAMAX PLUS D - Tier 2; PA; QL RAYALDEE - Tier 2; PA; QL TERIPARATIDE (RECOMBINANT) - Tier 2; PA; SP; QL
Miscellaneous Therapeutic Agents	
acne control cleanser (generic for CLEARSKIN) - Tier 1; QL *acne medication 10 external lotion - Tier 1; QL* *acne medication 5 external lotion - Tier 1; QL* *acne treatment external cream 10 % (generic for CLEARSKIN) - Tier 1; QL* *adv acne spot treatment (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1; QL* *ALCOHOL PREP PADS PAD , 70 % (brand for alcohol prep) - Tier 2; QL* *ANASPAZ (brand for hyoscyamine sulfate) - Tier 2; QL* *antibiotic (generic for BACITRAYCIN PLUS) - Tier 1; QL* *antifungal (tolnaftate) (generic for TINACTIN) - Tier 1; QL* *antifungal tolnaftate (generic for TINACTIN) - Tier 1; QL* *arthritis pain relieving - Tier 1; QL* *aspirin adults (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin childrens (generic for BAYER LOW DOSE) - Tier 1; QL* *aspirin ec oral tablet 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL* *aspirin ec oral tablet delayed release 325 mg (generic for BAYER ASPIRIN) - Tier 1; QL*	AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML - Tier 2; PA; SP; QL ARMONAIR DIGIHALER - Tier 2; PA; QL *BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; QL* *BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (brand for global easy glide insulin syr) - Tier 2; PA; QL* *BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL* *BD ULTRA-FINE PEN NEEDLES 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL* EMPAVELI - Tier 2; PA; SP; QL GUARDIAN CONNECT TRANSMITTER - Tier 2; PA; QL GUARDIAN LINK 3 TRANSMITTER - Tier 2; PA; QL *INSULIN PEN NEEDLES 29G X 12.7MM (brand for sure comfort pen needles) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
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 BAYER 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 adult aspirin regimen) - Tier 2; QL* *aspirin rectal suppository 300 mg - Tier 1* *aspirin regimen (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *athletes foot (tolnaftate) external aerosol powder 1 % (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL* *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; QL* *bacitracin external (generic for BACITRAYCIN PLUS) - Tier 1; QL* *bacitracin zinc external - Tier 1; QL* *bacitracin zinc first aid - Tier 1; QL* *bacitracin zinc-aloe - Tier 1; QL* *BAYER ASPIRIN ORAL TABLET (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 PEN NEEDLES 31G X 5 MM (brand for 1st tier unifine pentips) - Tier 2; QL* *BENZAC AC WASH (brand for benzoyl peroxide wash) - Tier 2; QL* *BINAXNOW COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *bisacodyl ec (generic for DULCOLAX) - Tier 1; QL*	*INSULIN PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM (brand for 1st tier unifine pentips) - Tier 2; PA; QL* *INSULIN SYRINGES 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (brand for global inject ease insulin syr) - Tier 2; PA; QL* *INSULIN SYRINGES 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML (brand for eql insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (brand for aq insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 30G X 5/16" 1 ML (brand for easy comfort insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 31G X 5/16" 0.3 ML (brand for techlite insulin syringe) - Tier 2; PA; QL* *INSULIN SYRINGES 31G X 5/16" 0.5 ML (brand for careone insulin syringe) - Tier 2; PA; QL* MOUNJARO - Tier 2; PA; QL OMNIPOD 5 G6 INTRO (GEN 5) - Tier 2; PA; QL OMNIPOD 5 G6 POD (GEN 5) - Tier 2; PA; QL ORLADEYO - Tier 2; PA; SP; QL QUVIVIQ - Tier 2; PA; QL RYALTRIS - Tier 2; PA; QL; AL SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE - Tier 2; PA; SP; QL SOTYKTU - Tier 2; PA; SP; QL WINLEVI - Tier 2; PA; QL YONSA - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
bisacodyl laxative (generic for DULCOLAX) - Tier 1; QL *bisacodyl oral (generic for DULCOLAX) - Tier 1; QL* *bisacodyl rectal (generic for THE MAGIC BULLET) - Tier 1; QL* *bp wash external liquid 2.5 % (generic for PANOXYL) - Tier 1; QL* *BREATHE COMFORT HUMIDIFIER (brand for cvs cool mist humidifer) - Tier 2; QL* *calamine external lotion - Tier 1; QL* CALQUENCE - Tier 2; PA; SP; QL *capsaicin external cream (generic for DERMACINRX PENETRAL) - Tier 1; QL* *capsaicin hp (generic for ZOSTRIX HP) - Tier 1; QL* *capsaicin pain relief (generic for ZOSTRIX HP) - Tier 1; QL* *capzix (generic for ZOSTRIX HP) - Tier 1; QL* *CAREPOINT POLY HUB NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CAREPOINT SAFETY 1ST NEEDLE 25G X 5/8" (brand for carepoint poly hub needle) - Tier 2; QL* *CARESTART COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; 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 *childrens aspirin oral tablet chewable 81 mg (generic for BAYER LOW DOSE) - Tier 1; QL* *c-lax laxative (generic for DULCOLAX) - Tier 1; QL* *CLEARDETECT COVID-19 AG HOME (brand for covid-19 at home antigen test) - Tier 2; QL* *clearskin (generic for CLEARSKIN) - Tier 1; QL* *CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL* *CLINITEST RAPID COVID-19 TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL* COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
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; QL* *corn and callus remover (generic for COMPOUND W) - Tier 1; QL* *COVID-19 AT HOME ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL* *COVID-19 AT HOME TEST KIT (brand for covid-19 at home antigen test) - Tier 2; AL* *COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; AL* *COVID-19 AT-HOME TEST KIT IN VITRO (brand for covid-19 at home antigen test) - Tier 2; QL* *daily acne wash (generic for DERMACINRX ATRIX ANTIBAC WASH) - Tier 1; QL* *DERMACINRX ATRIX ANTIBAC WASH (brand for cvs adv acne spot treatment) - Tier 2; QL* *DERMACINRX ATRIX CLARIFY TONER (brand for cvs adv acne spot treatment) - Tier 2; QL* DERMELEVE ADVANCED FORMULA - Tier 2; QL DEXCOM G6 TRANSMITTER - Tier 2; PA; QL *DIATRUST COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *double antibiotic external ointment 500-10000 unit/gm (generic for POLYSPORIN) - Tier 1; QL* *DROPSAFE ALCOHOL PREP (brand for alcohol prep) - Tier 2; QL* *DULCOLAX ORAL TABLET DELAYED RELEASE (brand for bisacodyl) - 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*	

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

Preferred Agents	Non-Preferred Agents
ELLUME COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL *enteric aspirin (generic for BAYER ASPIRIN) - Tier 1; QL* *eq liquid wart remover max st (generic for COMPOUND W) - Tier 1; QL* *EX-LAX ULTRA (brand for bisacodyl) - Tier 2; QL* *fast relief laxative (generic for THE MAGIC BULLET) - Tier 1; QL* *FASTEP COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; AL* FLEET BISACODYL - Tier 2; QL *FLOWFLEX COVID-19 AG HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *folic acid oral tablet 1 mg - Tier 1; QL* *folic acid oral tablet 400 mcg, 800 mcg - Tier 1* *foot & sneaker (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL* *FORMULA 3 THE TREATMENT (brand for tinaspore) - Tier 2; QL* *FORMULA 7 THE SOLUTION (brand for tinaspore) - Tier 2; QL* *FUNGI NAIL (brand for tinaspore) - Tier 2; QL* *fungi-guard (generic for TINACTIN) - Tier 1; QL* *GENABIO COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; AL* *gentle laxative (generic for DULCOLAX) - Tier 1; QL* *gentle laxative womens (generic for DULCOLAX) - Tier 1; QL* *genuine aspirin (generic for BAYER ASPIRIN) - 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 sl (generic for LEVSIN/SL) - Tier 1; QL* *hyoscyamine sulfate sublingual (generic for LEVSIN/SL) - Tier 1; QL* *hyosyne - Tier 1; QL* *IHEALTH COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
INDICAID COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL *INSPIREASE (brand for breathe comfort chamber/adult) - Tier 2; QL* INSPIREASE RESERVOIR BAGS - Tier 2; QL *INTELISWAB COVID-19 RAPID TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *jock itch max st (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL* *jock itch spray powder (generic for ODOR EATERS FOOT/SNEAKER SPRAY) - Tier 1; QL* *laxative oral tablet delayed release 5 mg (generic for DULCOLAX) - Tier 1; QL* *laxative rectal suppository 10 mg (generic for THE MAGIC BULLET) - Tier 1; QL* *LEVBID (brand for hyoscyamine sulfate er) - Tier 2; QL* *magnesium oxide (antacid) oral tablet - Tier 1* *magnesium oxide oral tablet 400 mg - Tier 1* *magnesium oxide oral tablet 420 mg (generic for MAOX) - Tier 1* *MAOX (brand for magnesium oxide) - Tier 2* MASK VORTEX/CHILD/FROG - Tier 2; QL MASK VORTEX/TODDLER/LADYBUG - Tier 2; QL *MICOTRIN AL (brand for tinaspore) - Tier 2; QL* *mm aspirin (generic for BAYER ASPIRIN EC LOW DOSE) - Tier 1; QL* *MYCOZYL AL (brand for tinaspore) - Tier 2; QL* NEODOT THERMOMETER - Tier 2; QL *NEUTROGENA OIL-FREE ACNE WASH (brand for cvs adv acne spot treatment) - Tier 2; QL* *NULEV (brand for hyoscyamine sulfate) - Tier 2; QL* OMNIFLEX DIAPHRAGM - Tier 2; QL; GE *ON/GO COVID-19 ANTIGEN TEST (brand for covid-19 at home antigen test) - Tier 2; QL* *ON/GO ONE COVID-19 HOME TEST (brand for covid-19 at home antigen test) - Tier 2; QL; AL* *ONELAX (brand for bisacodyl) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
OVACE PLUS WASH EXTERNAL LIQUID (brand for sodium sulfacetamide wash) - Tier 2; QL *OVACE WASH (brand for sodium sulfacetamide wash) - Tier 2; QL* *PANOXYL (brand for bp wash) - Tier 2; QL* PFIZER COVID-19 VAC BIVAL 5-11 - Tier 2 PFIZER COVID-19 VAC BIVALENT - Tier 2 *PILOT COVID-19 AT-HOME TEST (brand for covid-19 at home antigen test) - Tier 2; AL* *poly bacitracin (generic for POLYSPORIN) - Tier 1; QL* *POLYSPORIN (brand for cvs poly bacitracin) - Tier 2; QL* *PREZISTA (brand for darunavir) - Tier 2; QL* *qc athletes foot relief - Tier 1; QL* *QUICKVUE AT-HOME COVID-19 TEST (brand for covid-19 at home antigen test) - Tier 2; QL* REZVOGLAR KWIKPEN - Tier 2; QL *scalp relief external liquid 3 % (generic for SCALPICIN) - Tier 1; QL* *sodium sulfacetamide wash (generic for OVACE PLUS WASH) - Tier 1; QL* *SPEEDY SWAB COVID-19 ANTIGEN (brand for covid-19 at home antigen test) - Tier 2; AL* *ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE (brand for aspirin) - Tier 2; QL* *sulfacetamide sodium external (generic for OVACE PLUS WASH) - Tier 1; QL* SUNLENCA ORAL - Tier 2; QL *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* *tinaspore (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL* *tm-tolnaftate (generic for FORMULA 3 THE TREATMENT) - Tier 1; QL* *tolnaftate antifungal (generic for TINACTIN) - Tier 1; QL* *tolnaftate external cream (generic for TINACTIN) - Tier 1; QL* *tolnaftate external powder (generic for LOTRIMIN AF) - Tier 1; QL* VAPORIZER WARM STEAM - Tier 2; QL	

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

Preferred Agents	Non-Preferred Agents
VAXELIS - Tier 2; QL *wart remover external liquid 17 % (generic for COMPOUND W) - Tier 1; QL* *wart remover maximum strength external liquid (generic for COMPOUND W) - Tier 1; QL* WIDE-SEAL DIAPHRAGM 60 - Tier 2; QL WIDE-SEAL DIAPHRAGM 65 - Tier 2; QL WIDE-SEAL DIAPHRAGM 70 - Tier 2; QL WIDE-SEAL DIAPHRAGM 75 - Tier 2; QL WIDE-SEAL DIAPHRAGM 80 - Tier 2; QL WIDE-SEAL DIAPHRAGM 85 - Tier 2; QL WIDE-SEAL DIAPHRAGM 90 - Tier 2; QL WIDE-SEAL DIAPHRAGM 95 - Tier 2; QL *womans laxative (generic for DULCOLAX) - Tier 1; QL* *womens gentle laxative (generic for DULCOLAX) - Tier 1; QL* *womens laxative (generic for DULCOLAX) - Tier 1; QL* *ZOSTRIX HP (brand for capsaicin) - Tier 2; QL*	
Molecular Target Inhibitors - Chemotherapy Agents	
Antineoplastics - Drugs to Treat Cancer	
ALECENSA - Tier 2; PA; SP; QL ALUNBRIG - Tier 2; PA; SP; QL BOSULIF - Tier 2; PA; SP; QL BRUKINSA - Tier 2; PA; SP CABOMETYX - Tier 2; PA; SP; QL CAPRELSA - Tier 2; PA; SP; QL COMETRIQ (100 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (140 MG DAILY DOSE) - Tier 2; PA; SP; QL COMETRIQ (60 MG DAILY DOSE) - Tier 2; PA; SP; QL *erlotinib hcl (generic for TARCEVA) - Tier 1; PA; SP; QL* *gefitinib (generic for IRESSA) - Tier 1; PA; SP; QL* GILOTRIF - Tier 2; PA; SP; QL ICLUSIG - Tier 2; PA; SP; QL	GAVRETO - Tier 2; PA; SP; QL *GLEEVEC (brand for imatinib mesylate) - Tier 2; PA; SP; QL* *IRESSA (brand for gefitinib) - Tier 2; PA; SP; QL* LORBRENA - Tier 2; PA; SP; QL NERLYNX - Tier 2; PA; SP; QL RETEVMO - Tier 2; PA; SP; QL TABRECTA - Tier 2; PA; SP; QL TAGRISSO - Tier 2; PA; SP; QL *TARCEVA (brand for erlotinib hcl) - Tier 2; PA; SP; QL* VIZIMPRO - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
imatinib mesylate (generic for GLEEVEC) - Tier 1; PA; SP; QL IMBRUVICA - Tier 2; PA; SP; QL INLYTA - Tier 2; PA; SP; QL *lapatinib ditosylate (generic for TYKERB) - Tier 1; PA; SP; QL* LENVIMA (10 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (12 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (14 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (18 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (20 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (24 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (4 MG DAILY DOSE) - Tier 2; PA; SP; QL LENVIMA (8 MG DAILY DOSE) - Tier 2; PA; SP; QL SPRYCEL - Tier 2; PA; SP; QL TASIGNA - Tier 2; PA; SP; QL TURALIO - Tier 2; SP; QL; AL VOTRIENT - Tier 2; PA; SP; QL XALKORI - Tier 2; PA; SP; QL	
Multiple Sclerosis Agents - Multiple Sclerosis Drugs	
Central Nervous System Agents - Drugs to Treat Nerve Conditions	
	PONVORY - Tier 2; PA; SP; QL PONVORY STARTER PACK - Tier 2; PA; SP; QL
Ophthalmic Agents	
Ophthalmic Prostaglandin and Prostamide Analogs	
latanoprost ophthalmic (generic for XALATAN) - Tier 1; QL	LUMIGAN - Tier 2; PA; QL *TRAVATAN Z (brand for travoprost (bak free)) - Tier 2; PA; QL* VYZULTA - Tier 2; PA; QL *XALATAN (brand for latanoprost) - Tier 2; PA; QL* XELPROS - Tier 2; PA; QL *ZIOPTAN (brand for tafluprost (pf)) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
Ophthalmic Agents, Other	
altafrin (generic for ALTAFRIN) - Tier 1; QL *atropine sulfate ophthalmic ointment - Tier 1; QL* *atropine sulfate ophthalmic solution 1 % (generic for ISOPTO ATROPINE) - Tier 1; QL* *bacitra-neomycin-polymyxin-hc (generic for NEO-POLYCIN HC) - Tier 1; QL* *cyclopentolate hcl ophthalmic (generic for CYCLOGYL) - Tier 1; QL* CYSTARAN - Tier 2; DX2RX; SP; QL *dorzolamide hcl-timolol mal (generic for COSOPT) - Tier 1; QL* *ISOPTO ATROPINE (brand for atropine sulfate) - Tier 2; 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-polycin hc (generic for NEO-POLYCIN HC) - Tier 1; QL* *phenylephrine hcl ophthalmic (generic for ALTAFRIN) - Tier 1; QL* *sulfacetamide-prednisolone - Tier 1; QL* TOBRADEX OPHTHALMIC OINTMENT - Tier 2; QL *tobramycin-dexamethasone (generic for TOBRADEX) - Tier 1; QL* XIIDRA - Tier 2; PA; QL	CEQUA - Tier 2; PA; QL *COMBIGAN (brand for brimonidine tartrate-timolol) - Tier 2; PA; QL* *COSOPT (brand for dorzolamide hcl-timolol mal) - Tier 2; PA; QL* *COSOPT PF (brand for dorzolamide hcl-timolol mal pf) - Tier 2; PA; QL* *RESTASIS (brand for cyclosporine) - Tier 2; PA; QL* *RESTASIS MULTIDOSE (brand for cyclosporine) - Tier 2; PA; QL* ROCKLATAN - Tier 2; PA; QL TOBRADEX ST - Tier 2; PA; QL TYRVAYA - Tier 2; PA; QL VERKAZIA - Tier 2; PA; QL ZYLET - 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*	
Ophthalmic Anti-Infectives	
bacitracin ophthalmic - Tier 1; QL	AZASITE - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
bacitracin-polymyxin b ophthalmic (generic for POLYCIN) - Tier 1; QL *ciprofloxacin hcl ophthalmic - Tier 1; QL* *erythromycin ophthalmic - Tier 1; QL* *gentamicin sulfate ophthalmic - Tier 1; QL* *neomycin-bacitracin zn-polymyx (generic for NEO-POLYCIN) - Tier 1; QL* *neomycin-polymyxin-gramicidin - Tier 1; QL* *neo-polycin (generic for NEO-POLYCIN) - Tier 1; QL* *ofloxacin ophthalmic (generic for OCUFLOX) - Tier 1; QL* *polycin (generic for POLYCIN) - Tier 1; QL* *polymyxin b-trimethoprim (generic for POLYTRIM) - Tier 1; QL* *sulfacetamide sodium ophthalmic - Tier 1; QL* *tobramycin ophthalmic - Tier 1; QL* *trifluridine - Tier 1; QL*	BESIVANCE - Tier 2; PA; QL CILOXAN - Tier 2; PA; QL *OCUFLOX (brand for ofloxacin) - Tier 2; PA; QL* *VIGAMOX (brand for moxifloxacin hcl) - Tier 2; PA; QL* *ZYMAXID (brand for gatifloxacin) - Tier 2; PA; QL*
Ophthalmic Anti-inflammatories	
dexamethasone sodium phosphate ophthalmic - Tier 1; QL *diclofenac sodium ophthalmic - Tier 1; QL* *fluorometholone (generic for FML LIQUIFILM) - Tier 1; QL* *flurbiprofen sodium - Tier 1; QL* *ketorolac tromethamine ophthalmic (generic for ACULAR) - Tier 1; QL* PRED MILD - Tier 2; QL *prednisolone acetate ophthalmic (generic for PRED FORTE) - Tier 1; QL* *PREDNISOLONE ACETATE P-F (brand for prednisolone acetate) - Tier 2; QL* *prednisolone sodium phosphate ophthalmic - Tier 1; QL*	*ACULAR LS (brand for ketorolac tromethamine) - Tier 2; PA; QL* ACUVAIL - Tier 2; PA; QL BROMSITE - Tier 2; PA; QL *DUREZOL (brand for difluprednate) - Tier 2; PA; QL* EYSUVIS - Tier 2; PA; QL FLAREX - Tier 2; PA; QL FML FORTE - Tier 2; PA; QL ILEVRO - Tier 2; PA; QL INVELTYS - Tier 2; PA; QL *LOTEMAX (brand for loteprednol etabonate) - Tier 2; PA; QL* LOTEMAX SM - Tier 2; PA; QL NEVANAC - Tier 2; PA; QL *PRED FORTE (brand for prednisolone acetate) - Tier 2; PA; QL* PROLENSA - Tier 2; PA; QL
Ophthalmic Beta-Adrenergic Blocking Agents	
betaxolol hcl ophthalmic - Tier 1; QL	BETIMOL - Tier 2; PA; QL

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

Preferred Agents	Non-Preferred Agents
carteolol hcl - Tier 1; QL *levobunolol hcl - Tier 1; QL* *timolol maleate ophthalmic solution (generic for TIMOPTIC) - Tier 1; QL*	BETOPTIC-S - Tier 2; PA; QL *ISTALOL (brand for timolol maleate (once-daily)) - Tier 2; PA; QL* *TIMOPTIC (brand for timolol maleate) - Tier 2; PA; QL* *TIMOPTIC OCUDOSE (brand for timolol maleate pf) - Tier 2; PA; QL*
Ophthalmic Intraocular Pressure Lowering Agents, Other	
apraclonidine hcl - Tier 1; QL *brimonidine tartrate ophthalmic (generic for ALPHAGAN P) - 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; QL *pilocarpine hcl ophthalmic - Tier 1; QL*	*ALPHAGAN P (brand for brimonidine tartrate) - Tier 2; PA; QL* *AZOPT (brand for brinzolamide) - Tier 2; PA; QL* RHOPRESSA - Tier 2; PA; QL SIMBRINZA - Tier 2; PA; QL
Ophthalmic Agents - Drugs to Treat Eye Conditions	
Ophthalmic Agents, Other - Miscellaneous Eye Drugs	
altachlore (generic for ALTACHLORE) - Tier 1; QL *altalube (generic for ALTALUBE) - Tier 1; QL* *artificial tears ophthalmic solution (generic for GENTEAL TEARS) - Tier 1; QL* *astringent eye drops (generic for VISINE-AC) - Tier 1; QL* *BIOLLE TEARS (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *carboxymethylcellulose sodium ophthalmic solution (generic for ULTRA FRESH) - Tier 1; QL* *dry eye relief ophthalmic gel 0.4-0.3 % (generic for GENTEAL TEARS SEVERE DAY/NIGHT) - Tier 1; QL* *dry-eye relief nighttime (generic for ALTALUBE) - Tier 1; QL* *eye drops advanced relief - Tier 1; QL* *eye drops long lasting (generic for SYSTANE) - Tier 1; QL* *eye drops ophthalmic solution 0.05 % (generic for VISINE RED EYE COMFORT) - Tier 1; QL* *eye drops ophthalmic solution 0.05-0.1-1-1 % - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
eye drops ophthalmic solution 0.05-0.25 % (generic for VISINE-AC) - Tier 1; QL *eye lubricant (generic for ALTALUBE) - Tier 1; QL* *for sty relief (generic for ALTALUBE) - Tier 1; QL* GENTEAL SEVERE - Tier 2; QL *GENTEAL TEARS MODERATE PF (brand for cvs natural tears pf) - Tier 2; QL* *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; QL* *GENTEAL TEARS PF (brand for cvs natural tears pf) - Tier 2; QL* *GENTEAL TEARS SEVERE DAY/NIGHT (brand for dry eye relief) - 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 long last (generic for SYSTANE) - Tier 1; QL* *lubricant drops ophthalmic gel 0.25-0.3 % - Tier 1; QL* *lubricant drops ophthalmic solution (generic for SYSTANE BALANCE) - Tier 1; QL* *lubricant eye drops (pf) (generic for BIOLLE TEARS) - Tier 1; QL* *lubricant eye drops (pf) ophthalmic solution 0.4-0.3 % (generic for SYSTANE HYDRATION PF) - Tier 1; QL* *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; QL* *lubricant eye nighttime (generic for ALTALUBE) - Tier 1; QL* *lubricant eye ophthalmic solution 0.4-0.3 % (generic for SYSTANE) - Tier 1; QL* *lubricant pm (generic for ALTALUBE) - Tier 1; QL* *lubricating eye drop (generic for BIOLLE TEARS) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
lubricating eye drops (generic for SYSTANE) - Tier 1; QL *lubricating eye/overnight (generic for ALTALUBE) - Tier 1; QL* *lubricating plus eye drops (generic for BIOLLE TEARS) - Tier 1; QL* *lubricating plus ophthalmic solution 0.5 % (generic for BIOLLE TEARS) - Tier 1; QL* *lubricating tears (generic for SYSTANE) - Tier 1; QL* *lubricating tears eye drops (generic for GENTEAL TEARS) - Tier 1; QL* *lubrifresh p.m. (generic for ALTALUBE) - Tier 1; QL* *MURO 128 OPHTHALMIC OINTMENT (brand for cvs sod chloride hypertonicity) - Tier 2; QL* *MURO 128 OPHTHALMIC SOLUTION 5 % (brand for cvs sodium chloride) - Tier 2; QL* *natural tears pf (generic for GENTEAL TEARS MODERATE PF) - Tier 1; QL* *nighttime dry-eye relief (generic for ALTALUBE) - Tier 1; QL* *polyvinyl alcohol ophthalmic - Tier 1; QL* *pure & gentle lubricant - Tier 1; QL* *REFRESH LACRI-LUBE (brand for cvs dry-eye relief nighttime) - Tier 2; QL* *REFRESH PLUS (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *REFRESH TEARS (brand for carboxymethylcellulose sodium) - Tier 2; QL* *relief eye drops (generic for VISINE-AC) - Tier 1; QL* *restore plus lubricant eye (generic for BIOLLE TEARS) - Tier 1; QL* *restore pm (generic for ALTALUBE) - Tier 1; QL* *sod chloride hypertonicity (generic for ALTACHLORE) - Tier 1; QL* *sodium chloride (generic for ALTACHLORE) - Tier 1; QL* *sodium chloride (hypertonic) (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; QL* *SYSTANE HYDRATION PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
SYSTANE NIGHTTIME (brand for cvs dry-eye relief nighttime) - Tier 2; QL *SYSTANE PRESERVATIVE FREE (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *SYSTANE ULTRA (brand for cvs lubricant drops fast act) - Tier 2; QL* *SYSTANE ULTRA PF (brand for cvs lubricant eye drops (pf)) - Tier 2; QL* *ultra fresh (generic for ULTRA FRESH) - Tier 1; QL* *ultra fresh pm (generic for ALTALUBE) - Tier 1; QL* *ultra lubricant drop (generic for SYSTANE) - Tier 1; QL* *ultra lubricating eye drops (generic for SYSTANE) - Tier 1; QL* *ultra lubricating eye drops pf (generic for SYSTANE HYDRATION PF) - Tier 1; QL*	
Ophthalmic Anti-allergy Agents - Allergy, Infection and Inflammation Drugs	
NAPHCON-A (brand for allergy eye) - Tier 2; QL VASOCLEAR-A - Tier 2; QL *VISINE (brand for allergy eye) - Tier 2; QL*	
Ophthalmic Anti-Inflammatories - Allergy, Infection and Inflammation Drugs	
ALAWAY (brand for cvs allergy eye drops) - Tier 2; QL *ALAWAY CHILDRENS ALLERGY (brand for cvs allergy eye drops) - Tier 2; QL* *allergy eye drops (generic for ALAWAY) - Tier 1; QL* *CLARITIN EYE (brand for cvs allergy eye drops) - Tier 2; QL* *eye itch relief ophthalmic solution 0.025 % (generic for ALAWAY) - Tier 1; QL* *ketotifen fumarate ophthalmic (generic for ALAWAY) - Tier 1; QL* *ZADITOR (brand for cvs allergy eye drops) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
Otic Agents	
acetic acid otic - Tier 1; QL *ciprofloxacin-dexamethasone (generic for CIPRODEX) - Tier 1; DX2RX; QL* *hydrocortisone-acetic acid (generic for ACETASOL HC) - Tier 1; QL* *neomycin-polymyxin-hc otic - Tier 1; QL* *ofloxacin otic - Tier 1; QL*	*CETRAXAL (brand for ciprofloxacin hcl) - Tier 2; PA; QL* CIPRO HC - Tier 2; PA; QL *CIPRODEX (brand for ciprofloxacin-dexamethasone) - Tier 2; DX2RX; QL* *ciprofloxacin hcl otic (generic for CETRAXAL) - Tier 1; PA; QL* *OTOVEL (brand for ciprofloxacin-fluocinolone pf) - Tier 2; PA; QL*
Otic Agents - Drugs to Treat Ear Conditions	
Otic Agents - Drugs for the Ear	
CLEARCANAL EARWAX SOFTENER (brand for cvs ear drops) - Tier 2; QL *CLINERE EARWAX REMOVAL KIT OTIC SOLUTION (brand for cvs ear drops) - Tier 2; QL* *ear drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *ear wax kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *ear wax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *ear wax removal system (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *earwax removal (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *earwax removal drops (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL* *earwax removal kit (generic for CLEARCANAL EARWAX SOFTENER) - Tier 1; QL*	
Respiratory Tract/Pulmonary Agents	
Antihistamines	

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

Preferred Agents	Non-Preferred Agents
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* *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* *allergy relief/indoor/outdoor oral tablet 10 mg (generic for KLS ALLER-TEC) - Tier 1; QL* *aller-tec (generic for KLS ALLER-TEC) - Tier 1; QL* *anti-hist allergy (generic for BANOPHEN) - Tier 1; QL* *azelastine hcl nasal solution 0.1 %, 137 mcg/spray - Tier 1; QL* *banophen oral capsule 25 mg (generic for BANOPHEN) - Tier 1; QL*	*DYMISTA (brand for azelastine-fluticasone) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
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 1 mg/ml (generic for KLS ALLER-TEC CHILDRENS) - Tier 1; QL* *cetirizine hcl oral tablet (generic for KLS ALLER-TEC) - Tier 1; QL* *childrens allergy oral liquid 12.5 mg/5ml (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *clemastine fumarate oral tablet 2.68 mg - Tier 1; QL* *complete allergy (generic for BANOPHEN) - Tier 1; QL* *complete allergy medicine oral capsule (generic for BANOPHEN) - Tier 1; QL* *complete allergy relief (generic for BANOPHEN) - Tier 1; QL* *cyproheptadine hcl oral - Tier 1; QL* *DAYHIST ALLERGY 12 HOUR RELIEF (brand for clemastine fumarate) - Tier 2; QL* *diphedryl allergy (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *diphen (generic for BANOPHEN) - Tier 1; QL* *diphenhydramine hcl childrens (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *diphenhydramine hcl injection - Tier 1; QL* *diphenhydramine hcl oral (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* *KINDERMED KIDS ALLERGY (brand for allergy childrens) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
levocetirizine dihydrochloride oral tablet (generic for XYZAL ALLERGY 24HR) - Tier 1; QL *liquid allergy relief (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *m-dryl (generic for RA DIPHEDRYL ALLERGY) - Tier 1; QL* *MM ALLER-BEN (brand for allergy relief) - Tier 2; QL* *NARAMIN (brand for allergy childrens) - Tier 2; QL* *pharbedryl (generic for BANOPHEN) - Tier 1; QL* *siladryl allergy (generic for RA DIPHEDRYL ALLERGY) - 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*	
Anti-inflammatories, Inhaled Corticosteroids	
ASMANEX (120 METERED DOSES) - Tier 2; PA; QL ASMANEX (14 METERED DOSES) - Tier 2; PA; QL ASMANEX (30 METERED DOSES) - Tier 2; PA; QL ASMANEX (60 METERED DOSES) - Tier 2; PA; QL ASMANEX HFA - Tier 2; PA; Members >= 8 years of age will require PA; QL *budesonide inhalation (generic for PULMICORT) - Tier 1; Members >= 5 years of age will require PA; QL; AL* *FLUTICASONE PROPIONATE HFA (brand for fluticasone propionate hfa) - Tier 2; QL* *fluticasone propionate nasal (generic for CLARISPRAY) - Tier 1; QL*	ALVESCO - Tier 2; PA; QL ARNUITY ELLIPTA - Tier 2; PA; QL BECONASE AQ - Tier 2; PA; QL FLOVENT DISKUS - Tier 2; PA; QL *FLOVENT HFA (brand for fluticasone propionate hfa) - Tier 2; PA; QL* OMNARIS - Tier 2; PA; QL PULMICORT FLEXHALER - Tier 2; PA; QL *PULMICORT SUSPENSION (brand for budesonide) - Tier 2; PA; Members >= 5 years of age will require PA; QL; AL* QNASL - Tier 2; PA; QL QNASL CHILDRENS - Tier 2; PA; QL QVAR REDIHALER - Tier 2; PA; QL XHANCE - Tier 2; PA; QL ZETONNA - Tier 2; PA; QL
Antileukotrienes	
montelukast sodium oral (generic for SINGULAIR) - Tier 1; QL	*ACCOLATE (brand for zafirlukast) - Tier 2; PA; QL* *SINGULAIR (brand for montelukast sodium) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
	zafirlukast (generic for ACCOLATE) - Tier 1; PA; QL ZYFLO - Tier 2; PA
Bronchodilators, Anticholinergic	
ATROVENT HFA - Tier 2; QL INCRUSE ELLIPTA - Tier 2; QL *ipratropium bromide inhalation - Tier 1; QL* *ipratropium bromide nasal - Tier 1; QL*	LONHALA MAGNAIR REFILL KIT - Tier 2; PA; QL LONHALA MAGNAIR STARTER KIT - Tier 2; PA; QL SPIRIVA HANDIHALER - Tier 2; PA; QL SPIRIVA RESPIMAT - Tier 2; PA; QL YUPELRI - Tier 2; PA; QL
Bronchodilators, Sympathomimetic	
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation (generic for PROVENTIL HFA) - Tier 1; QL *ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION (brand for albuterol sulfate hfa) - Tier 2; QL* *albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 2.5 mg/0.5ml - Tier 1; QL* ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5% - Tier 2; QL *albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml - Tier 1; Members >= 8 years of age will require PA; QL; AL* *albuterol sulfate oral syrup - Tier 1; QL* *epinephrine injection solution auto-injector (generic for AUVI-Q) - Tier 1; QL* *levalbuterol hcl inhalation - Tier 1; ST; QL* STRIVERDI RESPIMAT - Tier 2; QL SYMJEPI - Tier 2; QL	*AUVI-Q (brand for epinephrine) - Tier 2; PA; QL* *BROVANA (brand for arformoterol tartrate) - Tier 2; PA; QL* *EPIPEN 2-PAK (brand for epinephrine) - Tier 2; PA; QL* *EPIPEN JR 2-PAK (brand for epinephrine) - Tier 2; PA; QL* *PERFOROMIST (brand for formoterol fumarate) - Tier 2; PA; QL* PROAIR RESPICLICK - Tier 2; PA; QL *PROVENTIL HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL* SEREVENT DISKUS - Tier 2; PA; QL *VENTOLIN HFA (brand for albuterol sulfate hfa) - Tier 2; PA; QL* *XOPENEX HFA (brand for levalbuterol tartrate) - Tier 2; PA; QL*
Cystic Fibrosis Agents	
CAYSTON - Tier 2; DX2RX; SP; QL KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG - Tier 2; PA; SP; QL	*BETHKIS (brand for tobramycin) - Tier 2; DX2RX; SP; QL* TOBI PODHALER - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
KALYDECO ORAL TABLET - Tier 2; PA; SP; QL ORKAMBI - Tier 2; PA; SP; QL PULMOZYME - Tier 2; DX2RX; SP; QL SYMDEKO - Tier 2; PA; SP; QL *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	
Mast Cell Stabilizers	
cromolyn sodium inhalation - Tier 1; QL	
Phosphodiesterase Inhibitors, Airways Disease	
elixophyllin (generic for ELIXOPHYLLIN) - Tier 1; QL THEO-24 - Tier 2 *theophylline (generic for ELIXOPHYLLIN) - Tier 1; QL* *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*	
Pulmonary Antihypertensives	
ADEMPAS - Tier 2; DX2RX; SP; QL *ambrisentan (generic for LETAIRIS) - Tier 1; DX2RX; SP; QL* *bosentan (generic for TRACLEER) - Tier 1; DX2RX; SP; QL* OPSUMIT - Tier 2; DX2RX; SP; QL *sildenafil citrate oral suspension reconstituted (generic for REVATIO) - Tier 1; DX2RX; SP; QL* *sildenafil citrate oral tablet 20 mg (generic for REVATIO) - Tier 1; DX2RX; SP; QL*	*ADCIRCA (brand for tadalafil (pah)) - Tier 2; PA; SP; QL* *LETAIRIS (brand for ambrisentan) - Tier 2; DX2RX; SP; QL* ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG - Tier 2; PA; SP ORENITRAM ORAL TABLET EXTENDED RELEASE 2.5 MG, 5 MG - Tier 2; PA; SP; QL *REVATIO ORAL (brand for sildenafil citrate) - Tier 2; DX2RX; SP; QL* *tadalafil (pah) (generic for ADCIRCA) - Tier 1; PA; SP; QL* TADLIQ - Tier 2; PA; SP; QL *TRACLEER (brand for bosentan) - Tier 2; DX2RX; SP; QL* TYVASO DPI MAINTENANCE KIT - Tier 2; PA; SP; QL

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

Preferred Agents	Non-Preferred Agents
	TYVASO DPI TITRATION KIT - Tier 2; PA; SP; QL UPTRAVI ORAL TABLET - Tier 2; PA; SP; QL
Pulmonary Fibrosis Agents	
OFEV - Tier 2; PA; SP; QL *pirfenidone oral capsule (generic for ESBRIET) - Tier 1; PA; SP; QL* *pirfenidone oral tablet 267 mg, 801 mg (generic for ESBRIET) - Tier 1; PA; SP; QL*	*ESBRIET (brand for pirfenidone) - Tier 2; PA; SP; QL*
Respiratory Tract Agents, Other	
acetylcysteine inhalation - Tier 1; QL FASENRA PEN - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML - Tier 2; PA; SP; QL *promethazine vc - Tier 1; QL; AL*	TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR - Tier 2; PA; SP; QL
Respiratory Tract/Pulmonary Agents - Drugs to Treat Allergies, Cough, Cold and Lung Conditions	
4-WAY FAST ACTING (brand for cvs nasal spray) - Tier 2; QL *4-WAY MENTHOL (brand for cvs nasal spray) - Tier 2; QL* *AFRIN SALINE NASAL MIST (brand for altamist spray) - Tier 2; QL* *altamist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *altarussin (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *AYR (brand for altamist spray) - Tier 2; QL* AYR SALINE NASAL DROPS - Tier 2; QL *BABY AYR SALINE (brand for altamist spray) - Tier 2; QL* *BUCKLEYS CHEST CONGESTION (brand for altarussin) - Tier 2; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
chest congestion relief oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL *chest congestion relief oral tablet (generic for XPECT) - Tier 1* *CORICIDIN HBP COUGH/COLD (brand for cough & cold) - Tier 2; AL* *cough & cold (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *cough & cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *cough relief oral syrup 15 mg/5ml (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *cough/cold hbp (generic for CORICIDIN HBP COUGH/COLD) - Tier 1; AL* *deep sea nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *ed bron gp - Tier 1; AL* *ephrine nose drops (generic for 4-WAY FAST ACTING) - Tier 1; QL* *geri-tussin oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *geri-tussin oral syrup - Tier 1; AL* *guaifenesin oral liquid (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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 ROBAFEN MUCUS/CHEST CONGESTION) - 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 ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *mucus er maximum str (generic for EQ MUCUS ER) - Tier 1; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
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 ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *mucus relief er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus relief max st (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus relief max strength oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus relief oral tablet 400 mg (generic for XPECT) - Tier 1* *mucus relief oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *mucus+chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *mucus-er oral tablet extended release 12 hour 1200 mg (generic for EQ MUCUS ER) - Tier 1; QL; AL* *nasal decongestant pe max st (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nasal decongestant pe oral tablet 10 mg (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nasal four (generic for 4-WAY FAST ACTING) - Tier 1; QL* *nasal four spray (generic for 4-WAY FAST ACTING) - Tier 1; QL* *NASAL MOIST NASAL SOLUTION (brand for altamist spray) - Tier 2; QL* *nasal moisturizing spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *nasal spray fast acting (generic for 4-WAY FAST ACTING) - Tier 1; QL* *nasal spray nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
nasal spray saline (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL NEO-SYNEPHRINE COLD/ALLRG MILD - Tier 2; QL *NEO-SYNEPHRINE COLD/ALLRGY EXT (brand for cvs nasal spray) - Tier 2; QL* NEO-SYNEPHRINE COLD/ALLRGY REG - Tier 2; QL *non-pseudo sinus decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *nose drops extstrength (generic for 4-WAY FAST ACTING) - Tier 1; QL* *nose drops nasal decongest (generic for 4-WAY FAST ACTING) - Tier 1; QL* *nose drops nasal solution 1 % (generic for 4-WAY FAST ACTING) - Tier 1; QL* *OCEAN FOR KIDS (brand for altamist spray) - Tier 2; QL* *OCEAN NASAL SPRAY (brand for altamist spray) - Tier 2; QL* *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* *robafen mucus/chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* ROBITUSSIN CHILD COUGH/COLD LA - Tier 2; AL ROBITUSSIN CHILDRENS COUGH LA - Tier 2; AL ROBITUSSIN NIGHTTIME COUGH - Tier 2; AL *saline mist spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *saline nasal spray (generic for AFRIN SALINE NASAL MIST) - Tier 1; QL* *sb mucus relief (generic for XPECT) - Tier 1* *siltussin sa (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *sinus pe decongestant (generic for SUDAFED PE SINUS CONGESTION) - Tier 1* *sinus relief extra strength (generic for 4-WAY FAST ACTING) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
sinus/congestion relief pe (generic for SUDAFED PE SINUS CONGESTION) - Tier 1 *SUDAFED PE CONGESTION ORAL TABLET 10 MG (brand for cvs sinus pe decongestant) - Tier 2* *SUDAFED PE SINUS CONGESTION (brand for cvs sinus pe decongestant) - Tier 2* *tab tussin (generic for XPECT) - Tier 1* *tusnel-ex (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin adult chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin chest congestion oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin cough long acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *tussin cough long-acting (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *tussin cough oral syrup (generic for WAL-TUSSIN COUGH LONG ACTING) - Tier 1; AL* *tussin expectorant adult (generic for ROBAFEN MUCUS/CHEST CONGESTION) - 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 cong (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus & chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus/chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus/congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congest (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *tussin mucus+chest congest sf (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
tussin mucus+chest congestion (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL *tussin oral liquid 100 mg/5ml (generic for ROBAFEN MUCUS/CHEST CONGESTION) - Tier 1; QL; AL* *XPECT (brand for chest congestion relief) - Tier 2*	
Antihistamines - Allergy Drugs	
12 hour allergy-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL *all day allergy d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *all day allergy-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *allergy relief d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *allergy relief oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *allergy relief/nasal decongest oral tablet extended release 12 hour (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *aller-tec d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *cetiri-d (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *cetirizine-pseudoephedrine er (generic for KLS ALLER-TEC D) - Tier 1; QL; AL* *desgen dm oral liquid (generic for DESGEN DM) - Tier 1; AL* *ED A-HIST ORAL LIQUID (brand for nohist-lq) - Tier 2; QL; AL* *nohist-lq (generic for ED A-HIST) - Tier 1; QL; AL* *robafen cf multi-symptom cold (generic for DESGEN DM) - Tier 1; AL* *ROBITUSSIN PEAK COLD MULTI-SYM (brand for goodsense tussin cf) - Tier 2; AL* *tussin cf oral liquid 5-10-100 mg/5ml (generic for DESGEN DM) - Tier 1; AL* *tussin multi-symptom cold cf (generic for DESGEN DM) - Tier 1; AL* *ZYRTEC-D ALLERGY & CONGESTION (brand for 12 hour allergy-d) - Tier 2; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
ZYRTEC-D ALLERGY & SINUS (brand for 12 hour allergy-d) - Tier 2; QL; AL	
Antihistamines - Drugs to Treat Allergies	
12hr allergy relief (generic for ALLEGRA ALLERGY) - Tier 1; QL *24hr allergy relief (generic for KLS ALLER-FEX) - Tier 1; QL* *all day allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *ALLEGRA ALLERGY (brand for 12hr allergy relief) - Tier 2; QL* *ALLEGRA HIVES 24HR (brand for 24hr allergy relief) - Tier 2; QL* *allerclear (generic for KLS ALLERCLEAR) - Tier 1; QL* *aller-ease (generic for KLS ALLER-FEX) - Tier 1; QL* *aller-fex (generic for KLS ALLER-FEX) - Tier 1; QL* *allerg rel child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allerg relief child (lorat) (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *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 childrens oral solution 5 mg/5ml (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *allergy relief oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *allergy relief oral tablet 60 mg (generic for ALLEGRA ALLERGY) - Tier 1; QL* *allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
allergy relief oral tablet extended release 12 mg (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL *allergy relief/indoor/outdoor oral tablet 180 mg (generic for KLS ALLER-FEX) - Tier 1; QL* *childrens loratadine (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *chlorpheniramine maleate er (generic for CHLOR-TRIMETON ALLERGY) - Tier 1; QL* *CHLOR-TRIMETON ALLERGY (brand for chlorpheniramine maleate er) - Tier 2; QL* *CHLOR-TRIMETON ORAL SYRUP (brand for ed chlorped jr) - Tier 2; QL* *CLARITIN ALLERGY CHILDRENS (brand for allergy childrens) - Tier 2; QL* *CLARITIN ORAL TABLET (brand for allergy relief) - Tier 2; QL* *CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (brand for cvs allergy relief) - Tier 2; QL* *ed chlorped jr (generic for CHLOR-TRIMETON) - Tier 1; QL* *fexofenadine hcl oral (generic for ALLEGRA ALLERGY) - Tier 1; QL* *loradamed (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine allergy relief oral tablet 10 mg (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine allergy relief oral tablet dispersible 10 mg (generic for CLARITIN REDITABS) - Tier 1; QL* *loratadine childrens oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine oral solution (generic for CLARITIN ALLERGY CHILDRENS) - Tier 1; QL* *loratadine oral tablet (generic for KLS ALLERCLEAR) - Tier 1; QL* *loratadine oral tablet dispersible (generic for CLARITIN REDITABS) - Tier 1; QL* *TRIAMINIC ALLERCHEWS (brand for cvs allergy relief) - Tier 2; QL*	

Anti-Inflammatories, Inhaled Corticosteroids - Asthma/Lung Drugs

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

Preferred Agents	Non-Preferred Agents
24 hour nasal allergy (generic for KLS ALLER-CORT) - Tier 1; QL *aller-cort (generic for KLS ALLER-CORT) - Tier 1; QL* *allergy spray 24 hour nasal aerosol (generic for KLS ALLER-CORT) - Tier 1; QL* *NASACORT ALLERGY 24HR (brand for allergy spray 24 hour) - Tier 2; QL* *nasal allergy 24 hour (generic for KLS ALLER-CORT) - Tier 1; QL* *nasal allergy nasal aerosol 55 mcg/act (generic for KLS ALLER-CORT) - Tier 1; QL* *nasal allergy spray (generic for KLS ALLER-CORT) - Tier 1; QL*	
Bronchodilators, Sympathomimetic - Asthma/Lung Drugs	
ANORO ELLIPTA - Tier 2; QL *BUDESONIDE-FORMOTEROL FUMARATE (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL* COMBIVENT RESPIMAT - Tier 2; QL *FLUTICASONE FUROATE-VILANTEROL (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* *fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act (generic for WIXELA INHUB) - Tier 1; PA; QL* FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT - Tier 2; QL *ipratropium-albuterol - Tier 1; QL* STIOLTO RESPIMAT - Tier 2; QL *wixela inhub (generic for WIXELA INHUB) - Tier 1; PA; QL*	*ADVAIR DISKUS (brand for fluticasone-salmeterol) - Tier 2; PA; QL* *ADVAIR HFA (brand for fluticasone-salmeterol) - Tier 2; PA; QL* BEVESPI AEROSPHERE - Tier 2; PA; QL *BREO ELLIPTA (brand for fluticasone furoate-vilanterol) - Tier 2; PA; QL* BREZTRI AEROSPHERE - Tier 2; PA; QL DUAKLIR PRESSAIR - Tier 2; PA; QL DULERA - Tier 2; PA; QL *SYMBICORT (brand for budesonide-formoterol fumarate) - Tier 2; PA; ST; QL* TRELEGY ELLIPTA - Tier 2; PA; QL
Mast Cell Stabilizers - Drugs for the Lungs	
cromolyn sodium nasal (generic for NASALCROM) - Tier 1; QL *NASALCROM (brand for cromolyn sodium) - Tier 2; QL*	

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

Preferred Agents	Non-Preferred Agents
Respiratory Tract Agents, Other - Asthma/Lung Drugs	
12 hour decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1; QL *12 hour decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *12 hour nasal decongestant nasal (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *12 hour nasal decongestant oral (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *12 hour nasal relief spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *12 hour nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *ADVIL COLD/SINUS (brand for cold & sinus) - Tier 2; AL* *AFRIN NODRIP ORIGINAL (brand for 12 hour decongestant) - Tier 2; QL* *ALAVERT ALLERGY/SINUS (brand for allergy relief d-12) - Tier 2; QL; AL* *allerclear d-12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allerclear d-24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy & congestion oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy & congestion relief (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *allergy relief d-12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy relief d-24 (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
allergy relief/nasal decong (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL *allergy relief/nasal decongest oral tablet extended release 24 hour (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief-d oral tablet extended release 12 hour 5-120 mg (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy relief-d oral tablet extended release 24 hour 10-240 mg (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *allergy relief-d12 (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *allergy/congestion relief (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *altarussin dm (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *altarussin-pe - Tier 1; AL* *anefrin spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* APRODINE - Tier 2; AL *benzonatate oral capsule 100 mg, 200 mg - Tier 1; QL; AL* *chest congest/cough child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *chest congestion relief dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *childrens cold & allergy - Tier 1; AL* *childrens cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *childrens mucus relief cough (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *CLARITIN-D 12 HOUR (brand for allergy relief d-12) - Tier 2; QL; AL* *CLARITIN-D 24 HOUR (brand for allergy relief d-24) - Tier 2; QL; AL* *cold & allergy - Tier 1; AL* *cold & allergy childrens oral elixir 1-15 mg/5ml - Tier 1; AL* *cold & cough childrens oral liquid 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*	

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

Preferred Agents	Non-Preferred Agents
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* *cough dm oral suspension extended release 30 mg/5ml (generic for DELSYM) - Tier 1; QL; AL* *DELSYM CGH/CHEST CONG DM CHILD (brand for childrens cough) - Tier 2* *DELSYM COUGH CHILDRENS (brand for cough dm) - Tier 2; QL; AL* *DELSYM COUGH/CHEST CONGEST DM (brand for childrens cough) - Tier 2* *DELSYM ORAL SUSPENSION EXTENDED RELEASE (brand for cough dm) - Tier 2; QL; AL* *dextromethorphan polistirex er (generic for DELSYM) - Tier 1; QL; AL* *dextromethorphan-guaifenesin oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *dibromm childrens cold/cgh (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *dimaphen dm cold/cough (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *dm maximum adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *ENDACOF-DM (brand for cold & cough childrens) - Tier 2; QL; AL* *g tussin ac - Tier 1; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
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; QL* *guaicon dms (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *guaifenesin ac - Tier 1; QL; AL* *guaifenesin/pseudoephedrine oral tablet extended release 12 hour 600-60 mg (generic for MUCINEX D) - Tier 1; AL* *guaifenesin-codeine - Tier 1; QL; AL* *guaifenesin-dm oral syrup (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (brand for sodium chloride) - Tier 2; QL* *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; QL* *long lasting nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *lorata-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *lorata-dine d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *loratadine d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *loratadine-d (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *loratadine-d 12hr (generic for KLS ALLERCLEAR D-12HR) - Tier 1; QL; AL* *loratadine-d 24hr (generic for EQ ALLERGY RELIEF NASAL DECONG) - Tier 1; QL; AL* *maxi-tuss ac - Tier 1; QL; AL*	

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

Preferred Agents	Non-Preferred Agents
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 CHILDRENS FREEFROM ORAL LIQUID 5-100 MG/5ML (brand for childrens cough) - Tier 2* *MUCINEX CHILDRENS STUFFY NOSE (brand for 12 hour decongestant) - Tier 2; QL* *MUCINEX COUGH CHILDRENS (brand for childrens cough) - Tier 2* *MUCINEX D (brand for cvs mucus d extended release) - Tier 2; AL* *MUCINEX D MAX STRENGTH (brand for cvs mucus d max 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 childrens cough) - Tier 2* *MUCINEX SINUS-MAX CLEAR & COOL (brand for 12 hour decongestant) - Tier 2; QL* *MUCINEX SINUS-MAX SINUS/ALLRGY (brand for 12 hour decongestant) - Tier 2; QL* *mucus & cough relief child (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus d (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus d extended release (generic for MUCINEX D) - Tier 1; AL* *mucus d max st er (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus dm (generic for MUCINEX DM) - Tier 1; QL; AL* *mucus dm extended release oral tablet extended release 12 hour 30-600 mg (generic for MUCINEX DM) - Tier 1; QL; AL* *mucus relief cough childrens (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *mucus relief d max strength (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus relief d oral tablet extended release 12 hour 120-1200 mg (generic for MUCINEX D MAX STRENGTH) - Tier 1; AL* *mucus relief d oral tablet extended release 12 hour 60-600 mg (generic for MUCINEX D) - Tier 1; AL*	

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

Preferred Agents	Non-Preferred Agents
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 (generic for MUCINEX D) - Tier 1; AL* *mucus-dm (generic for MUCINEX DM) - Tier 1; QL; AL* *nasal decongestant 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant 12hr (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *nasal decongestant max st (generic for SUDOGEST) - Tier 1; 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; QL* *nasal mist nasal solution (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *nasal spray 12 hour (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *nasal spray extra moist (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *nasal spray extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *nasal spray moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *nasal spray nasal solution 0.05 % (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *nasal spray no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *nasal spray sinus (generic for GILTUSS SEVERE SINUS) - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
nebusal inhalation nebulization solution 3 % (generic for NEBUSAL) - Tier 1; QL *no drip extra moisturizing (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *no drip nasal relief (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *no drip nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *no drip original 12 hours (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *promethazine vc/codeine - Tier 1; QL; AL* *promethazine-codeine - 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 (generic for PULMOSAL) - Tier 1; QL* *qc nasal mist no drip (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *ROBITUSSIN 12 HOUR COUGH (brand for cough dm) - Tier 2; QL; AL* *ROBITUSSIN 12 HOUR COUGH CHILD (brand for cough dm) - Tier 2; QL; AL* *ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (brand for childrens cough) - Tier 2* *rynex dm (generic for DIMAPHEN DM COLD/COUGH) - Tier 1; QL; AL* *rynex pe - Tier 1; AL* *rynex pse - Tier 1; AL* *siltussin-dm alcohol free (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *sinus 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *sinus 12-hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
sinus congestion max strength (generic for SUDOGEST) - Tier 1; QL *sinus nasal spray (generic for GILTUSS SEVERE SINUS) - Tier 1; QL* *sodium chloride inhalation (generic for NEBUSAL) - Tier 1; QL* *SUDAFED (brand for cvs nasal decongestant) - Tier 2; QL* SUDAFED CHILDRENS - Tier 2; QL *SUDAFED SINUS CONGESTION (brand for cvs nasal decongestant) - Tier 2; QL* *SUDAFED SINUS CONGESTION 12HR (brand for 12 hour decongestant) - Tier 2* *sudogest 12 hour (generic for SUDAFED SINUS CONGESTION 12HR) - Tier 1* *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 congest oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *tussin cough/chest dm max oral liquid 10-200 mg/5ml (generic for DIABETIC TUSSIN DM MAX ST) - Tier 1; AL* *tussin cough/chest dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm cough/chest cong (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *tussin dm cough/chest oral syrup 10-100 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL* *tussin dm max adult (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1*	

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

Preferred Agents	Non-Preferred Agents
tussin dm max daytime (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1 *tussin dm max oral liquid 20-400 mg/20ml (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm max st (generic for DELSYM CGH/CHEST CONG DM CHILD) - Tier 1* *tussin dm oral syrup 100-10 mg/5ml (generic for ROBAFEN DM COUGH CLEAR) - Tier 1; QL; AL*	
Sedatives/Hypnotics - Drugs for Sedation and Sleep	
Sleep Disorders, Other - Miscellaneous Sedation and Sleep Drugs	
	XYWAV - Tier 2; PA; QL
Skeletal Muscle Relaxants	
chlorzoxazone oral tablet 500 mg - Tier 1; QL *cyclobenzaprine hcl oral tablet 10 mg, 5 mg - Tier 1; QL* *methocarbamol oral tablet 500 mg, 750 mg - Tier 1; QL* *orphenadrine citrate er - Tier 1; QL*	*AMRIX (brand for cyclobenzaprine hcl er) - Tier 2; PA; QL* *LORZONE (brand for chlorzoxazone) - Tier 2; PA*
Sleep Disorder Agents	
Sleep Promoting Agents	
eszopiclone (generic for LUNESTA) - Tier 1; QL *temazepam oral capsule 15 mg, 30 mg (generic for RESTORIL) - Tier 1; QL* *triazolam (generic for HALCION) - Tier 1; QL* *zaleplon - Tier 1; QL* *zolpidem tartrate er (generic for AMBIEN CR) - Tier 1* *zolpidem tartrate oral tablet (generic for AMBIEN) - Tier 1; QL*	*AMBIEN (brand for zolpidem tartrate) - Tier 2; PA; QL* *AMBIEN CR (brand for zolpidem tartrate er) - Tier 2; PA* BELSOMRA - Tier 2; PA DAYVIGO - Tier 2; PA; ^; QL *doxepin hcl oral tablet (generic for SILENOR) - Tier 1; PA; QL* EDLUAR - Tier 2; PA; QL *estazolam - Tier 1; PA; QL* *HALCION (brand for triazolam) - Tier 2; PA; QL* *LUNESTA (brand for eszopiclone) - Tier 2; PA; QL*

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

Preferred Agents	Non-Preferred Agents
	ramelteon (generic for ROZEREM) - Tier 1; PA; QL *RESTORIL ORAL CAPSULE 15 MG, 30 MG, 7.5 MG (brand for temazepam) - Tier 2; PA; QL* *RESTORIL ORAL CAPSULE 22.5 MG (brand for temazepam) - Tier 2; PA* *ROZEREM (brand for ramelteon) - Tier 2; PA; QL* *SILENOR (brand for doxepin hcl) - Tier 2; PA; QL* *temazepam oral capsule 22.5 mg (generic for RESTORIL) - Tier 1; PA* *temazepam oral capsule 7.5 mg (generic for RESTORIL) - Tier 1; PA; QL*
Wakefulness Promoting Agents	
armodafinil (generic for NUVIGIL) - Tier 1; DX2RX; QL *modafinil (generic for PROVIGIL) - Tier 1; DX2RX; QL*	*NUVIGIL (brand for armodafinil) - Tier 2; DX2RX; QL* *PROVIGIL (brand for modafinil) - Tier 2; DX2RX; QL* *SODIUM OXYBATE (brand for sodium oxybate) - Tier 2; PA; SP; QL* SUNOSI - Tier 2; PA; QL WAKIX - Tier 2; PA; QL *XYREM (brand for sodium oxybate) - Tier 2; PA; SP; QL*
Therapeutic Nutrients/Minerals/Electrolytes - Drugs to Treat Vitamin, Mineral and Body Fluid Deficiencies	
Electrolyte/Mineral Replacement - Vitamin, Mineral and Body Fluid Deficiency Drugs	
adc/f (0.5mg/ml) - Tier 1; QL *animal shapes complete (generic for CEROVITE JR) - Tier 1; QL* *ascorbic acid oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL* *biocel (generic for LYSIPLEX PLUS) - Tier 1; QL* *b-plex plus (generic for LYSIPLEX PLUS) - Tier 1; QL* *BPROTECTED PEDIA POLY-VITE/FE (brand for pc pediatric poly-vita/fe drop) - Tier 2; QL* *BPROTECTED VITAMIN C (brand for vitamin c) - Tier 2; QL* CADEAU DHA - Tier 2 *calcidol (generic for CALCIDOL) - Tier 1; QL* *calcium 600 oral tablet 1500 (600 ca) mg - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
calcium 600+d oral tablet 600-5 mg-mcg - Tier 1; QL *calcium carbonate oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium carbonate oral tablet chewable 1250 (500 ca) mg - Tier 1; QL* *calcium fast dissolution - Tier 1; QL* *calcium high potency - Tier 1; QL* *calcium oral tablet 1500 (600 ca) mg - Tier 1; QL* *calcium oyster shell oral tablet 1250 (500 ca) mg - Tier 1; QL* *calcium soft chews oral tablet chewable 500-200-40 mg-unt-mcg - Tier 1* *cerovite jr (generic for CEROVITE JR) - Tier 1; QL* *chewable c (generic for SUNKIST VITAMIN C) - Tier 1; QL* *chewable c with rose hips (generic for SUNKIST VITAMIN C) - Tier 1; QL* *chewable childrens vitamin (generic for CEROVITE JR) - Tier 1; QL* *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* *DEXATRAN (brand for v-c forte) - Tier 2* *effer-k oral tablet effervescent 25 meq - Tier 1; QL* *ergocalciferol oral (generic for CALCIDOL) - 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* *klor-con/ef - Tier 1; QL* *k-prime - Tier 1; QL* *lysiplex plus oral tablet (generic for LYSIPLEX PLUS) - Tier 1; QL* *multiple vitamins/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *MULTIPRO (brand for v-c forte) - Tier 2*	

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

Preferred Agents	Non-Preferred Agents
multi-vitamin/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL NOVAMV PEDIATRIC MULTI-VITAMIN - Tier 2; QL *nutrifac zx (generic for LYSIPLEX PLUS) - Tier 1; QL* OBSTETRIX EC ORAL TABLET 29-1 MG - Tier 2 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 500 mg - Tier 1; QL* *oyster shell calcium/d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *oyster shell calcium/vitamin d oral tablet 250-3.125 mg-mcg - Tier 1; QL* *prenatal gummy oral tablet chewable 0.4-113.5 mg - Tier 1* *stress formula/iron (generic for TAB-A-VITE/IRON/BETA CAROTENE) - Tier 1; QL* *tri-vite/fluoride - Tier 1; QL* *v-c forte (generic for VIC-FORTE) - Tier 1* *vic-forte (generic for VIC-FORTE) - Tier 1* *vit c/rose hips - Tier 1; QL* *vita s forte (generic for LYSIPLEX PLUS) - Tier 1; QL* *vitacel (generic for LYSIPLEX PLUS) - 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 PUREWAY-C) - Tier 1; QL* *vitamin c oral tablet chewable 100 mg, 250 mg - Tier 1; QL* *vitamin c oral tablet chewable 500 mg (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/acerola (generic for SUNKIST VITAMIN C) - Tier 1; QL* *vitamin c/rose hips oral tablet 1000 mg - Tier 1; QL*	

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

Preferred Agents	Non-Preferred Agents
vitamin c/rose hips oral tablet 500 mg (generic for PUREWAY-C) - Tier 1; QL *vitamin c-rose hips oral tablet (generic for PUREWAY-C) - Tier 1; QL* *vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit (generic for DRISDOL) - Tier 1; QL* *vitamins acd-fluoride - Tier 1; QL* *vitamins complete childrens (generic for CEROVITE JR) - Tier 1; QL* *zinc oral tablet 50 mg (generic for IS-ZC 50) - Tier 1; QL*	
Vitamins - Vitamin, Mineral and Body Fluid Deficiency Drugs	
b-1 - Tier 1; QL *b6 - Tier 1; QL* *cyanocobalamin injection solution 1000 mcg/ml (generic for DODEX) - Tier 1; QL* *DODEX (brand for cyanocobalamin) - Tier 2; QL* *e - Tier 1* *e-400-clear - Tier 1; QL* *natural vitamin e - Tier 1; QL* *pyridoxine hcl oral - Tier 1; QL* *thiamine hcl oral - Tier 1; QL* *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 - Tier 2; PA; QL
Vaccines	

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

Preferred Agents	Non-Preferred Agents
Immunological Agents - Drugs that Stimulate or Suppress the Immune System	
JANSSEN COVID-19 VACCINE - Tier 2; ST; QL	
Vitamins	
Electrolytes/Minerals/Metals/Vitamins	
prenatal gummy oral tablet chewable 0.4 mg - Tier 1; QL	

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

Prior Authorization / Class Criteria

Title	Drugs Impacted	Prior Authorization Criteria / Class Criteria

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

Index of Drugs

C

D

E

G

H

L

N

Q

S