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# Your 2026 Blue Cross Blue Shield of Michigan Clinical Drug List

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If you have questions, call the number on the back of your Blue Cross member ID card to:

- Find a participating retail pharmacy by ZIP code
- Look up lower-cost medication alternatives
- Compare medication pricing and options

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# Blue Cross Blue Shield of Michigan Clinical Drug List

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The Blue Cross Blue Shield of Michigan *Clinical Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

We regularly update this list with medications approved by the U.S. Food and Drug Administration and reviewed by our Pharmacy and Therapeutics Committee. The list represents the clinical judgment of Michigan doctors, pharmacists and other experts in the diagnosis and treatment of disease and the promotion of health. New drugs must be reviewed by the committee prior to being considered for coverage. The committee selects medications based on safety, clinical effectiveness and opportunity for savings.

This drug list is updated monthly. Refer to our [Drug List Updates](#) document for recent changes or updates that may not yet be reflected on our drug lists.

## About this drug list

Use this list to find information about your drug coverage and medication options. It's divided by chapter into major drug classes or indications for use. Products approved for more than one use may be included in more than one chapter. Within each chapter, drugs are identified according to their tier placement. Refer to the "Reading your drug list" section for details.

We encourage doctors to prescribe preferred medications whenever possible. Blue Cross respects the judgment of dispensing pharmacists and expects them to contact the prescribing health care professional when a drug or dose may not be appropriate for a member. We also encourage pharmacists to contact the prescriber to suggest an alternative when a prescription is written for a nonpreferred or excluded drug.

Coverage and applicable out-of-pocket costs for drugs on this list are based on your drug plan. Not all drugs included in the list are covered by each member's plan. Drugs that aren't listed may not be covered.

Some medications excluded by your pharmacy benefits may be covered under your medical benefits. These are medications that are generally administered in a doctor's office under the supervision of appropriate health care personnel and aren't normally dispensed for self-administration.

## Nonformulary drugs (drugs that aren't covered)

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. We also don't cover select brand-name drugs that have generic equivalents. We don't cover glucagon-like peptide-agonist drugs used for weight loss, including Saxenda®, Wegovy®, and Zepbound® for commercial members of fully insured large groups and some self-funded groups. If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross member ID card.

Several drugs and drug categories are excluded altogether from coverage under this drug list and are not shown. These include:

- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Drugs used for experimental purposes
- Drugs prescribed for cosmetic purposes
- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
  - Note: Most Blue Cross members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

## Specialty drugs

For more information on specialty drugs, see the [Specialty Drug Program Pharmacy Benefit Member Guide](#). Specialty drugs are limited to a 30-day supply. Select specialty drugs are managed by the [15-Day Specialty Drug Limitation Program](#). Drugs included on this list are limited to a 15-day supply for all fills. Members pay half their usual out-of-pocket cost for a 15-day supply. For more details, visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

## Preventive drug coverage

Under the Affordable Care Act, also known as national health care reform, most health care plans must cover certain preventive services and prescription drugs with no out-of-pocket costs. These drugs will have a “PV1,” PV2” or “PV3” listing in the “Notes” column of the drug list.

For a complete list of preventive drugs and coverage requirements, refer to our [Preventive Drug Coverage](#) list or visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy). For information specific to your prescription drug benefits, check your Blue Cross benefits at a glance drug summary.

## New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to the generic tier of the drug list. After the generic drug is added, the original branded version will move to a nonpreferred brand tier or nonformulary.

## Generic drug substitution

Generic drug substitution occurs when a pharmacist dispenses a generic equivalent in place of the brand-name product. Generic substitution is required for most Blue Cross members. Members are encouraged to receive the generic equivalent if available. Some Blue Cross members, depending on their plan, may be required to pay the difference between the cost of the brand-name drug and its generic equivalent, in addition to the applicable brand-name copay, if they opt to not fill their prescription with the generic equivalent.

## Brand-for-generic substitution

Select brand-name drugs may be covered at a generic copay, and the generic drug will not be covered. These brand-name drugs will be shown without the generic drug and will be listed with a generic copay.

## Prescription coverage

For details about your prescription drug benefits, please call the Customer Service phone number on the back of your Blue Cross member ID card. If you have online access, log in to your account at [bcbsm.com](http://bcbsm.com) or the Blue Cross mobile app. You can also find general information about Blue Cross prescription drug coverage at [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

## Vaccines

Select vaccines are covered at pharmacies without out-of-pocket costs for most members whose pharmacies participate with Blue Cross and are certified to administer vaccines.

## Reading your drug list

This drug list gives you options so you and your doctor can decide your best course of treatment. In this drug list, brand-name medication names are shown in UPPERCASE (for example, CLOBEX). Generic medication names are shown in lowercase (for example, clobetasol).

### Tier information

Using lower tier or preferred medications can help you lower your out-of-pocket cost. Note: If you have a high-deductible health plan, the tier cost levels will apply once you meet your deductible. For tiering information specific to your drug benefit, check your Blue Cross benefits at a glance drug summary.

Select drugs in the generic, preferred brand or nonpreferred brand tiers may also be covered with no out-of-pocket costs when health care reform requirements are met. These drugs will have a “PV1,” PV2” or “PV3” listing in the “Notes” column of the drug list.

Drug Tiers	2-tier plan
<b>Not covered</b>	<p><b>Nonformulary</b> This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs are not covered.</p>
<b>Covered \$0</b>	<p><b>No out-of-pocket cost</b> This tier includes select products that are covered with no out-of-pocket costs.</p>
<b>Preventive</b>	<p><b>No out-of-pocket cost</b> This tier includes drugs that are covered with no out-of-pocket costs when health care reform requirements are met. When health care reform requirements are not met, the drug is not covered.</p>
<b>Generic</b>	<p><b>Generic – lowest out-of-pocket cost</b> This tier includes generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment.</p>
<b>Preferred brand</b>	<p><b>Brand – higher out-of-pocket cost</b> This tier includes preferred specialty and nonspecialty brand-name drugs. These drugs are more expensive than generics, and members pay more for them.</p>
<b>Nonpreferred brand</b>	<p><b>Brand – higher out-of-pocket cost</b> This tier includes nonpreferred brand-name specialty and nonspecialty drugs for which there's a more cost-effective generic alternative or preferred brand-name drug available.</p>

## Drug list information

In this drug list, some medications are noted with letters next to them to indicate which ones may have coverage requirements or limits. Your drug plan determines how these medications may be paid for.

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<b>AL</b>	<b>Age limit</b> – Age restrictions apply.
<b>ABA</b>	<b>Authorized brand alternative</b> – Approved brand medication marketed by either the brand company or another company without the brand-name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand out-of-pocket cost will apply for these medications. Some authorized brand alternatives may not be covered.
<b>OVM</b>	<b>Oncology Value Management</b> – Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth. Your doctor is required to submit more information to determine coverage.
<b>PA</b>	<b>Prior authorization</b> – Your doctor is required to give more information to determine coverage.
<b>PV1</b>	<b>Preventive 1</b> – Covered with no out-of-pocket cost when health care reform requirements are met. When health care reform requirements are not met, the drug is not covered.
<b>PV2</b>	<b>Preventive 2</b> – Covered with no out-of-pocket cost when health care reform requirements are met. When health care reform requirements are not met, coverage and applicable out-of-pocket costs apply, based on the members' benefit design.
<b>PV3</b>	<b>Preventive 3</b> – Covered with no out-of-pocket cost when health care reform requirements are met. When health care reform requirements are not met, coverage and applicable out-of-pocket costs apply, based on the members' benefit design. Additional coverage requirements may apply.
<b>QL</b>	<b>Quantity limit</b> – The quantity of medication dispensed at one time is limited.
<b>SP</b>	<b>Specialty medication</b> – Specialty medications treat complex health conditions and may require special handling or administration.
<b>ST</b>	<b>Step therapy</b> – Requires you try one or more preferred drugs before a higher-cost medication can be covered.
<b>15DS</b>	<b>15-day supply</b> – Limits the amount of certain specialty drugs to 15-day supply to help reduce out-of-pocket costs and waste.

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## How to fill a prescription

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The type of drug you take determines which pharmacy you may use.

- **Specialty drugs**

- Local retail pharmacy
  - Walgreens is our preferred specialty pharmacy. Find a location at [walgreens.com/pharmacy/](http://walgreens.com/pharmacy/)\*
  - You can use any retail pharmacy in your applicable network.
- Limited-distribution specialty drugs
  - Pharmacy options vary based on the drug. Refer to the [Specialty Drug Program Pharmacy Benefit Member Guide](#), and search for the drug you take.
- Home delivery
  - Walgreens Specialty Pharmacy\*\*
  - Website: [WalgreensSpecialtyRx.com](http://WalgreensSpecialtyRx.com)\*
  - Telephone: 1-866-515-1355

- **All other drugs**

- Local retail pharmacy — More than 2,300 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your member ID card.
- Home delivery
  - Optum Home Delivery\*\*\*
  - Telephone: 1-855-811-2223

If you have questions about which home delivery service to use, call the Customer Service phone number on the back of your BCN member ID card or visit [bcbsm.com/pharmacy](http://bcbsm.com/pharmacy).

\* Blue Cross Blue Shield of Michigan and Blue Care Network don't own or control this website.

\*\* Walgreens Specialty Pharmacy® is an independent company that provides specialty pharmacy benefit management services for Blue Cross Blue Shield of Michigan and Blue Care Network.

\*\*\* Optum Rx® is an independent company providing home delivery pharmacy and other pharmacy benefit administration services for Blue Cross Blue Shield of Michigan and Blue Care Network.

# How prior authorization, step therapy and quantity limits work

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## Prior authorization

Prior authorization may be necessary for coverage of certain medications. In these cases, the member must meet clinical criteria or additional information must be provided before coverage is approved. Clinical criteria are based on current medical information and approved by our Pharmacy and Therapeutics Committee.

## Step therapy

Drugs subject to step therapy may require previous treatment with one or more preferred drugs before coverage is approved.

For a current list of drugs requiring prior authorization or step therapy, see the **Prior Authorization and Step Therapy Coverage Criteria** and refer to the column labeled *Blue Cross Clinical Drug List*.

## Quantity limits

For certain medications, Blue Cross limits the quantity that can be dispensed per fill. Blue Cross sets quantity limits based on clinical appropriateness and manufacturer-recommended dosing for select drugs.

For a current list of drugs that have limits on the quantity that can be dispensed per fill, please see the **Quantity Limit Program**, and refer to the column labeled *BCBSM Clinical, Custom, Closed Drug Lists*.

## How to request authorization

Consult your prescription drug benefit packet for information on how to get prior authorization or request reviews for coverage of drugs that aren't included in your plan. You can also call the Customer Service number on the back of your Blue Cross member ID card for more information.

- **To request coverage of a drug:** Fill out the [Coverage Request Form online at bcbsm.com](https://www.bcbsm.com).
- **Write to:**  
Pharmacy Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

Doctors can request authorization for you. We notify the doctor of approved requests and process the claim accordingly. If a request isn't approved, we'll notify you and the doctor in writing. The notification includes the reason for the denial, an explanation of your appeal rights and the appeals process.

Doctors can request authorization one of four ways:

- **Electronic prior authorization:** Doctors can use their electronic health record or CoverMyMeds® to submit electronic prior authorization requests for commercial pharmacy members.
- **Call:** 1-800-437-3803
- **Fax:** 1-866-601-4425
- **Write:**  
Pharmacy Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

**Note:** Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth.

- **Electronic prior authorization:** Submit requests through the OncoHealth OneUM™ portal, which you can access by logging in to our provider portal ([availability.com](https://availability.com)\*), clicking *Payer Spaces* and then clicking the BCBSM and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *OncoHealth Provider Portal* tile.
- **Call:** 1-888-916-2616
- **Fax:** 1-800-264-6128
- **Write:**  
OncoHealth  
7000 Central Parkway, Ste 1750  
Atlanta, GA 30328

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**This document is current at the time of publication and subject to change. Go to [bcbsm.com/pharmacy](https://bcbsm.com/pharmacy) and click on *Drug Lists* for the most up-to-date information about this drug list.**

This content was developed to comply with applicable federal and state regulations. To learn more about your plan, go to [bcbsm.com](https://bcbsm.com) and type “How Health Insurance Works” in the search field.

**Send us your feedback:**

Please send your comments and suggestions about this list to:

Drug Information Services — Mail Code 512C  
Blue Cross Blue Shield of Michigan  
600 E. Lafayette Blvd.  
Detroit, MI 48226-2998

# BCBSM Clinical Drug List - June 2026

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Drug Name	Drug Tier	Notes
<b>Analgesics</b>		
JOURNAVX	Not covered	QL
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
aspirin 81 oral tablet delayed release	Preventive	PV1
aspirin adult low dose	Preventive	PV1
aspirin adult low strength	Preventive	PV1
aspirin childrens	Preventive	PV1
aspirin ec adult low dose	Preventive	PV1
aspirin ec low dose	Preventive	PV1
aspirin ec low strength	Preventive	PV1
aspirin low dose	Preventive	PV1
aspirin oral tablet chewable	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Preventive	PV1
aspirin regimen	Preventive	PV1
celecoxib oral	Generic	
COMBOGESIC ORAL	Not covered	
COXANTO	Not covered	QL
DICLOFENAC PATCH 1.3%	Nonpreferred brand	PA; QL
DICLOFENAC PATCH 1.3%	Nonpreferred brand	PA; ABA; QL
diclofenac potassium oral capsule	Generic	PA; QL
diclofenac potassium oral tablet 25 mg	Not covered	
diclofenac potassium oral tablet 50 mg	Generic	
diclofenac sodium er	Generic	
diclofenac sodium external solution 1.5 %	Generic	
diclofenac sodium external solution 2 %	Generic	PA; QL
diclofenac sodium oral	Generic	
diclofenac-misoprostol	Generic	
diflunisal oral	Generic	
DOLOBID	Not covered	
ELYXYB	Not covered	
etodolac	Generic	
etodolac er	Generic	
fenoprofen calcium oral	Generic	QL
FENOPRON	Not covered	
FLECTOR	Nonpreferred brand	PA; QL
flurbiprofen oral	Generic	

Drug Name	Drug Tier	Notes
ft aspirin low dose	Preventive	PV1
ft aspirin oral tablet chewable	Preventive	PV1
goodsense aspirin low dose	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Generic	
ibuprofen oral tablet 300 mg	Not covered	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Generic	
ibuprofen-famotidine	Not covered	QL
indomethacin er	Generic	
indomethacin oral capsule	Generic	
indomethacin oral suspension	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	Not covered	QL
indomethacin rectal suppository 50 mg	Generic	QL
ketoprofen er	Generic	
ketoprofen oral capsule 25 mg	Generic	PA; QL
ketoprofen oral capsule 50 mg	Generic	
ketorolac tromethamine +rfid	Generic	
ketorolac tromethamine injection	Generic	
ketorolac tromethamine intramuscular solution 60 mg/2ml	Generic	
ketorolac tromethamine oral	Generic	QL
LICART	Not covered	QL
meclofenamate sodium oral	Generic	
mefenamic acid oral	Generic	
meloxicam oral capsule	Generic	PA; QL
MELOXICAM ORAL SUSPENSION	Not covered	ABA
meloxicam oral tablet	Generic	
mm aspirin	Preventive	PV1
nabumetone oral	Generic	
naproxen dr	Generic	
naproxen oral	Generic	
naproxen sodium er	Not covered	
naproxen sodium oral tablet 275 mg, 550 mg	Generic	
naproxen-esomeprazole mg	Not covered	QL
ORUDIS	Not covered	
OXAPROZIN ORAL CAPSULE	Not covered	ABA; QL
oxaprozin oral tablet	Generic	

Drug Name	Drug Tier	Notes
piroxicam oral	Generic	
RELAFEN DS	Not covered	
salsalate oral	Generic	
SPRIX	Not covered	QL
sulindac oral	Generic	
TOLECTIN 600	Not covered	
TOLECTIN DS	Not covered	
tolmetin sodium oral capsule	Not covered	
tolmetin sodium oral tablet	Generic	
VYSCOXIA	Not covered	
ZYBIC	Not covered	
<b>Opioid Analgesics, Long-acting</b>		
BELBUCA	Nonpreferred brand	PA; QL
buprenorphine	Generic	QL
CONZIP	Not covered	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Generic	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	Not covered	QL
hydrocodone bitartrate er	Generic	PA; QL
hydromorphone hcl er	Generic	PA; QL
levorphanol tartrate oral	Not covered	QL
methadone hcl intensol	Generic	
methadone hcl oral concentrate	Generic	
methadone hcl oral solution	Generic	
methadone hcl oral tablet	Generic	
morphine sulfate er	Generic	QL
morphine sulfate er beads	Generic	QL
NUCYNTA ER	Nonpreferred brand	PA; QL
OXYCONTIN	Not covered	QL
oxymorphone hcl er	Generic	PA; QL
TAPENTADOL HCL ER	Nonpreferred brand	PA; ABA; QL
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Not covered	ABA
tramadol hcl (er biphasic) oral tablet extended release 24 hour	Generic	
tramadol hcl er	Generic	
TRAMADOL HCL ORAL SOLUTION	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
XTAMPZA ER	Preferred brand	PA; QL
xyvona	Not covered	QL
<b>Opioid Analgesics, Short-acting</b>		
acetaminophen-codeine	Generic	
ALLZITAL	Not covered	
apap-caff-dihydrocodeine	Generic	
ascomp-codeine	Generic	
bac (butalbital-acetamin-caff)	Generic	
butalbital-acetaminophen oral capsule	Not covered	
butalbital-acetaminophen oral tablet 50-300 mg	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Generic	
butalbital-apap-caff-cod	Generic	
butalbital-apap-caffeine	Generic	
butalbital-asa-caff-codeine	Generic	
butalbital-aspirin-caffeine	Generic	
butorphanol tartrate nasal	Generic	
codeine sulfate	Generic	
endocet	Generic	
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 7.5-325 mg/15ml	Generic	
hydrocodone-acetaminophen oral tablet	Generic	
hydrocodone-ibuprofen	Generic	
hydromorphone hcl oral	Generic	
hydromorphone hcl rectal	Generic	
mepidine hcl oral	Generic	
morphine sulfate (concentrate) oral solution 100 mg/5ml	Generic	
morphine sulfate oral	Generic	
morphine sulfate rectal	Generic	
nalbuphine hcl injection	Generic	
NALOCET	Not covered	
oxycodone hcl oral capsule	Generic	QL
oxycodone hcl oral concentrate	Generic	QL
oxycodone hcl oral solution	Generic	QL
oxycodone hcl oral tablet	Generic	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	Not covered	ABA

Drug Name	Drug Tier	Notes
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Generic	
oxymorphone hcl	Generic	QL
pentazocine-naloxone hcl	Generic	
PROLATE	Not covered	
ROXYBOND	Not covered	
tapentadol hcl	Generic	PA; QL
TENCON	Preferred brand	
tramadol hcl oral tablet 100 mg, 50 mg	Generic	
tramadol hcl oral tablet 25 mg, 75 mg	Not covered	
tramadol-acetaminophen	Generic	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
glydo	Generic	
lidocaine external ointment 5 %	Not covered	
lidocaine external patch 5 %	Generic	
lidocaine hcl external solution	Generic	
lidocaine hcl mouth/throat	Generic	
lidocaine hcl urethral/mucosal external gel	Not covered	
lidocaine hcl urethral/mucosal external prefilled syringe	Generic	
lidocaine viscous hcl	Generic	
lidocaine-prilocaine external cream	Generic	
PLIAGLIS	Not covered	
ZTLIDO	Not covered	QL
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium	Generic	
disulfiram oral	Generic	
naltrexone hcl oral	Generic	
<b>Opioid Dependence Treatments</b>		
buprenorphine hcl sublingual	Generic	

Drug Name	Drug Tier	Notes
buprenorphine hcl-naloxone hcl	Generic	QL
lofexidine hcl	Generic	QL
ZUBSOLV	Preferred brand	QL
<b>Opioid Reversal Agents</b>		
ft naloxone hcl	Generic	QL
KLOXXADO	Preferred brand	QL
naloxone hcl injection	Generic	
naloxone hcl nasal	Generic	QL
NARCAN	Nonpreferred brand	QL
OPVEE	Preferred brand	QL
REXTOVY	Preferred brand	QL
REZENOPY	Not covered	QL
RIVIVE	Preferred brand	QL
ZURNAI	Nonpreferred brand	QL
<b>Smoking Cessation Agents</b>		
bupropion hcl er (smoking det)	Generic	PV2; QL; AL (Min 18 Years)
ft nicotine	Preventive	PV1; QL; AL (Min 18 Years)
ft nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat gum	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine polacrilex	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 1	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 3	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal kit	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal patch 24 hour 21 mg/24hr	Preventive	PV1; QL; AL (Min 18 Years)
NICOTROL NS	Preferred brand	PV2; QL; AL (Min 18 Years)
varenicline tartrate	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)	Generic	PV2; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
ARIKAYCE	Preferred brand	PA; SP; QL
gentamicin sulfate external	Generic	
HUMATIN	Nonpreferred brand	
neomycin sulfate oral	Generic	
<b>Antibacterials, Other</b>		
BLUJEP	Nonpreferred brand	QL
CLEOCIN VAGINAL SUPPOSITORY	Nonpreferred brand	
clindamycin hcl oral	Generic	
clindamycin palmitate hcl	Generic	
clindamycin phosphate vaginal	Generic	
CLINDESSE	Nonpreferred brand	
fosfomicin tromethamine	Generic	
LIKMEZ	Nonpreferred brand	QL
linezolid oral	Generic	
methenamine hippurate	Generic	
metronidazole oral capsule	Not covered	
metronidazole oral tablet 125 mg	Not covered	
metronidazole oral tablet 250 mg, 500 mg	Generic	
metronidazole vaginal	Generic	
mupirocin cream	Not covered	
mupirocin ointment	Generic	
NEO-SYNALAR	Nonpreferred brand	
nitrofurantoin macrocrystal	Generic	
nitrofurantoin monohydrate macrocrystals	Generic	
nitrofurantoin oral suspension 25 mg/5ml	Generic	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	Not covered	ABA
NUVESSA	Nonpreferred brand	
ORLYNVAH	Nonpreferred brand	PA; QL
silver sulfadiazine external	Generic	
SIVEXTRO ORAL	Nonpreferred brand	QL
SOLOSEC	Not covered	QL
ssd	Generic	
SULFAMYLON	Nonpreferred brand	
tinidazole oral	Generic	QL

Drug Name	Drug Tier	Notes
trimethoprim oral	Generic	
vancomycin hcl oral capsule	Generic	
vancomycin hcl oral solution reconstituted	Generic	QL
VANDAZOLE	Nonpreferred brand	
XACIATO	Not covered	
XIFAXAN ORAL TABLET 200 MG	Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG	Nonpreferred brand	PA; QL
<b>Beta-lactam, Cephalosporins</b>		
cefaclor	Generic	
cefaclor er	Generic	
cefadroxil	Generic	
cefdinir	Generic	
cefixime oral capsule	Generic	
cefixime oral suspension reconstituted	Generic	
CEFIXIME ORAL TABLET	Not covered	
cefopodoxime proxetil	Generic	
cefprozil	Generic	
cefuroxime axetil	Generic	
cephalexin	Generic	
<b>Beta-lactam, Penicillins</b>		
amoxicillin	Generic	
amoxicillin-potassium clavulanate	Generic	
amoxicillin-potassium clavulanate er	Generic	
ampicillin	Generic	
AUGMENTIN	Nonpreferred brand	
dicloxacillin sodium	Generic	
penicillin v potassium	Generic	
PIVYA	Nonpreferred brand	QL
<b>Macrolides</b>		
azithromycin oral	Generic	
clarithromycin er	Generic	
clarithromycin oral	Generic	
DIFICID ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	QL
E.E.S. 400	Nonpreferred brand	
erythromycin base oral	Generic	

Drug Name	Drug Tier	Notes
erythromycin ethylsuccinate oral suspension reconstituted	Generic	
erythromycin oral	Generic	
fidaxomicin	Generic	QL
<b>Quinolones</b>		
BAXDELA ORAL	Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
ciprofloxacin hcl oral	Generic	
levofloxacin oral	Generic	
moxifloxacin hcl oral	Generic	
ofloxacin oral	Generic	
<b>Sulfonamides</b>		
sulfadiazine oral	Generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Generic	
sulfamethoxazole-trimethoprim oral tablet	Generic	
sulfatrim pediatric	Generic	
<b>Tetracyclines</b>		
demeclocycline hcl	Generic	
DORYX MPC	Nonpreferred brand	ST
doxycycline hyclate oral capsule	Generic	
doxycycline hyclate oral tablet 100 mg, 20 mg, 75 mg	Generic	
doxycycline hyclate oral tablet 150 mg	Generic	QL
doxycycline hyclate oral tablet 50 mg	Not covered	
doxycycline hyclate oral tablet delayed release	Generic	ST
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	Generic	
doxycycline monohydrate oral capsule 150 mg	Generic	ST
doxycycline monohydrate oral suspension reconstituted	Generic	
doxycycline monohydrate oral tablet	Generic	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 65 mg, 90 mg	Not covered	
minocycline hcl er oral tablet extended release 24 hour 55 mg, 80 mg	Generic	
minocycline hcl oral	Generic	

Drug Name	Drug Tier	Notes
NUZYRA ORAL	Nonpreferred brand	QL
SEYSARA	Not covered	
tetracycline hcl oral capsule	Generic	
TETRACYCLINE HCL ORAL TABLET	Not covered	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
brivaracetam oral	Generic	PA; QL
BRIVIACT ORAL TABLET	Nonpreferred brand	PA; QL
ELEPSIA XR	Nonpreferred brand	PA; QL
EPIDIOLEX	Nonpreferred brand	PA; SP; QL
FINTEPLA	Nonpreferred brand	PA; SP; QL
levetiracetam er	Generic	
levetiracetam oral solution	Generic	
levetiracetam oral tablet	Generic	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	Nonpreferred brand	PA; ABA; QL
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL	Nonpreferred brand	ABA; QL
roweepra	Generic	
SPRITAM	Nonpreferred brand	PA; QL
<b>Calcium Channel Modifying Agents</b>		
ethosuximide oral	Generic	
methsuximide	Generic	
ZONISADE	Nonpreferred brand	PA; QL
zonisamide oral	Generic	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
clobazam oral suspension 2.5 mg/ml	Generic	QL
clobazam oral tablet	Generic	QL
DIACOMIT	Nonpreferred brand	PA; SP; QL
diazepam rectal	Generic	
gabapentin oral capsule	Generic	
gabapentin oral solution	Generic	
gabapentin oral tablet 600 mg, 800 mg	Generic	
GABARONE	Not covered	
NAYZILAM	Preferred brand	QL
phenobarbital oral	Generic	

Drug Name	Drug Tier	Notes
primidone oral	Generic	
RELGAABI ORAL CAPSULE 200 MG	Not covered	
SYMPAZAN	Not covered	QL
tiagabine hcl	Generic	
valproic acid oral capsule	Generic	
valproic acid oral solution 250 mg/5ml	Generic	
VALTOCO 10 MG DOSE	Preferred brand	QL
VALTOCO 15 MG DOSE	Preferred brand	QL
VALTOCO 20 MG DOSE	Preferred brand	QL
VALTOCO 5 MG DOSE	Preferred brand	QL
vigabatrin	Generic	PA; SP; QL
VIGAFYDE	Not covered	SP; QL
XCOPRI	Nonpreferred brand	PA; QL
ZTALMY	Preferred brand	PA; SP; QL
<b>Glutamate Reducing Agents</b>		
felbamate	Generic	
LAMICTAL XR ORAL KIT	Nonpreferred brand	
lamotrigine er	Generic	
lamotrigine oral	Generic	
lamotrigine starter kit-blue	Generic	
lamotrigine starter kit-green	Generic	
lamotrigine starter kit-orange	Generic	
perampanel	Generic	QL
SUBVENITE ORAL SUSPENSION	Not covered	
subvenite oral tablet	Generic	
subvenite starter kit-blue	Generic	
subvenite starter kit-green	Generic	
subvenite starter kit-orange	Generic	
TOPAMAX	Nonpreferred brand	
topiramate er	Generic	PA; QL
topiramate oral capsule sprinkle	Generic	
topiramate oral solution	Generic	PA; QL
topiramate oral tablet	Generic	
<b>Sodium Channel Agents</b>		
carbamazepine er	Generic	
carbamazepine oral suspension 100 mg/5ml	Generic	
carbamazepine oral tablet	Generic	

Drug Name	Drug Tier	Notes
carbamazepine oral tablet chewable	Generic	
DILANTIN ORAL CAPSULE 30 MG	Preferred brand	
eslicarbazepine acetate	Generic	PA; QL
lacosamide oral solution 10 mg/ml	Generic	
lacosamide oral tablet	Generic	QL
MOTPOLY XR	Nonpreferred brand	PA; QL
oxcarbazepine	Generic	
oxcarbazepine er	Generic	PA; QL
phenytek	Generic	
phenytoin infatabs	Generic	
phenytoin oral suspension 125 mg/5ml	Generic	
phenytoin oral tablet chewable	Generic	
phenytoin sodium extended	Generic	
rufinamide oral suspension 40 mg/ml	Generic	
rufinamide oral tablet	Generic	PA; QL
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
memantine hcl-donepezil hcl er	Generic	ST; QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Nonpreferred brand	ST; QL
<b>Cholinesterase Inhibitors</b>		
donepezil hcl oral tablet 10 mg, 5 mg	Generic	
donepezil hcl oral tablet 23 mg	Generic	QL
donepezil hcl oral tablet dispersible	Generic	
galantamine hydrobromide	Generic	
galantamine hydrobromide er	Generic	
rivastigmine	Generic	
rivastigmine tartrate	Generic	
ZUNVEYL	Not covered	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
memantine hcl er	Generic	QL
memantine hcl oral solution 2 mg/ml	Generic	
memantine hcl oral tablet 10 mg, 5 mg	Generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Generic	QL

Drug Name	Drug Tier	Notes
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	Not covered	
AUVELITY	Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Generic	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Not covered	ABA; QL
bupropion hcl oral	Generic	
chlordiazepoxide-amitriptyline	Generic	
EXXUA	Nonpreferred brand	ST; QL
EXXUA TITRATION PACK	Nonpreferred brand	ST; QL
mirtazapine oral	Generic	
olanzapine-fluoxetine hcl	Generic	
perphenazine-amitriptyline	Generic	
ZURZUVAE	Nonpreferred brand	PA; QL
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	Nonpreferred brand	PA; QL
MARPLAN	Nonpreferred brand	
phenelzine sulfate oral	Generic	
tranylcypromine sulfate	Generic	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
citalopram hydrobromide oral capsule	Not covered	QL
citalopram hydrobromide oral solution 10 mg/5ml	Generic	
citalopram hydrobromide oral tablet	Generic	
DESVENLAFAXINE ER	Nonpreferred brand	ST
desvenlafaxine succinate er	Generic	
DRIZALMA SPRINKLE	Not covered	QL
duloxetine hcl oral	Generic	
ESCITALOPRAM OXALATE ORAL CAPSULE	Not covered	
escitalopram oxalate oral solution	Generic	
escitalopram oxalate oral tablet	Generic	
FETZIMA	Nonpreferred brand	ST; QL
FETZIMA TITRATION	Nonpreferred brand	ST; QL

Drug Name	Drug Tier	Notes
fluoxetine hcl (pmdd)	Generic	
fluoxetine hcl oral	Generic	
fluvoxamine maleate	Generic	
fluvoxamine maleate er	Generic	
nefazodone hcl	Generic	
paroxetine hcl	Generic	
paroxetine hcl er	Generic	
paroxetine mesylate	Generic	QL
RALDESY	Not covered	
sertraline hcl oral capsule	Generic	PA; QL
sertraline hcl oral concentrate	Generic	
sertraline hcl oral tablet	Generic	
trazodone hcl oral	Generic	
TRINTELLIX	Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER	Not covered	QL
venlafaxine hcl	Generic	
venlafaxine hcl er oral capsule extended release 24 hour	Generic	
venlafaxine hcl er oral tablet extended release 24 hour	Not covered	
vilazodone hcl	Generic	
<b>Tricyclics</b>		
amitriptyline hcl oral	Generic	
amoxapine	Generic	
clomipramine hcl oral	Generic	
desipramine hcl oral	Generic	
doxepin hcl oral capsule	Generic	
doxepin hcl oral concentrate	Generic	
imipramine hcl oral	Generic	
imipramine pamoate	Generic	
nortriptyline hcl oral	Generic	
protriptyline hcl	Generic	
trimipramine maleate oral	Generic	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
BONJESTA	Nonpreferred brand	PA; QL
doxylamine-pyridoxine	Generic	QL

Drug Name	Drug Tier	Notes
GIMOTI	Not covered	QL
meclizine hcl oral tablet 12.5 mg, 25 mg	Generic	
meclizine hcl oral tablet 50 mg	Not covered	
metoclopramide hcl oral solution 5 mg/5ml	Generic	
metoclopramide hcl oral tablet	Generic	
metoclopramide hcl oral tablet dispersible 5 mg	Generic	
perphenazine oral	Generic	
prochlorperazine	Generic	
prochlorperazine maleate oral	Generic	
promethazine hcl oral solution 6.25 mg/5ml	Generic	
promethazine hcl oral tablet	Generic	
promethazine hcl rectal	Generic	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Nonpreferred brand	
scopolamine	Generic	
trimethobenzamide hcl oral	Generic	
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO ORAL	Nonpreferred brand	PA; OVM
ANZEMET	Not covered	
aprepitant	Generic	QL
dronabinol	Generic	
EMEND ORAL	Preferred brand	QL
granisetron hcl oral	Generic	QL
ondansetron hcl oral solution 4 mg/5ml	Generic	
ondansetron hcl oral tablet	Generic	QL
ondansetron odt oral tablet dispersible 16 mg	Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	Generic	QL
SANCUSO	Nonpreferred brand	PA; OVM
SYNDROS	Not covered	
VARUBI (180 MG DOSE)	Nonpreferred brand	PA; OVM
<b>Antifungals</b>		
ciclodan	Generic	
ciclopirox external	Generic	
ciclopirox olamine external	Generic	
clotrimazole external	Generic	
clotrimazole mouth/throat	Generic	

Drug Name	Drug Tier	Notes
clotrimazole-betamethasone	Generic	
CRESEMBA ORAL	Preferred brand	QL
econazole nitrate external cream	Generic	
ECONAZOLE NITRATE EXTERNAL FOAM	Not covered	ABA; QL
ECOZA	Nonpreferred brand	PA; QL
ERTACZO	Nonpreferred brand	
EXELDERM	Nonpreferred brand	
fluconazole oral	Generic	
flucytosine oral	Generic	
griseofulvin microsize oral	Generic	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Generic	
griseofulvin ultramicrosize oral tablet 165 mg	Not covered	
GYNAZOLE-1	Nonpreferred brand	
itraconazole oral	Generic	
JUBLIA	Not covered	QL
ketoconazole external	Generic	
ketoconazole oral	Generic	
ketodan	Generic	
klayesta	Generic	
LULICONAZOLE	Nonpreferred brand	PA; ABA; QL
LUZU	Not covered	QL
miconazole 3 vaginal suppository	Generic	
MICONAZOLE-ZINC OXIDE-PETROLAT	Nonpreferred brand	ABA; QL
naftifine hcl external cream	Generic	QL
naftifine hcl external gel	Generic	PA; QL
NOXAFIL ORAL	Not covered	QL
nyamyc	Generic	
nystatin external	Generic	
nystatin mouth/throat	Generic	
nystatin oral	Generic	
nystatin-triamcinolone	Generic	
nystop	Generic	
ORAVIG	Nonpreferred brand	QL
oxiconazole nitrate	Generic	PA; QL
OXISTAT	Nonpreferred brand	PA; QL
posaconazole oral	Generic	QL

Drug Name	Drug Tier	Notes
SULCONAZOLE NITRATE	Nonpreferred brand	ABA
tavaborole	Not covered	QL
terbinafine hcl oral	Generic	
terconazole	Generic	
TOLSURA	Not covered	
VIVJOA	Nonpreferred brand	PA; QL
voriconazole oral	Generic	
VUSION	Nonpreferred brand	QL
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	Generic	
allopurinol oral tablet 200 mg	Not covered	
colchicine oral	Generic	
colchicine-probenecid	Generic	
febuxostat	Generic	QL
GLOPERBA	Not covered	QL
probenecid	Generic	
<b>Antimigraine Agents</b>		
diclofenac potassium(migraine)	Not covered	QL
SYMBRAVO	Not covered	
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Preferred brand	PA; QL
AJOVY	Nonpreferred brand	PA; QL
EMGALITY	Preferred brand	PA; QL
NURTEC	Preferred brand	PA; QL
QULIPTA	Preferred brand	PA; QL
UBRELVY	Preferred brand	PA; QL
ZAVZPRET	Nonpreferred brand	PA; QL
<b>Ergot Alkaloids</b>		
BREKIYA	Not covered	QL
dihydroergotamine mesylate injection	Generic	QL
dihydroergotamine mesylate nasal	Generic	QL
ERGOMAR	Not covered	QL
ergotamine-caffeine	Generic	QL
MIGERGOT	Not covered	QL
TRUDHESA	Not covered	QL

Drug Name	Drug Tier	Notes
<b>Serotonin (5-HT) Receptor Agonists</b>		
almotriptan malate	Generic	ST; QL
eletriptan hydrobromide	Generic	QL
frovatriptan succinate	Generic	ST; QL
IMITREX STATDOSE REFILL	Nonpreferred brand	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Nonpreferred brand	QL
naratriptan hcl	Generic	QL
ONZETRA XSAIL	Nonpreferred brand	ST; QL
REYVOW	Nonpreferred brand	PA; QL
rizatriptan benzoate	Generic	QL
sumatriptan nasal	Generic	QL
sumatriptan succinate oral	Generic	QL
sumatriptan succinate subcutaneous	Generic	QL
sumatriptan-naproxen sodium	Generic	PA; QL
TOSYMRA	Not covered	QL
ZEMBRACE SYMTOUCH	Nonpreferred brand	ST; QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	Nonpreferred brand	ST; ABA; QL
zolmitriptan nasal solution 5 mg	Generic	ST; QL
zolmitriptan oral	Generic	QL
ZOMIG NASAL SOLUTION 2.5 MG	Nonpreferred brand	ST; QL
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
pyridostigmine bromide er oral tablet extended release	Generic	
pyridostigmine bromide oral solution	Generic	
pyridostigmine bromide oral tablet 30 mg	Not covered	
pyridostigmine bromide oral tablet 60 mg	Generic	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Nonpreferred brand	PA; SP; QL
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
dapsone oral	Generic	
rifabutin	Generic	
<b>Antituberculars</b>		
cycloserine oral	Generic	

Drug Name	Drug Tier	Notes
ethambutol hcl oral	Generic	
isoniazid oral	Generic	
PRETOMANID	Preferred brand	QL
PRIFTIN	Nonpreferred brand	
pyrazinamide oral	Generic	
rifampin oral	Generic	
SIRTURO	Preferred brand	PA; QL
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
cyclophosphamide oral capsule	Generic	
CYCLOPHOSPHAMIDE ORAL TABLET	Nonpreferred brand	ABA
LEUKERAN	Nonpreferred brand	
lomustine	Generic	
MATULANE	Preferred brand	SP
MYLERAN	Nonpreferred brand	
temozolomide	Generic	SP
VALCHLOR	Nonpreferred brand	PA; SP; OVM
<b>Antiandrogens</b>		
abiraterone acetate oral tablet 500 mg	Not covered	SP
abiraterone acetate tablet 250 mg oral (CIVICA)	Generic	SP
abiraterone acetate tablet 250 mg oral	Not covered	SP
abirtega	Generic	SP
bicalutamide	Generic	
ERLEADA	Nonpreferred brand	PA; SP; OVM
EULEXIN	Nonpreferred brand	PA; 15DS; SP; OVM
nilutamide	Generic	PA; OVM
NUBEQA	Nonpreferred brand	PA; 15DS; SP; OVM
ORGOVYX	Nonpreferred brand	PA; SP; OVM
XTANDI	Preferred brand	PA; 15DS; SP; OVM
YONSA	Not covered	SP
<b>Antiangiogenic Agents</b>		
lenalidomide	Generic	SP; QL
pomalidomide	Generic	PA; SP; OVM
REVLIMID	Not covered	SP
THALOMID	Preferred brand	SP

Drug Name	Drug Tier	Notes
<b>Antiestrogens/Modifiers</b>		
fulvestrant	Generic	
INLURIYO	Preferred brand	PA; 15DS; SP; OVM
ORSERDU	Preferred brand	PA; 15DS; SP; OVM
SOLTAMOX	Nonpreferred brand	
tamoxifen citrate oral	Generic	PV3; QL
toremifene citrate	Generic	
<b>Antimetabolites</b>		
capecitabine	Generic	SP
DROXIA	Nonpreferred brand	PA
FAVLYXA	Not covered	
hydroxyurea oral	Generic	
mercaptopurine oral suspension	Generic	SP
mercaptopurine oral tablet	Generic	
SIKLOS	Nonpreferred brand	PA
TABLOID	Nonpreferred brand	
XROMI	Nonpreferred brand	PA; QL
<b>Antineoplastics, Other</b>		
AKEEGA	Preferred brand	PA; 15DS; SP; OVM
BESREMI	Preferred brand	PA; 15DS; SP; OVM
COPIKTRA	Preferred brand	PA; SP; OVM
diclofenac sodium external gel 3 %	Generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	Not covered	ABA; QL
fluorouracil external cream 5 %	Generic	
fluorouracil external solution	Generic	
INREBIC	Nonpreferred brand	PA; 15DS; SP; OVM
KISQALI (200 MG DOSE)	Preferred brand	PA; SP; OVM
KISQALI (400 MG DOSE)	Preferred brand	PA; SP; OVM
KISQALI (600 MG DOSE)	Preferred brand	PA; SP; OVM
KLISYRI (250 MG)	Nonpreferred brand	PA; QL
KLISYRI (350 MG)	Nonpreferred brand	PA; QL
KOMZIFTI	Preferred brand	PA; 15DS; SP; OVM
KRAZATI	Preferred brand	PA; 15DS; SP; OVM
lederle leucovorin	Generic	PA; QL
leucovorin calcium oral	Generic	PA; QL
LONSURF	Preferred brand	PA; SP; OVM
LUMAKRAS	Preferred brand	PA; 15DS; SP; OVM

Drug Name	Drug Tier	Notes
MODEYSO	Preferred brand	PA; 15DS; SP; OVM
NINLARO	Preferred brand	PA; SP; OVM
OJJAARA	Preferred brand	PA; SP; OVM
ONUREG	Preferred brand	PA; SP; OVM
PIQRAY	Preferred brand	PA; SP; OVM
REVUFORJ	Preferred brand	PA; 15DS; SP; OVM
TOLAK	Not covered	QL
VERZENIO	Preferred brand	PA; 15DS; SP; OVM
VONJO	Preferred brand	PA; SP; OVM
WELIREG	Preferred brand	PA; 15DS; SP; OVM
XPOVIO (100 MG ONCE WEEKLY)	Preferred brand	PA; SP; OVM
XPOVIO (40 MG ONCE WEEKLY)	Preferred brand	PA; SP; OVM
XPOVIO (40 MG TWICE WEEKLY)	Preferred brand	PA; SP; OVM
XPOVIO (60 MG ONCE WEEKLY)	Preferred brand	PA; SP; OVM
XPOVIO (60 MG TWICE WEEKLY)	Preferred brand	PA; SP; OVM
XPOVIO (80 MG ONCE WEEKLY)	Preferred brand	PA; SP; OVM
XPOVIO (80 MG TWICE WEEKLY)	Preferred brand	PA; SP; OVM
ZOLINZA	Preferred brand	PA; 15DS; SP; OVM
<b>Aromatase Inhibitors, 3rd Generation</b>		
anastrozole oral	Generic	PV3; QL
exemestane	Generic	PV3; QL
letrozole oral	Generic	
<b>Enzyme Inhibitors</b>		
AVOPEF	Not covered	
BALVERSA	Preferred brand	PA; 15DS; SP; OVM
etoposide oral	Generic	
HYCANTIN ORAL	Preferred brand	SP
LYTGOBI (12 MG DAILY DOSE)	Preferred brand	PA; 15DS; SP; OVM
LYTGOBI (16 MG DAILY DOSE)	Preferred brand	PA; 15DS; SP; OVM
LYTGOBI (20 MG DAILY DOSE)	Preferred brand	PA; 15DS; SP; OVM
OJEMDA ORAL SUSPENSION RECONSTITUTED	Preferred brand	PA; 15DS; SP; OVM
OJEMDA ORAL TABLET	Preferred brand	PA; SP; OVM
PEMAZYRE	Preferred brand	PA; SP; OVM
RUBRACA	Not covered	SP; QL
TALZENNA	Preferred brand	PA; 15DS; SP; OVM
VORANIGO	Preferred brand	PA; 15DS; SP; OVM

Drug Name	Drug Tier	Notes
ZEJULA	Preferred brand	PA; SP; OVM
<b>Molecular Target Inhibitors</b>		
ALECENSA	Preferred brand	PA; SP; OVM
ALUNBRIG	Preferred brand	PA; SP; OVM
AUGTYRO	Nonpreferred brand	PA; 15DS; SP; OVM
AVMAPKI FAKZYNJA CO-PACK	Preferred brand	PA; SP; OVM
AYVAKIT	Preferred brand	PA; 15DS; SP; OVM
BOSULIF ORAL CAPSULE	Preferred brand	PA; SP; OVM
BOSULIF ORAL TABLET	Preferred brand	PA; 15DS; SP; OVM
BRAFTOVI	Preferred brand	PA; SP; OVM
BRUKINSA	Nonpreferred brand	PA; 15DS; SP; OVM
CABOMETYX	Preferred brand	PA; 15DS; SP; OVM
CALQUENCE	Preferred brand	PA; 15DS; SP; OVM
CAPRELSA	Preferred brand	PA; 15DS; SP; OVM
COMETRIQ	Preferred brand	PA; SP; OVM
COTELLIC	Preferred brand	PA; SP; OVM
DANZITEN	Not covered	SP
dasatinib	Generic	PA; 15DS; SP; OVM
DAURISMO	Preferred brand	PA; 15DS; SP; OVM
ENSACOVE	Preferred brand	PA; SP; OVM
ERIVEDGE	Preferred brand	PA; 15DS; SP; OVM
erlotinib hcl	Generic	PA; 15DS; SP; OVM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Generic	PA; 15DS; SP; OVM
everolimus oral tablet soluble	Generic	PA; 15DS; SP; OVM
FOTIVDA	Preferred brand	PA; SP; OVM
FRUZAQLA	Preferred brand	PA; SP; OVM
GAVRETO	Preferred brand	PA; 15DS; SP; OVM
gefitinib	Generic	PA; SP; OVM
GILOTRIF	Preferred brand	PA; SP; OVM
GOMEKLI	Preferred brand	PA; SP; OVM
HERNEXEOS	Preferred brand	PA; 15DS; SP; OVM
HYRNUO	Preferred brand	PA; SP; OVM
IBRANCE	Preferred brand	PA; SP; OVM
IBTROZI	Nonpreferred brand	PA; 15DS; SP; OVM
ICLUSIG	Preferred brand	PA; 15DS; SP; OVM
IDHIFA	Preferred brand	PA; SP; OVM

Drug Name	Drug Tier	Notes
imatinib mesylate oral	Generic	SP
IMBRUVICA ORAL CAPSULE	Preferred brand	PA; 15DS; SP; OVM
IMBRUVICA ORAL SUSPENSION	Preferred brand	PA; SP; OVM
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Not covered	SP
IMBRUVICA ORAL TABLET 420 MG	Preferred brand	PA; SP; OVM
IMKELDI	Not covered	SP
INLYTA	Preferred brand	PA; 15DS; SP; OVM
INQOVI	Preferred brand	PA; SP; OVM
ITOVEBI	Preferred brand	PA; 15DS; SP; OVM
JAKAFI	Preferred brand	PA; 15DS; SP; OVM
JAYPIRCA	Preferred brand	PA; 15DS; SP; OVM
KOSELUGO	Preferred brand	PA; SP; OVM
lapatinib ditosylate	Generic	PA; SP; OVM
LAZCLUZE	Preferred brand	PA; 15DS; SP; OVM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	Preferred brand	PA; 15DS; SP; OVM
LORBRENA	Preferred brand	PA; 15DS; SP; OVM
LYNPARZA	Preferred brand	PA; SP; OVM
MEKINIST	Preferred brand	PA; SP; OVM
MEKTOVI	Preferred brand	PA; SP; OVM
NERLYNX	Preferred brand	PA; 15DS; SP; OVM
NILOTINIB D-TARTRATE	Not covered	SP
nilotinib hcl	Generic	PA; 15DS; SP; OVM
ODOMZO	Preferred brand	PA; 15DS; SP; OVM
OGSIVEO	Preferred brand	PA; 15DS; SP; OVM
pazopanib hcl	Generic	PA; 15DS; SP; OVM
PHYRAGO	Not covered	15DS; SP
QINLOCK	Preferred brand	PA; SP; OVM
RETEVMO	Preferred brand	PA; 15DS; SP; OVM
REZLIDHIA	Preferred brand	PA; 15DS; SP; OVM
ROMVIMZA	Preferred brand	PA; SP; OVM
ROZLYTREK ORAL CAPSULE	Preferred brand	PA; 15DS; SP; OVM
ROZLYTREK ORAL PACKET	Nonpreferred brand	PA; SP; OVM
RYDAPT	Preferred brand	PA; SP; OVM
SCEMBLIX	Preferred brand	PA; SP; OVM

Drug Name	Drug Tier	Notes
sorafenib tosylate	Generic	PA; 15DS; SP; OVM
STIVARGA	Preferred brand	PA; SP; OVM
sunitinib malate	Generic	PA; 15DS; SP; OVM
TABRECTA	Preferred brand	PA; 15DS; SP; OVM
TAFINLAR	Preferred brand	PA; SP; OVM
TAGRISSE	Preferred brand	PA; 15DS; SP; OVM
TEPMETKO	Preferred brand	PA; 15DS; SP; OVM
TIBSOVO	Preferred brand	PA; 15DS; SP; OVM
torpenz	Generic	PA; 15DS; SP; OVM
TRUQAP	Preferred brand	PA; SP; OVM
TUKYSA	Preferred brand	PA; SP; OVM
TURALIO	Preferred brand	PA; SP; OVM
VANFLYTA	Preferred brand	PA; 15DS; SP; OVM
VENCLEXTA	Preferred brand	PA; SP; OVM
VENCLEXTA STARTING PACK	Preferred brand	PA; SP; OVM
VIJOICE ORAL PACKET	Preferred brand	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Preferred brand	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Not covered	SP; QL
VITRAKVI ORAL CAPSULE	Preferred brand	PA; 15DS; SP; OVM
VITRAKVI ORAL SOLUTION	Preferred brand	PA; SP; OVM
VIZIMPRO	Preferred brand	PA; 15DS; SP; OVM
XALKORI	Not covered	SP
XOSPATA	Preferred brand	PA; SP; OVM
ZELBORAF	Preferred brand	PA; 15DS; SP; OVM
ZYDELIG	Preferred brand	PA; SP; OVM
ZYKADIA	Not covered	SP
<b>Retinoids</b>		
bexarotene external	Generic	PA; SP; OVM
bexarotene oral	Generic	PA; 15DS; SP; OVM
PANRETIN	Preferred brand	
tretinoin oral	Generic	
<b>Treatment Adjuncts</b>		
mesna oral	Generic	

Drug Name	Drug Tier	Notes
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	Generic	QL
BILTRICIDE	Nonpreferred brand	
EMVERM	Nonpreferred brand	QL
ivermectin oral tablet 3 mg	Generic	QL
ivermectin oral tablet 6 mg	Not covered	QL
praziquantel oral	Generic	
<b>Antiprotozoals</b>		
ARAKODA	Nonpreferred brand	QL
atovaquone	Generic	
atovaquone-proguanil hcl	Generic	
BENZNIDAZOLE	Preferred brand	QL
chloroquine phosphate oral	Generic	
COARTEM	Preferred brand	QL
hydroxychloroquine sulfate oral	Generic	
IMPAVIDO	Preferred brand	QL
KRINTAFEL	Preferred brand	QL
LAMPIT	Nonpreferred brand	QL
mefloquine hcl	Generic	
nitazoxanide oral	Generic	QL
pentamidine isethionate inhalation	Generic	
primaquine phosphate	Generic	
pyrimethamine oral	Generic	PA; SP
quinine sulfate	Generic	
SOVUNA	Not covered	
<b>Pediculicides/Scabicides</b>		
CROTAN	Nonpreferred brand	
malathion	Generic	
permethrin external	Generic	
PRURADIK	Nonpreferred brand	
spinosad	Generic	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate oral	Generic	
trihexyphenidyl hcl	Generic	

Drug Name	Drug Tier	Notes
<b>Antiparkinson Agents, Other</b>		
amantadine hcl oral capsule	Generic	
amantadine hcl oral solution 50 mg/5ml	Generic	
amantadine hcl oral tablet	Generic	
carbidopa-levodopa-entacapone	Generic	
entacapone	Generic	
GOCOVRI	Not covered	QL
NOURIANZ	Nonpreferred brand	PA; SP; QL
ONGENTYS	Nonpreferred brand	QL
TASMAR	Generic	
tolcapone	Generic	
<b>Dopamine Agonists</b>		
apomorphine hcl subcutaneous	Not covered	SP; QL
bromocriptine mesylate oral	Generic	
INBRIJA	Nonpreferred brand	SP; QL
NEUPRO	Nonpreferred brand	PA; QL
ONAPGO	Nonpreferred brand	PA; SP; QL
pramipexole dihydrochloride	Generic	
pramipexole dihydrochloride er	Generic	QL
ropinirole hcl	Generic	
ropinirole hcl er	Generic	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>		
carbidopa oral	Generic	
carbidopa-levodopa	Generic	
CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE	Not covered	ABA; QL
carbidopa-levodopa er oral tablet extended release	Generic	
CREXONT	Nonpreferred brand	ST; QL
DHIVY	Not covered	QL
DUOPA	Preferred brand	PA; SP; QL
RYTARY	Nonpreferred brand	ST; QL
VYALEV	Nonpreferred brand	PA; SP; QL
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
rasagiline mesylate oral	Generic	
selegiline hcl oral	Generic	

Drug Name	Drug Tier	Notes
XADAGO	Nonpreferred brand	QL
ZELAPAR	Nonpreferred brand	QL
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
chlorpromazine hcl oral tablet	Generic	
fluphenazine decanoate injection	Generic	
fluphenazine hcl oral	Generic	
haloperidol decanoate intramuscular	Generic	
haloperidol lactate oral concentrate 2 mg/ml	Generic	
haloperidol oral	Generic	
loxapine succinate	Generic	
molindone hcl	Generic	QL
pimozide	Generic	
thioridazine hcl oral	Generic	
thiothixene	Generic	
trifluoperazine hcl	Generic	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII	Preferred brand	QL
ABILIFY MAINTENA	Preferred brand	
aripiprazole	Generic	
ARISTADA	Preferred brand	QL
ARISTADA INITIO	Preferred brand	
asenapine maleate	Generic	QL
CAPLYTA	Nonpreferred brand	ST; QL
ERZOFRI	Nonpreferred brand	QL
FANAPT	Nonpreferred brand	ST
FANAPT TITRATION PACK A	Nonpreferred brand	ST
FANAPT TITRATION PACK B	Nonpreferred brand	ST
FANAPT TITRATION PACK C	Nonpreferred brand	ST
INVEGA HAFYERA	Preferred brand	QL
INVEGA SUSTENNA	Preferred brand	
INVEGA TRINZA	Preferred brand	QL
lurasidone hcl	Generic	
LYBALVI	Nonpreferred brand	ST; QL
NUPLAZID	Nonpreferred brand	PA; QL
olanzapine oral	Generic	

Drug Name	Drug Tier	Notes
OPIPZA	Not covered	QL
paliperidone er	Generic	QL
PERSERIS	Preferred brand	QL
quetiapine fumarate	Generic	
quetiapine fumarate er	Generic	QL
REXULTI	Nonpreferred brand	PA; QL
risperidone	Generic	
risperidone microspheres er	Generic	
RYKINDO	Preferred brand	QL
SECUADO	Nonpreferred brand	ST; QL
UZEDY	Preferred brand	QL
VRAYLAR	Nonpreferred brand	ST; QL
ziprasidone hcl	Generic	
ZYPREXA RELPREVV	Preferred brand	
<b>Antipsychotics, Other</b>		
COBENFY	Not covered	QL
COBENFY STARTER PACK	Not covered	QL
<b>Treatment-Resistant</b>		
clozapine	Generic	
VERSACLOZ	Nonpreferred brand	
<b>Antivirals</b>		
LAGEVRIO	Preferred brand	QL; AL (Min 18 Years)
PAXLOVID (150/100)	Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100 & 150/100)	Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100)	Preferred brand	QL; AL (Min 12 Years)
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY	Preferred brand	PA; SP; QL
PREVYMIS ORAL	Nonpreferred brand	QL
valganciclovir hcl	Generic	
<b>Anti-hepatitis B (HBV) Agents</b>		
adefovir dipivoxil	Generic	SP
BARACLUDE ORAL SOLUTION	Preferred brand	SP
entecavir	Generic	SP
lamivudine oral tablet 100 mg	Generic	
VEMLIDY	Preferred brand	SP; QL

Drug Name	Drug Tier	Notes
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA	Preferred brand	PA; SP; QL
HARVONI	Nonpreferred brand	PA; SP; QL
LEDIPASVIR-SOFOSBUVIR	Preferred brand	PA; ABA; SP; QL
MAVYRET	Nonpreferred brand	PA; SP; QL
PEGASYS	Preferred brand	SP; QL
ribavirin oral	Generic	SP
SOFOSBUVIR-VELPATASVIR	Preferred brand	PA; ABA; SP; QL
SOVALDI	Nonpreferred brand	PA; SP; QL
VOSEVI	Nonpreferred brand	PA; SP; QL
<b>Antiherpetic Agents</b>		
acyclovir external cream	Not covered	
acyclovir external ointment	Generic	
acyclovir oral capsule	Generic	
acyclovir oral suspension 200 mg/5ml	Generic	
acyclovir oral tablet	Generic	
famciclovir oral	Generic	
penciclovir	Not covered	
valacyclovir hcl oral	Generic	
XERESE	Not covered	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	Preferred brand	QL
DOVATO	Preferred brand	QL
GENVOYA	Preferred brand	QL
ISENTRESS	Preferred brand	
ISENTRESS HD	Preferred brand	
JULUCA	Preferred brand	QL
STRIBILD	Preferred brand	QL
TIVICAY	Preferred brand	
TIVICAY PD	Preferred brand	QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
DELSTRIGO	Preferred brand	QL
EDURANT PED	Preferred brand	QL
efavirenz	Generic	
efavirenz-emtricitab-tenofo df	Generic	
efavirenz-lamivudine-tenofovir	Generic	QL

Drug Name	Drug Tier	Notes
emtricitab-rilpivir-tenofovir df	Generic	QL
etravirine	Generic	
INTELENCE ORAL TABLET 25 MG	Preferred brand	
nevirapine	Generic	
nevirapine er	Generic	
PIFELTRO	Preferred brand	QL
rilpivirine hcl	Generic	QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
abacavir sulfate	Generic	
abacavir sulfate-lamivudine	Generic	
CIMDUO	Preferred brand	QL
DESCOVY ORAL TABLET 120-15 MG	Preferred brand	QL
DESCOVY ORAL TABLET 200-25 MG	Preferred brand	PV2; QL
emtricitabine	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Generic	PV2; QL
EMTRIVA ORAL SOLUTION	Preferred brand	
lamivudine oral solution 10 mg/ml	Generic	
lamivudine oral tablet 150 mg, 300 mg	Generic	
lamivudine-zidovudine	Generic	
ODEFSEY	Preferred brand	QL
tenofovir disoproxil fumarate	Generic	
TRIUMEQ	Preferred brand	QL
TRIUMEQ PD	Preferred brand	QL
VIREAD ORAL POWDER	Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Preferred brand	
zidovudine	Generic	
<b>Anti-HIV Agents, Other</b>		
maraviroc	Generic	
RUKOBIA	Preferred brand	QL
SELZENTRY ORAL SOLUTION	Preferred brand	
SUNLENCA ORAL	Preferred brand	SP; QL
YEZTUGO ORAL	Nonpreferred brand	SP; QL

Drug Name	Drug Tier	Notes
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	Preferred brand	
atazanavir sulfate	Generic	
darunavir	Generic	
EVOTAZ	Preferred brand	QL
fosamprenavir calcium	Generic	
KALETRA ORAL SOLUTION	Nonpreferred brand	
lopinavir-ritonavir	Generic	
NORVIR ORAL PACKET	Preferred brand	
PREZCOBIX	Preferred brand	QL
PREZISTA ORAL SUSPENSION	Preferred brand	
PREZISTA ORAL TABLET 150 MG, 75 MG	Preferred brand	
REYATAZ ORAL PACKET	Preferred brand	
ritonavir	Generic	
SYMTUZA	Preferred brand	QL
VIRACEPT	Not covered	
<b>Anti-influenza Agents</b>		
oseltamivir phosphate oral	Generic	QL
RELENZA DISKHALER	Preferred brand	QL
rimantadine hcl	Generic	
XOFLUZA (40 MG DOSE)	Preferred brand	QL
XOFLUZA (80 MG DOSE)	Preferred brand	QL
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
BUCAPSOL	Not covered	
bupirone hcl oral	Generic	
hydroxyzine hcl oral syrup 10 mg/5ml	Generic	
hydroxyzine hcl oral tablet	Generic	
hydroxyzine pamoate oral	Generic	
meprobamate	Generic	
<b>Benzodiazepines</b>		
alprazolam er	Generic	
alprazolam intensol	Generic	
alprazolam oral	Generic	
alprazolam xr	Generic	
chlordiazepoxide hcl	Generic	

Drug Name	Drug Tier	Notes
clonazepam oral	Generic	
clorazepate dipotassium	Generic	
diazepam intensol	Generic	
diazepam oral	Generic	
estazolam	Generic	QL
lorazepam intensol	Generic	
lorazepam oral concentrate 2 mg/ml	Generic	
lorazepam oral tablet	Generic	
LOREEV XR	Not covered	QL
midazolam hcl oral	Generic	
oxazepam	Generic	
quazepam	Not covered	QL
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
divalproex sodium er	Generic	
divalproex sodium oral	Generic	
EQUETRO	Nonpreferred brand	
lithium	Generic	
lithium carbonate er	Generic	
lithium carbonate oral	Generic	
<b>Blood Glucose Monitoring</b>		
ACCU-CHEK AVIVA PLUS KIT W/DEVICE	Covered \$0	QL
ACCU-CHEK AVIVA PLUS TEST STRIPS	Preferred brand	QL
ACCU-CHEK GUIDE	Covered \$0	QL
ACCU-CHEK GUIDE KIT W/DEVICE	Covered \$0	QL
ACCU-CHEK GUIDE TEST STRIPS	Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	Preferred brand	QL
ADVANTAGE SAFETY LANCETS 28G	Preferred brand	QL
ADVOCATE SAFETY LANCETS 21G	Preferred brand	QL
ADVOCATE SAFETY LANCETS 23G	Preferred brand	QL
ADVOCATE SAFETY LANCETS 28G	Preferred brand	QL
CARESENS LANCETS 30G	Preferred brand	QL
CEQUR SIMPLICITY 2U 10PK	Preferred brand	QL
CEQUR SIMPLICITY INSERTER	Preferred brand	QL
CHOSEN LANCETS 30G	Preferred brand	QL
CHOSEN SAFETY LANCETS 28G	Preferred brand	QL

Drug Name	Drug Tier	Notes
CLEVER CHOICE COMFORT EZ	Preferred brand	QL
COMFORT TOUCH TWIST LANCET 30G	Preferred brand	QL
CONTOUR NEXT EZ KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT ONE KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT GEN TEST STRIPS	Preferred brand	QL
CONTOUR PLUS TEST STRIP	Preferred brand	QL
CONTOUR TEST STRIPS	Preferred brand	QL
DEXCOM G6 RECEIVER	Covered \$0	PA; QL
DEXCOM G6 SENSOR	Preferred brand	PA; QL
DEXCOM G6 TRANSMITTER	Covered \$0	PA; QL
DEXCOM G7 15 DAY SENSOR	Preferred brand	PA; QL
DEXCOM G7 RECEIVER	Covered \$0	PA; QL
DEXCOM G7 SENSOR	Preferred brand	PA; QL
DROPSAFE ACTI-LANCE 23G	Preferred brand	QL
DROPSAFE MEDLANCE LANCET 30G	Preferred brand	QL
FONDCIRCLE SINGLE USE LANCETS	Preferred brand	QL
FREESTYLE LIBRE 14 DAY READER	Preferred brand	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 2 READER	Preferred brand	PA; QL
FREESTYLE LIBRE 2 SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 3 READER	Preferred brand	PA; QL
FREESTYLE LIBRE 3 SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE READER	Preferred brand	PA; QL
LANCETS	Preferred brand	QL
LANCETS 28G THIN	Preferred brand	QL
LANCETS SUPER THIN	Preferred brand	QL
MICROLET NEXT LANCETS	Preferred brand	QL
MOBILE LANCETS 30G	Preferred brand	QL
ONETOUCH DELICA SAFETY LANCING	Preferred brand	QL
PERFECT POINT SAFETY LANCETS	Preferred brand	QL
PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE	Covered \$0	PA; QL

Drug Name	Drug Tier	Notes
PRODIGY NO CODING BLOOD GLUC IN VITRO	Preferred brand	PA; QL
PRODIGY VOICE BLOOD GLUCOSE	Covered \$0	PA; QL
PURE COMFORT SAFETY LANCET 30G	Preferred brand	QL
SENSILANCE SAFETY LANCETS 21G	Preferred brand	QL
SENSILANCE SAFETY LANCETS 26G	Preferred brand	QL
SENSILANCE SAFETY LANCETS 28G	Preferred brand	QL
TECHLITE LANCETS 26G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 21G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 23G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 28G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 30G	Preferred brand	QL
VIVAGUARD LANCETS 30G	Preferred brand	QL
VIVAGUARD SAFETY LANCETS 28G	Preferred brand	QL
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
acarbose oral	Generic	
ALOGLIPTIN BENZOATE	Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL	Not covered	ABA; QL
ALOGLIPTIN-PIOGLITAZONE	Not covered	ABA; QL
BEXAGLIFLOZIN	Not covered	ABA; QL
BRENZAVVY	Not covered	QL
BRYNOVIN	Not covered	QL
CYCLOSET	Nonpreferred brand	QL
dapaglifloz base-metformin er	Generic	QL
dapagliflozin oral tablet 10 mg, 5 mg	Generic	QL
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Generic	QL
dapagliflozin tablet 10 mg oral	Generic	QL
dapagliflozin tablet 10 mg oral	Generic	QL
dapagliflozin tablet 5 mg oral	Generic	QL
dapagliflozin tablet 5 mg oral	Generic	ABA; QL
DAPAGLIFLOZIN-SAXAGLIPTIN	Not covered	QL
EXENATIDE	Not covered	QL
glimepiride	Generic	
glipizide er	Generic	

Drug Name	Drug Tier	Notes
glipizide ir	Generic	
glipizide-metformin hcl	Generic	
glyburide	Generic	
glyburide-metformin	Generic	
GLYXAMBI	Preferred brand	QL
INVOKAMET	Not covered	QL
INVOKAMET XR	Not covered	QL
INVOKANA	Not covered	QL
JANUMET	Preferred brand	QL
JANUMET XR	Preferred brand	QL
JANUVIA	Preferred brand	QL
JARDIANCE	Preferred brand	QL
JENTADUETO	Preferred brand	QL
JENTADUETO XR	Preferred brand	QL
liraglutide	Generic	ST; QL
metformin hcl er	Generic	
metformin hcl er (mod)	Not covered	
metformin hcl er (osm)	Generic	PA
metformin hcl oral solution	Generic	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Generic	
metformin hcl oral tablet 625 mg, 750 mg	Not covered	
miglitol	Generic	
MOUNJARO	Preferred brand	ST; QL
nateglinide	Generic	
OZEMPIC	Preferred brand	ST; QL
pioglitazone hcl	Generic	
pioglitazone hcl-glimepiride	Generic	
pioglitazone hcl-metformin hcl	Generic	
repaglinide	Generic	
RYBELSUS	Preferred brand	ST; QL
saxagliptin hcl	Not covered	QL
saxagliptin-metformin er	Not covered	
SEGLUROMET	Not covered	QL
SITAGLIPT BASE-METFORM HCL ER	Not covered	ABA; QL
SITAGLIPTIN	Not covered	ABA; QL
SITAGLIPTIN BASE-METFORMIN HCL	Not covered	ABA

Drug Name	Drug Tier	Notes
SOLIQUA	Preferred brand	QL
STEGLATRO	Not covered	QL
STEGLUJAN	Not covered	QL
SYNJARDY	Preferred brand	QL
SYNJARDY XR	Preferred brand	QL
TRADJENTA	Preferred brand	QL
TRIJARDY XR	Preferred brand	QL
TRULICITY	Preferred brand	ST; QL
XIGDUO XR 2.5-1000MG	Preferred brand	QL
XULTOPHY	Preferred brand	QL
ZITUVIMET	Not covered	
ZITUVIMET XR	Not covered	QL
ZITUVIO	Not covered	QL
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	Preferred brand	QL
BAQSIMI TWO PACK	Preferred brand	QL
diazoxide oral	Generic	
glucagon emergency kit injection solution reconstituted 1 mg	Generic	
GLUCAGON EMERGENCY KIT	Not covered	
GVOKE HYPOPEN 1-PACK	Preferred brand	QL
GVOKE HYPOPEN 2-PACK	Preferred brand	QL
GVOKE KIT	Preferred brand	QL
GVOKE PFS	Preferred brand	QL
<b>Insulins</b>		
ADMELOG	Not covered	
ADMELOG SOLOSTAR	Not covered	
AFREZZA	Nonpreferred brand	PA
APIDRA SOLOSTAR	Not covered	
APIDRA VIAL	Not covered	
BASAGLAR KWIKPEN	Preferred brand	
FIASP	Preferred brand	
FIASP FLEXTOUCH	Preferred brand	
FIASP PENFILL	Preferred brand	
FIASP PUMPCART	Preferred brand	
HUMALOG	Not covered	
HUMALOG KWIKPEN	Not covered	

Drug Name	Drug Tier	Notes
HUMALOG MIX 50/50 KWIKPEN	Not covered	
HUMALOG MIX 75/25 KWIKPEN	Not covered	
HUMALOG MIX 75/25 VIAL	Not covered	
HUMALOG U-100 JUNIOR KWIKPEN	Not covered	
HUMULIN 70/30 KWIKPEN	Not covered	
HUMULIN 70/30 VIAL	Not covered	
HUMULIN N KWIKPEN	Not covered	
HUMULIN N VIAL	Not covered	
HUMULIN R U-500 KWIKPEN	Preferred brand	
HUMULIN R VIAL	Not covered	
INSULIN GLARGINE MAX SOLOSTAR	Not covered	ABA
INSULIN GLARGINE SOLOSTAR	Not covered	ABA
INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Not covered	ABA
INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (CIVICA)	Preferred brand	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	Not covered	ABA
INSULIN LISPRO	Not covered	ABA
INSULIN LISPRO (1 UNIT DIAL)	Not covered	ABA
INSULIN LISPRO JUNIOR KWIKPEN	Nonpreferred brand	ABA
INSULIN LISPRO PROT & LISPRO	Not covered	ABA
KIRSTY	Not covered	
LANTUS SOLOSTAR	Preferred brand	
LANTUS U-100 VIAL	Preferred brand	
LYUMJEV KWIKPEN	Not covered	
LYUMJEV VIAL	Not covered	
MERILOG	Not covered	
MERILOG SOLOSTAR	Not covered	
NOVOLIN 70/30 FLEXPEN	Preferred brand	
NOVOLIN 70/30 RELION	Not covered	
NOVOLIN 70/30 VIAL	Preferred brand	
NOVOLIN N FLEXPEN	Preferred brand	
NOVOLIN N RELION	Not covered	
NOVOLIN N VIAL	Preferred brand	
NOVOLIN R FLEXPEN	Preferred brand	
NOVOLIN R FLEXPEN RELION	Not covered	

Drug Name	Drug Tier	Notes
NOVOLIN R RELION	Not covered	
NOVOLIN R VIAL	Preferred brand	
NOVOLOG 70/30 FLEXPEN RELION	Not covered	
NOVOLOG FLEXPEN	Preferred brand	
NOVOLOG FLEXPEN RELION	Not covered	
NOVOLOG MIX 70/30 FLEXPEN	Preferred brand	
NOVOLOG MIX 70/30 RELION	Not covered	
NOVOLOG MIX 70/30 VIAL	Preferred brand	
NOVOLOG PENFILL	Preferred brand	
NOVOLOG RELION	Not covered	
NOVOLOG U-100 VIAL	Preferred brand	
REZVOGLAR KWIKPEN	Preferred brand	
SEMGLEE (YFGN)	Not covered	
TOUJEO MAX SOLOSTAR	Preferred brand	
TOUJEO SOLOSTAR	Preferred brand	
TRESIBA	Preferred brand	
TRESIBA FLEXTOUCH	Preferred brand	
Blood Products and Modifiers		
EMPAVELI	Preferred brand	PA; SP; QL
FABHALTA	Nonpreferred brand	PA; SP; QL
VOYDEYA	Nonpreferred brand	PA; SP; QL
Anticoagulants		
dabigatran etexilate mesylate	Generic	QL
ELIQUIS	Preferred brand	QL
ELIQUIS (1.5 MG PACK)	Preferred brand	QL
ELIQUIS (2 MG PACK)	Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK	Preferred brand	QL
enoxaparin sodium	Generic	
fondaparinux sodium	Generic	
FRAGMIN	Not covered	
heparin sodium (porcine)	Generic	
heparin sodium (porcine) +rfid	Generic	
heparin sodium (porcine) pf	Generic	
jantoven	Generic	
PRADAXA ORAL PACKET	Nonpreferred brand	QL
rivaroxaban	Generic	QL

Drug Name	Drug Tier	Notes
SAVAYSA	Nonpreferred brand	QL
warfarin sodium oral	Generic	
XARELTO	Preferred brand	QL
XARELTO STARTER PACK	Preferred brand	QL
ZONTIVITY	Nonpreferred brand	QL
<b>Blood Formation Modifiers</b>		
ALVAIZ	Not covered	SP; QL
anagrelide hcl	Generic	
AQVESME	Preferred brand	PA; SP; QL
ARANESP (ALBUMIN FREE)	Nonpreferred brand	SP
DOPTELET	Preferred brand	PA; SP; QL
DOPTELET SPRINKLE	Preferred brand	PA; SP; QL
eltrombopag olamine	Generic	PA; SP
EPOGEN	Nonpreferred brand	PA; SP; OVM
FULPHILA	Nonpreferred brand	PA; SP; OVM
FYLNETRA	Not covered	SP
GRANIX	Not covered	SP
LEUKINE	Nonpreferred brand	SP
MIRCERA	Nonpreferred brand	SP; QL
MULPLETA	Not covered	SP; QL
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand	SP; QL
NEUPOGEN	Not covered	SP
NIVESTYM	Preferred brand	SP; QL
NYPOZI	Not covered	SP; QL
NYVEPRIA	Nonpreferred brand	PA; SP; OVM
PROCRIT	Preferred brand	SP
PYRUKYND	Preferred brand	PA; SP; QL
PYRUKYND TAPER PACK	Preferred brand	PA; SP; QL
RELEUKO	Not covered	SP; QL
RETACRIT	Preferred brand	SP
ROLVEDON	Nonpreferred brand	PA; SP; OVM
STIMUFEND	Nonpreferred brand	PA; SP; OVM
TAVALISSE	Nonpreferred brand	PA; SP; QL
UDENYCA	Nonpreferred brand	PA; SP; OVM
VAFSEO	Nonpreferred brand	SP; QL
WAYRILZ	Nonpreferred brand	PA; SP; QL

Drug Name	Drug Tier	Notes
XOLREMDI	Preferred brand	PA; SP; QL
ZARXIO	Preferred brand	SP
ZIEXTENZO	Preferred brand	SP; QL
<b>Hemostasis Agents</b>		
ADVATE	Preferred brand	
ADYNOVATE	Preferred brand	
AFSTYLA	Preferred brand	
ALHEMO	Nonpreferred brand	PA; QL
ALPHANATE	Preferred brand	
ALPHANINE SD	Preferred brand	
ALPROLIX	Preferred brand	
ALTUVIIIO	Preferred brand	
aminocaproic acid oral	Generic	
BENEFIX	Preferred brand	
COAGADEX	Preferred brand	
CORIFACT	Preferred brand	
ELOCTATE	Preferred brand	
ESPEROCT	Preferred brand	
FEIBA	Preferred brand	
HEMLIBRA	Preferred brand	PA; QL
HEMOFIL M	Preferred brand	
HUMATE-P	Preferred brand	
HYMPAVZI	Nonpreferred brand	PA; QL
IDELVION	Preferred brand	
IXINITY	Preferred brand	
JIVI	Preferred brand	
KOATE	Preferred brand	
KOATE-DVI	Preferred brand	
KOVALTRY	Preferred brand	
NOVOEIGHT	Preferred brand	
NOVOSEVEN RT	Preferred brand	
NUWIQ	Preferred brand	
OBIZUR	Preferred brand	
PROFILNINE	Preferred brand	
QFITLIA	Nonpreferred brand	PA; QL
REBINYN	Preferred brand	
RECOMBINATE	Preferred brand	

Drug Name	Drug Tier	Notes
RIXUBIS	Preferred brand	
SEVENFACT	Preferred brand	
tranexamic acid oral	Generic	QL
TRETTEN	Preferred brand	
VONVENDI	Preferred brand	
WILATE	Preferred brand	
XYNTHA	Preferred brand	
XYNTHA SOLOFUSE	Preferred brand	
<b>Platelet Modifying Agents</b>		
aspirin-dipyridamole er	Generic	
CABLIVI	Preferred brand	PA; SP; QL
cilostazol	Generic	
clopidogrel bisulfate oral	Generic	
dipyridamole oral	Generic	
prasugrel hcl	Generic	QL
ticagrelor	Generic	QL
YOSPRALA	Not covered	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
clonidine	Generic	
CLONIDINE ER	Not covered	ABA
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	Generic	
guanfacine hcl	Generic	
JAVADIN	Not covered	
methyldopa	Generic	
midodrine hcl	Generic	
NEXICLON XR	Not covered	
<b>Alpha-adrenergic Blocking Agents</b>		
doxazosin mesylate oral	Generic	
phenoxybenzamine hcl oral	Generic	PA; QL
prazosin hcl oral	Generic	
<b>Angiotensin II Receptor Antagonists</b>		
ARBLI	Not covered	QL
candesartan cilexetil	Generic	
EDARBI	Nonpreferred brand	ST; QL
irbesartan	Generic	

Drug Name	Drug Tier	Notes
losartan potassium oral	Generic	
olmesartan medoxomil oral	Generic	
telmisartan	Generic	
valsartan oral solution	Not covered	
valsartan oral tablet	Generic	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
benazepril hcl oral	Generic	
captopril oral	Generic	
enalapril maleate oral	Generic	
fosinopril sodium	Generic	
lisinopril oral	Generic	
moexipril hcl	Generic	
perindopril erbumine	Generic	
QBRELIS	Nonpreferred brand	QL
quinapril hcl	Generic	
ramipril	Generic	
trandolapril	Generic	
<b>Antiarrhythmics</b>		
amiodarone hcl oral	Generic	
disopyramide phosphate	Generic	
dofetilide	Generic	
flecainide acetate	Generic	
mexiletine hcl oral	Generic	
MULTAQ	Preferred brand	QL
NORPACE CR	Preferred brand	
propafenone hcl	Generic	
propafenone hcl er	Generic	
quinidine gluconate er	Generic	
quinidine sulfate	Generic	
sotalol hcl (af)	Generic	
sotalol hcl oral	Generic	
SOTYLIZE	Nonpreferred brand	
<b>Beta-adrenergic Blocking Agents</b>		
acebutolol hcl oral	Generic	
atenolol oral	Generic	
betaxolol hcl oral	Generic	

Drug Name	Drug Tier	Notes
bisoprolol fumarate oral	Generic	
carvedilol	Generic	
carvedilol phosphate er	Generic	QL
HEMANGEOL	Not covered	QL
INDERAL XL	Not covered	
INNOPRAN XL	Not covered	
KAPSPARGO SPRINKLE	Not covered	
labetalol hcl oral	Generic	
LOPRESSOR ORAL SOLUTION	Nonpreferred brand	QL
LOPRESSOR ORAL TABLET 12.5 MG	Not covered	
metoprolol succinate er	Generic	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	Generic	
METOPROLOL TARTRATE ORAL TABLET 12.5 MG	Not covered	
nadolol oral	Generic	
nebivolol hcl	Generic	QL
pindolol	Generic	
propranolol hcl er	Generic	
propranolol hcl oral	Generic	
timolol maleate oral	Generic	
<b>Calcium Channel Blocking Agents</b>		
amlodipine besylate oral	Generic	
CARDAMYST	Nonpreferred brand	PA; QL
cartia xt	Generic	
CONJUPRI	Not covered	
diltiazem hcl er	Generic	
diltiazem hcl er beads	Generic	
diltiazem hcl er coated beads	Generic	
diltiazem hcl oral	Generic	
dilt-xr	Generic	
felodipine er	Generic	
isradipine	Generic	
KATERZIA	Nonpreferred brand	QL
LEVAMLODIPINE MALEATE	Not covered	ABA
matzim la	Generic	
nicardipine hcl oral	Generic	

Drug Name	Drug Tier	Notes
nifedipine er	Generic	
nifedipine er osmotic release	Generic	
nifedipine oral	Generic	
nimodipine oral capsule	Generic	
NIMODIPINE ORAL SOLUTION	Nonpreferred brand	QL
nisoldipine er	Generic	
NORLIQVA	Nonpreferred brand	QL
NYMALIZE	Not covered	QL
SDAMLO	Not covered	
tiadylt er	Generic	
verapamil hcl er	Generic	
verapamil hcl oral	Generic	
<b>Cardiovascular Agents, Other</b>		
aliskiren fumarate	Generic	
amiloride-hydrochlorothiazide	Generic	
amlodipine besylate-benazepril hcl	Generic	
amlodipine besylate-valsartan	Generic	
amlodipine-atorvastatin	Generic	QL
amlodipine-olmesartan	Generic	
amlodipine-valsartan-hctz	Generic	
atenolol-chlorthalidone	Generic	
ATTRUBY	Not covered	SP; QL
benazepril-hydrochlorothiazide	Generic	
bisoprolol-hydrochlorothiazide	Generic	
CAMZYOS	Preferred brand	PA; SP; QL
candesartan cilexetil-hctz	Generic	
captopril-hydrochlorothiazide	Generic	
CORLANOR ORAL SOLUTION	Preferred brand	QL
digoxin oral	Generic	
droxidopa	Generic	SP; QL
EDARBYCLOR	Nonpreferred brand	ST; QL
enalapril-hydrochlorothiazide	Generic	
ENTRESTO ORAL CAPSULE SPRINKLE	Nonpreferred brand	QL
fosinopril sodium-hctz	Generic	
INPEFA	Not covered	QL
irbesartan-hydrochlorothiazide	Generic	
isosorb dinitrate-hydralazine	Generic	

Drug Name	Drug Tier	Notes
ivabradine hcl	Generic	QL
lisinopril-hydrochlorothiazide	Generic	
LODOCO	Not covered	QL
losartan potassium-hctz	Generic	
metoprolol-hydrochlorothiazide	Generic	
metyrosine	Generic	
MYQORZO	Nonpreferred brand	PA; SP; QL
olmesartan medoxomil-hctz	Generic	
olmesartan-amlodipine-hctz	Generic	QL
pentoxifylline er	Generic	
PRESTALIA	Nonpreferred brand	QL
quinapril-hydrochlorothiazide	Generic	
ranolazine er	Generic	
sacubitril-valsartan	Generic	QL
spironolactone-hctz	Generic	
telmisartan-amlodipine	Generic	
telmisartan-hctz	Generic	
trandolapril-verapamil hcl er	Generic	
triamterene-hctz	Generic	
TRYVIO	Not covered	QL
valsartan-hydrochlorothiazide	Generic	
VECAMYL	Nonpreferred brand	PA; QL
VERQUVO	Nonpreferred brand	PA; QL
VYNDAMAX	Preferred brand	PA; SP; QL
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
acetazolamide er	Generic	
acetazolamide oral	Generic	
dichlorphenamide	Generic	PA; SP; QL
methazolamide oral	Generic	
<b>Diuretics, Loop</b>		
bumetanide oral	Generic	
ENBUMYST	Nonpreferred brand	PA; QL
ethacrynic acid	Generic	
FUROSCIX	Nonpreferred brand	PA; SP; QL
furosemide oral	Generic	
LASIX ONYU	Nonpreferred brand	PA; QL
SOAANZ	Not covered	

Drug Name	Drug Tier	Notes
toremide	Generic	
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl oral	Generic	
eplerenone	Generic	
spironolactone oral	Generic	
triamterene oral	Generic	
<b>Diuretics, Thiazide</b>		
chlorthalidone	Generic	
DIURIL ORAL SUSPENSION 250 MG/5ML	Nonpreferred brand	
HEMICLOR	Not covered	QL
hydrochlorothiazide oral	Generic	
indapamide	Generic	
INZIRQO	Not covered	QL
metolazone	Generic	
THALITONE	Not covered	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate micronized	Generic	
fenofibrate oral	Generic	
fenofibric acid oral capsule delayed release	Generic	
fenofibric acid oral tablet	Not covered	
gemfibrozil oral	Generic	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ATORVALIQ	Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Generic	QL
EZALLOR SPRINKLE	Not covered	
FLOLIPID	Not covered	
fluvastatin sodium	Not covered	QL
fluvastatin sodium er	Not covered	QL
lovastatin oral	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pitavastatin calcium	Generic	ST; QL
pravastatin sodium	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
rosuvastatin calcium oral tablet 20 mg, 40 mg	Generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	Generic	QL
ZYPITAMAG	Not covered	
<b>Dyslipidemics, Other</b>		
cholestyramine light	Generic	
cholestyramine oral	Generic	
colesevelam hcl	Generic	
colestipol hcl	Generic	
ezetimibe	Generic	QL
ezetimibe-simvastatin	Generic	QL
icosapent ethyl	Generic	QL
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	Not covered	SP; QL
JUXTAPID ORAL CAPSULE 2 MG	Not covered	SP
LEROCHOL	Not covered	QL
NEXLETOL	Preferred brand	PA; QL
NEXLIZET	Preferred brand	PA; QL
niacin (antihyperlipidemic)	Not covered	
niacin er (antihyperlipidemic)	Generic	
niacor	Not covered	
omega-3-acid ethyl esters	Generic	QL
PRALUENT	Not covered	QL
prevalite	Generic	
REDEMPLO	Preferred brand	PA; SP; QL
REPATHA	Preferred brand	PA; QL
REPATHA SURECLICK	Preferred brand	PA; QL
TRYNGOLZA	Not covered	SP; QL
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
isosorbide dinitrate	Generic	
isosorbide mononitrate	Generic	
isosorbide mononitrate er	Generic	
nitro-bid	Generic	
NITRO-DUR	Not covered	
nitroglycerin rectal	Generic	QL
nitroglycerin sublingual	Generic	

Drug Name	Drug Tier	Notes
nitroglycerin transdermal patch 24 hour	Generic	
nitroglycerin translingual	Generic	
NITRO-TIME	Preferred brand	
<b>Vasodilators, Direct-acting Arterial</b>		
hydralazine hcl oral	Generic	
minoxidil oral	Generic	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
amphetamine er	Generic	PA; QL
amphetamine sulfate	Generic	QL
amphetamine-dextroamphetamine	Generic	QL
amphetamine-dextroamphetamine er	Generic	QL
amphet-dextroamphet 3-bead er	Generic	QL
dextroamphetamine sulfate	Generic	QL
dextroamphetamine sulfate er	Generic	QL
DYANAVEL XR	Nonpreferred brand	PA; QL
lisdexamfetamine dimesylate	Generic	QL
methamphetamine hcl	Generic	QL
VYVANSE	Nonpreferred brand	QL
XELSTRYM	Nonpreferred brand	PA; QL
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
atomoxetine hcl	Generic	QL
AZSTARYS	Nonpreferred brand	PA; QL
clonidine hcl er	Generic	QL
CONCERTA	Nonpreferred brand	QL
COTEMPLA XR-ODT	Not covered	QL
dexmethylphenidate hcl	Generic	QL
dexmethylphenidate hcl er	Generic	QL
guanfacine hcl er	Generic	QL
JORNAY PM	Nonpreferred brand	PA; QL
methylphenidate	Generic	QL
methylphenidate hcl er	Generic	QL
methylphenidate hcl er (cd)	Generic	QL
methylphenidate hcl er (la)	Generic	QL

Drug Name	Drug Tier	Notes
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg, 72 mg	Generic	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	Not covered	ABA; QL
methylphenidate hcl er (xr)	Generic	QL
methylphenidate hcl er(diffus)	Generic	QL
methylphenidate hcl oral	Generic	QL
ONYDA XR	Not covered	QL
QELBREE	Nonpreferred brand	PA; QL
QUILLICHEW ER	Nonpreferred brand	PA; QL
QUILLIVANT XR	Nonpreferred brand	PA; QL
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 45 MG, 54 MG, 63 MG	Not covered	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 72 MG	Nonpreferred brand	QL
<b>Central Nervous System, Other</b>		
ADDYI	Nonpreferred brand	PA; QL
AUSTEDO	Preferred brand	PA; SP; QL
AUSTEDO XR	Nonpreferred brand	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	Nonpreferred brand	PA; SP; QL
benzphetamine hcl	Generic	
caffeine citrate oral	Generic	
CONTRAVE	Nonpreferred brand	PA; QL
DAYBUE	Preferred brand	PA; SP; QL
DAYBUE STIX	Preferred brand	PA; SP; QL
diethylpropion hcl er	Generic	
diethylpropion hcl oral	Generic	
gabapentin (once-daily)	Generic	PA; QL
HORIZANT	Nonpreferred brand	PA; QL
INGREZZA	Nonpreferred brand	PA; SP; QL
LOMAIRA	Nonpreferred brand	
NUEDEXTA	Preferred brand	PA; QL
phendimetrazine tartrate	Generic	
phendimetrazine tartrate er	Generic	
phentermine hcl oral	Generic	
phentermine-topiramate er	Generic	PA; QL

Drug Name	Drug Tier	Notes
RADICAVA ORS	Nonpreferred brand	PA; SP; QL
RADICAVA ORS STARTER KIT	Nonpreferred brand	PA; SP; QL
riluzole	Generic	
SKYCLARYS	Preferred brand	PA; SP; QL
TEGLUTIK	Nonpreferred brand	PA; SP; QL
tetrabenazine	Generic	SP; QL
TIGLUTIK	Nonpreferred brand	PA; SP; QL
VYLEESI	Nonpreferred brand	PA; QL
<b>Fibromyalgia Agents</b>		
milnacipran hcl	Generic	PA; QL
pregabalin er	Generic	QL
pregabalin oral	Generic	QL
TONMYA	Not covered	
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	Preferred brand	SP; QL
AVONEX PREFILLED	Preferred brand	SP; QL
BAFIERTAM	Preferred brand	SP; QL
BETASERON	Preferred brand	SP; QL
cladribine (10 tabs)	Generic	ST; SP; QL
cladribine (4 tabs)	Generic	ST; SP; QL
cladribine (5 tabs)	Generic	ST; SP; QL
cladribine (6 tabs)	Generic	ST; SP; QL
cladribine (7 tabs)	Generic	ST; SP; QL
cladribine (8 tabs)	Generic	ST; SP; QL
cladribine (9 tabs)	Generic	ST; SP; QL
dalfampridine er	Generic	SP; QL
dimethyl fumarate oral	Generic	SP; QL
dimethyl fumarate starter pack	Generic	SP; QL
fingolimod hcl	Generic	SP; QL
GILENYA ORAL CAPSULE 0.25 MG	Nonpreferred brand	SP; QL
glatiramer acetate	Generic	SP; QL
glatopa	Generic	SP; QL
KESIMPTA	Preferred brand	SP; QL
MAVENCLAD	Nonpreferred brand	ST; SP; QL
MAYZENT	Nonpreferred brand	SP; QL
MAYZENT STARTER PACK	Nonpreferred brand	SP; QL
PLEGRIDY	Not covered	SP; QL

Drug Name	Drug Tier	Notes
PLEGRIDY STARTER PACK	Not covered	SP; QL
PONVORY	Nonpreferred brand	SP; QL
PONVORY STARTER PACK	Nonpreferred brand	SP; QL
REBIF	Nonpreferred brand	ST; SP; QL
REBIF REBIDOSE	Nonpreferred brand	ST; SP; QL
REBIF REBIDOSE TITRATION PACK	Nonpreferred brand	ST; SP; QL
REBIF TITRATION PACK	Nonpreferred brand	ST; SP; QL
TASCENSO ODT	Nonpreferred brand	PA; SP; QL
teriflunomide	Generic	SP; QL
VUMERITY	Preferred brand	SP; QL
ZEPOSIA	Nonpreferred brand	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	Nonpreferred brand	PA; SP; QL
ZEPOSIA STARTER KIT	Nonpreferred brand	PA; SP; QL
<b>Cholestatic Pruritus Agent</b>		
<b>Ileal Bile Acid Transporter Inhibitor</b>		
BYLVAY	Preferred brand	PA; SP; QL
BYLVAY (PELLETS)	Preferred brand	PA; SP; QL
LIVMARLI	Preferred brand	PA; SP; QL
<b>Dental and Oral Agents</b>		
cevimeline hcl	Generic	
chlorhexidine gluconate mouth/throat	Generic	
CLINPRO 5000	Nonpreferred brand	
DENTA 5000 PLUS	Nonpreferred brand	
DENTA 5000 PLUS SENSITIVE	Nonpreferred brand	
DENTAGEL	Nonpreferred brand	
FLUORIDEX	Nonpreferred brand	
FLUORIDEX ENHANCED WHITENING	Nonpreferred brand	
FLUORIMAX 5000	Nonpreferred brand	
FLUORIMAX 5000 SENSITIVE	Nonpreferred brand	
JUST RIGHT 5000	Nonpreferred brand	
periogard	Generic	
pilocarpine hcl oral	Generic	
PREVIDENT	Nonpreferred brand	
PREVIDENT 5000 BOOSTER PLUS	Nonpreferred brand	
PREVIDENT 5000 DRY MOUTH	Nonpreferred brand	
PREVIDENT 5000 ENAMEL PROTECT	Nonpreferred brand	

Drug Name	Drug Tier	Notes
PREVIDENT 5000 KIDS	Nonpreferred brand	
PREVIDENT 5000 ORTHO DEFENSE	Nonpreferred brand	
PREVIDENT 5000 PLUS	Nonpreferred brand	
PREVIDENT 5000 SENSITIVE	Nonpreferred brand	
sf gel 1.1%	Generic	
sf 5000 plus	Generic	
sod fluoride-potassium nitrate	Generic	
sodium fluoride 5000 enamel	Generic	
sodium fluoride 5000 plus	Generic	
sodium fluoride 5000 ppm	Generic	
sodium fluoride 5000 sensitive	Generic	
sodium fluoride dental	Generic	
sodium fluoride mouth/throat	Generic	
triamcinolone acetonide mouth/throat	Generic	
Dermatological Agents		
ABSORICA LD	Not covered	QL
accutane	Generic	QL
acitretin	Generic	
adapalene external cream	Generic	
adapalene external gel	Generic	
ADAPALENE EXTERNAL PAD	Not covered	
ADAPALENE EXTERNAL SOLUTION	Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Generic	PA; QL
ADBRY	Preferred brand	PA; SP; QL
AKLIEF	Not covered	QL
ALTRENO	Nonpreferred brand	QL
ammonium lactate external	Generic	
amneesteem	Generic	QL
AMZEEQ	Nonpreferred brand	QL
ANZUPGO	Nonpreferred brand	PA; QL
ARAZLO	Not covered	QL
azelaic acid external	Generic	
AZELEX	Nonpreferred brand	
benzoyl peroxide-erythromycin	Generic	

Drug Name	Drug Tier	Notes
BIMZELX	Not covered	SP; QL
CABTREO	Not covered	QL
calcipotriene external cream	Generic	
CALCIPOTRIENE EXTERNAL FOAM	Nonpreferred brand	ABA
calcipotriene external ointment	Generic	
calcipotriene external solution	Generic	
calcipotriene-betameth diprop	Generic	
calcitriol external	Generic	
CIBINQO	Preferred brand	PA; SP; QL
claravis	Generic	QL
clindacin	Not covered	
clindacin etz	Generic	
clindacin-p	Generic	
clindamycin phos (once-daily)	Generic	
clindamycin phos (twice-daily)	Generic	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Not covered	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %	Generic	
clindamycin phosphate external foam	Not covered	
clindamycin phosphate external lotion	Generic	
clindamycin phosphate external solution	Generic	
clindamycin phosphate external swab	Generic	
clindamycin-tretinoin	Not covered	
COSENTYX (300 MG DOSE)	Nonpreferred brand	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	Nonpreferred brand	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	Nonpreferred brand	PA; SP; QL
COSENTYX SENSOREADY PEN	Nonpreferred brand	PA; SP; QL
COSENTYX UNOREADY	Nonpreferred brand	PA; SP; QL
dapsone external gel 5 %	Generic	QL
dapsone external gel 7.5 %	Not covered	
doxepin hcl external	Generic	PA; QL
doxycycline	Generic	ST
DRYSOL	Preferred brand	
DUOBRII	Nonpreferred brand	QL
DUPIXENT	Preferred brand	PA; SP; QL
EBGLYSS	Preferred brand	PA; SP; QL

Drug Name	Drug Tier	Notes
EMROSI	Not covered	QL
ENSTILAR	Nonpreferred brand	PA; QL
EPIFOAM	Preferred brand	
EPSOLAY	Not covered	QL
ERY PAD 2%	Nonpreferred brand	
erythromycin external	Generic	
EUCRISA	Preferred brand	ST; QL
FILSUVEZ	Preferred brand	PA; SP; QL
FINACEA EXTERNAL FOAM	Nonpreferred brand	ST; QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Generic	
HYFTOR	Preferred brand	SP; QL
imiquimod external cream 3.75 %	Generic	PA; QL
imiquimod external cream 5 %	Generic	QL
imiquimod pump	Generic	PA; QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Not covered	QL
ivermectin external cream	Generic	ST; QL
LEQSELVI	Not covered	SP; QL
LITFULO	Nonpreferred brand	PA; SP; QL
methoxsalen rapid	Generic	
metronidazole external	Generic	
NEMLUVIO	Nonpreferred brand	PA; SP; QL
neuac	Generic	
NORITATE	Nonpreferred brand	
OPZELURA	Preferred brand	ST; QL
pimecrolimus	Generic	
podofilox external	Generic	
PRAMOSONE	Nonpreferred brand	
QBREXZA	Nonpreferred brand	PA; QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	Not covered	
SANTYL	Preferred brand	
selenium sulfide external lotion	Generic	
SILIQ	Not covered	SP; QL
SKYRIZI INTRAVENOUS	Preferred brand	PA; SP; QL

Drug Name	Drug Tier	Notes
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred brand	PA; SP; QL
sodium sulfacetamide wash	Generic	
SOFDRA	Not covered	QL
SORILUX	Nonpreferred brand	
SOTYKTU	Nonpreferred brand	PA; SP; QL
SPEVIGO SUBCUTANEOUS	Nonpreferred brand	PA; SP; QL
sss 10-5	Generic	
sulfacetamide sodium (acne)	Generic	
sulfacetamide sodium external	Generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Generic	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	Generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	Generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Generic	
tacrolimus external	Generic	
TALTZ	Nonpreferred brand	PA; SP; QL
tazarotene external cream	Generic	
TAZAROTENE EXTERNAL FOAM	Nonpreferred brand	ST; ABA; QL
tazarotene external gel	Generic	
tretinoin external	Generic	
tretinoin microsphere	Not covered	
tretinoin microsphere pump	Not covered	
TWYNEO	Not covered	QL
VEREGEN	Nonpreferred brand	
VTAMA	Preferred brand	ST; QL
WINLEVI	Nonpreferred brand	PA; QL
WYNZORA	Not covered	QL
ZELSUVMI	Nonpreferred brand	PA; QL
zenatane	Generic	QL
ZILXI	Not covered	QL
ZORYVE EXTERNAL CREAM 0.05 %	Not covered	QL
ZORYVE EXTERNAL CREAM 0.15 %, 0.3 %	Preferred brand	ST; QL
ZORYVE EXTERNAL FOAM	Preferred brand	ST; QL

Drug Name	Drug Tier	Notes
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
ACCRUFER	Nonpreferred brand	PA; QL
AQUASTAT	Nonpreferred brand	
AQUASTAT SFR	Nonpreferred brand	
BD POSIFLUSH	Nonpreferred brand	
BD POSIFLUSH SAFESCRUB	Nonpreferred brand	
carglumic acid	Generic	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Preferred brand	
effer-k oral tablet effervescent 25 meq	Generic	
GALZIN	Nonpreferred brand	PA; QL
iodine strong	Generic	
klor-con	Generic	
klor-con 10	Generic	
klor-con m10	Generic	
klor-con m15	Generic	
klor-con m20	Generic	
K-PHOS	Nonpreferred brand	
K-PHOS NO 2	Nonpreferred brand	
levocarnitine oral solution	Generic	
levocarnitine oral tablet	Generic	
levocarnitine sf	Generic	
MONOJECT FLUSH SYRINGE	Nonpreferred brand	
MONOJECT SODIUM CHLORIDE FLUSH	Nonpreferred brand	
normal saline flush	Generic	
PHOSPHO-TRIN K500	Nonpreferred brand	
POKONZA	Not covered	
potassium chloride crys er	Generic	
potassium chloride er	Generic	
potassium chloride oral packet 20 meq	Generic	
potassium chloride oral packet 40 meq	Not covered	
potassium chloride oral solution	Generic	
potassium citrate er	Generic	
saline flush	Generic	
sodium chloride flush solution 0.9 % intravenous	Generic	

Drug Name	Drug Tier	Notes
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	Nonpreferred brand	
sodium fluoride oral	Generic	PV2; AL (Min 6 Months and Max 16 Years)
ZYCUBO	Preferred brand	PA; SP; QL
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	Preferred brand	
CUVRIOR	Not covered	SP; QL
deferasirox	Generic	15DS; SP
deferasirox granules	Generic	15DS; SP
deferiprone	Generic	PA; SP; QL
FERRIPROX ORAL SOLUTION	Nonpreferred brand	PA; SP; QL
FERRIPROX TWICE-A-DAY	Nonpreferred brand	PA; SP; QL
KIONEX	Nonpreferred brand	
LOKELMA	Preferred brand	QL
sodium polystyrene sulfonate	Generic	
SPS (SODIUM POLYSTYRENE SULF)	Nonpreferred brand	
tolvaptan	Generic	SP; QL
tolvaptan (hyponatremia)	Generic	SP; QL
trientine hcl	Generic	PA; SP; QL
VELTASSA	Preferred brand	QL
<b>Phosphate Binders</b>		
AURYXIA	Nonpreferred brand	
calcium acetate (phos binder)	Generic	
calcium acetate oral tablet 667 mg	Generic	
ferric citrate tablet 1 gm 210 mg(fe) oral	Generic	
FERRIC CITRATE TABLET 1 GM 210 MG(FE) ORAL	Not covered	ABA
FOSRENOL ORAL PACKET	Nonpreferred brand	
lanthanum carbonate	Generic	
sevelamer carbonate	Generic	
sevelamer hcl	Generic	
VELPHORO	Nonpreferred brand	
<b>Vitamins</b>		
AZESCO	Not covered	
cyanocobalamin injection solution 1000 mcg/ml	Generic	
cyanocobalamin nasal	Not covered	

Drug Name	Drug Tier	Notes
DERMACINRX PRETRATE	Not covered	
ELITE-OB	Not covered	
EMBRIVA	Not covered	
ENBRACE HR	Not covered	
ergocalciferol oral capsule	Generic	
folate	Preventive	PV1
FOLATEXCEL	Not covered	
folic acid oral tablet 1 mg	Generic	
folic acid oral tablet 400 mcg, 800 mcg	Preventive	PV1
ft folic acid	Preventive	PV1
GESTYRA	Not covered	
hydroxocobalamin acetate	Generic	
JENLIVA PRENATAL/POSTNATAL	Not covered	
MATERNACEL	Not covered	
MATERVIA	Not covered	
MATRONEX	Not covered	
M-NATAL PLUS	Preferred brand	
NATAL PNV	Not covered	
NATALCHEW	Not covered	
NEOMATERNA	Not covered	
NEONATAL COMPLETE	Not covered	
NEONATAL PLUS	Preferred brand	
NEO-VITAL RX	Not covered	
NESTABS	Not covered	
NESTABS ONE	Not covered	
ONE VITE WOMENS PLUS	Preferred brand	
ONENATAL RX	Not covered	
phytonadione injection solution 10 mg/ml	Generic	
phytonadione oral	Generic	
pnv 27-ca/fe/fa	Generic	
pnv prenatal plus multivit+dha	Generic	
PNV TABS 20-1	Not covered	
PREGEN DHA	Not covered	
PREGENNA	Not covered	
PREMESISRX	Not covered	
prenatal oral tablet 27-1 mg	Generic	
prenatal plus vitamin/mineral	Generic	

Drug Name	Drug Tier	Notes
PRENATE	Not covered	
PRENATE DHA	Not covered	
PRENATE ELITE	Not covered	
PRENATE ENHANCE	Not covered	
PRENATE ESSENTIAL	Not covered	
PRENATE MINI	Not covered	
PRENATE PIXIE	Not covered	
PRENATE RESTORE	Not covered	
PRENATOL-M	Not covered	
PRENATRIX	Not covered	
PRENATRYL	Not covered	
RELEVIA	Not covered	
RELNATE DHA	Not covered	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG	Not covered	
TRINATE	Preferred brand	
TRISTART DHA	Not covered	
VITAFOL FE+	Not covered	
VITAFOL-OB+DHA	Not covered	
VITALARA	Not covered	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)	Generic	
vitamin k1 injection	Generic	
VITATHELY WITH GINGER	Not covered	
WESCAP-PN DHA	Not covered	
WESNATAL DHA COMPLETE	Preferred brand	
WESNATE DHA	Not covered	
WESTAB PLUS	Preferred brand	
WESTGEL DHA	Not covered	
yl folic acid	Preventive	PV1
ZALVIT	Not covered	
ZIPHEX	Not covered	
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
belladonna alkaloids-opium	Generic	
dicyclomine hcl oral capsule	Generic	
dicyclomine hcl oral solution 10 mg/5ml	Generic	

Drug Name	Drug Tier	Notes
dicyclomine hcl oral tablet 20 mg	Generic	
dicyclomine hcl oral tablet 40 mg	Not covered	
GLYCATE	Not covered	
glycopyrrolate oral solution	Generic	
glycopyrrolate oral tablet 1 mg, 2 mg	Generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	Not covered	
hyoscyamine sulfate er	Generic	
hyoscyamine sulfate oral	Generic	
hyoscyamine sulfate sl	Generic	
hyoscyamine sulfate sublingual	Generic	
hyosyne	Generic	
LEVVID	Nonpreferred brand	
LEVSIN	Nonpreferred brand	
LEVSIN/SL	Nonpreferred brand	
methscopolamine bromide oral	Generic	
NULEV	Nonpreferred brand	
OSCIMIN	Nonpreferred brand	
<b>Gastrointestinal Agents, Other</b>		
amoxicill-clarithro-lansopraz	Generic	
bis subcit-metronid-tetracyc	Not covered	
bismuth/metronidaz/tetracyclin	Not covered	
chlordiazepoxide-clidinium	Generic	
cromolyn sodium oral	Generic	
CTEXLI	Preferred brand	PA; SP
diphenoxylate-atropine	Generic	
GATTEX	Nonpreferred brand	PA; SP; QL
IQIRVO	Nonpreferred brand	PA; SP; QL
LIVDELZI	Nonpreferred brand	PA; SP; QL
loperamide hcl oral capsule	Generic	
MOTOFEN	Nonpreferred brand	
MOVANTIK	Not covered	QL
MYTESI	Nonpreferred brand	PA; QL
prucalopride succinate	Generic	ST; QL
RELISTOR	Not covered	QL
RELTONE	Not covered	
REZDIFFRA	Preferred brand	PA; 15DS; SP; QL
SEROSTIM	Nonpreferred brand	PA; SP

Drug Name	Drug Tier	Notes
SYMPROIC	Preferred brand	QL
TALICIA	Nonpreferred brand	QL
TRULANCE	Not covered	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	Not covered	
ursodiol oral capsule 300 mg	Generic	
ursodiol oral tablet	Generic	
VOQUEZNA	Nonpreferred brand	PA; QL
VOQUEZNA DUAL PAK	Not covered	QL
VOQUEZNA TRIPLE PAK	Not covered	QL
VOWST	Nonpreferred brand	PA; SP; QL
XERMELO	Preferred brand	PA; SP; OVM
<b>Histamine2 (H2) Receptor Antagonists</b>		
cimetidine hcl	Generic	
cimetidine oral	Generic	
famotidine oral suspension reconstituted	Generic	
famotidine oral tablet 20 mg, 40 mg	Generic	
nizatidine	Generic	
RANITIDINE HCL	Not covered	
<b>Irritable Bowel Syndrome Agents</b>		
alosetron hcl oral tablet 0.5 mg	Generic	QL
alosetron hcl oral tablet 1 mg	Not covered	QL
IBSRELA	Nonpreferred brand	ST; QL
LINZESS	Preferred brand	QL
lubiprostone	Generic	QL
VIBERZI	Preferred brand	PA; QL
<b>Laxatives</b>		
bisacodyl ec	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ	Nonpreferred brand	QL
constulose	Generic	
enulose	Generic	
ft clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
ft magnesium citrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-c	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac	Generic	
gentle laxative oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE	Not covered	
lactulose encephalopathy	Generic	
lactulose oral packet	Not covered	
lactulose oral solution	Generic	
laxative osmotic	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
magnesium citrate oral solution	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia concentrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
na sulfate-k sulfate-mg sulf	Generic	QL
peg 3350	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
peg 3350-kcl-na bicarb-nacl	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU	Nonpreferred brand	QL
polyethylene glycol 3350 oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
smooth lax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
SUFLAVE	Nonpreferred brand	QL
SUTAB	Nonpreferred brand	QL
<b>Protectants</b>		
misoprostol oral	Generic	
sucralfate oral	Generic	
<b>Proton Pump Inhibitors</b>		
acid reducer oral tablet delayed release	Generic	
dexlansoprazole	Generic	ST
esomeprazole magnesium	Generic	
ft omeprazole	Generic	
KONVOMEF	Not covered	
lansoprazole oral	Generic	
omeprazole magnesium oral tablet delayed release	Generic	
omeprazole oral	Generic	
omeprazole-sodium bicarbonate oral capsule	Generic	QL
omeprazole-sodium bicarbonate oral packet	Not covered	QL
pantoprazole sodium oral	Generic	
PRILOSEC	Nonpreferred brand	
PRILOSEC OTC	Generic	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Generic	
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
betaine	Generic	SP

Drug Name	Drug Tier	Notes
CERDELGA	Preferred brand	PA; SP; QL
CHOLBAM	Preferred brand	PA; SP; QL
CREON	Preferred brand	
CYSTAGON	Preferred brand	SP
DUVYZAT	Nonpreferred brand	PA; SP; QL
EVRYSDI	Preferred brand	PA; SP; QL
GALAFOLD	Preferred brand	PA; SP; QL
GLASSIA	Preferred brand	PA; SP; QL
glycerol phenylbutyrate	Generic	PA; SP; QL
HARLIKU	Not covered	SP; QL
IMCIVREE	Preferred brand	PA; SP; QL
KYGEVVI	Preferred brand	PA; SP; QL
miglustat	Generic	PA; SP; QL
MYALEPT	Nonpreferred brand	PA; SP; QL
nitisinone	Generic	PA; SP
NITYR	Not covered	SP
OLPRUVA (2 GM DOSE)	Nonpreferred brand	PA; SP; QL
OLPRUVA (3 GM DOSE)	Nonpreferred brand	PA; SP; QL
OLPRUVA (4 GM DOSE)	Nonpreferred brand	PA; SP; QL
OLPRUVA (5 GM DOSE)	Nonpreferred brand	PA; SP; QL
OLPRUVA (6 GM DOSE)	Nonpreferred brand	PA; SP; QL
OLPRUVA (6.67 GM DOSE)	Nonpreferred brand	PA; SP; QL
OPFOLDA	Nonpreferred brand	SP; QL
ORFADIN ORAL SUSPENSION	Preferred brand	PA; SP
PALYNZIQ	Preferred brand	PA; SP; QL
PANCREAZE	Nonpreferred brand	ST
PERTZYE	Nonpreferred brand	ST
PHEBURANE	Nonpreferred brand	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	Nonpreferred brand	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	Nonpreferred brand	PA; SP
PROCYSBI ORAL PACKET	Nonpreferred brand	PA; SP; QL
REVCOVI	Preferred brand	PA; SP; QL
sapropterin dihydrochloride	Generic	PA; SP
SEPHIENCE	Nonpreferred brand	PA; SP
sodium phenylbutyrate oral powder	Generic	

Drug Name	Drug Tier	Notes
sodium phenylbutyrate oral tablet	Generic	QL
STRENSIQ	Preferred brand	PA; SP; QL
SUCRAID	Nonpreferred brand	PA; SP; QL
VIOKACE	Nonpreferred brand	ST
VOXZOGO	Preferred brand	PA; SP; QL
WAINUA	Nonpreferred brand	PA; SP; QL
XURIDEN	Preferred brand	PA; SP; QL
yargesa	Generic	PA; SP; QL
zelvysia	Generic	PA; SP
ZENPEP	Preferred brand	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
darifenacin hydrobromide er	Generic	QL
fesoterodine fumarate er	Generic	QL
flavoxate hcl	Generic	
GEMTESA	Nonpreferred brand	ST; QL
mirabegron er	Generic	PA; QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Nonpreferred brand	PA; QL
oxybutynin chloride er	Generic	
oxybutynin chloride oral	Generic	
OXYTROL	Not covered	QL
solifenacin succinate	Generic	QL
tolterodine tartrate	Generic	
tolterodine tartrate er	Generic	
tropium chloride	Generic	QL
tropium chloride er	Generic	QL
<b>Benign Prostatic Hypertrophy Agents</b>		
alfuzosin hcl er	Generic	
CARDURA XL	Nonpreferred brand	
dutasteride oral	Generic	
dutasteride-tamsulosin hcl	Generic	QL
ENTADFI	Not covered	QL
finasteride oral tablet 5 mg	Generic	
silodosin	Generic	QL
tamsulosin hcl	Generic	
terazosin hcl	Generic	

Drug Name	Drug Tier	Notes
TEZRULY	Not covered	
<b>Genitourinary Agents, Other</b>		
acetic acid irrigation	Generic	
ARGYLE STERILE SALINE	Nonpreferred brand	
avanafil	Generic	PA; QL
bethanechol chloride oral	Generic	
CAVERJECT	Nonpreferred brand	PA; QL
CAVERJECT IMPULSE	Nonpreferred brand	PA; QL
CURITY STERILE SALINE	Nonpreferred brand	
EDEX (2 CARTRIDGE)	Nonpreferred brand	PA; QL
EDEX (6 CARTRIDGE)	Nonpreferred brand	PA; QL
ELMIRON	Nonpreferred brand	
FILSPARI	Preferred brand	PA; 15DS; SP; QL
LITHOSTAT	Nonpreferred brand	
OPTIONS GYNOL II CONTRACEPTIVE	Preventive	PV1; QL
penicillamine oral	Generic	QL
RENACIDIN	Preferred brand	
RIVFLOZA	Nonpreferred brand	PA; SP; QL
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	Generic	PA; QL
sodium chloride irrigation	Generic	
tadalafil oral	Generic	PA; QL
tiopronin	Generic	PA
TODAY SPONGE	Preventive	PV1; QL
VANRAFIA	Nonpreferred brand	PA; SP; QL
varденаfil hcl oral	Generic	PA; QL
VCF VAGINAL CONTRACEPTIVE	Preventive	PV1; QL
VOYXACT	Nonpreferred brand	PA; SP; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
AGAMREE	Nonpreferred brand	PA; SP; QL
ALA SCALP	Nonpreferred brand	
ala-cort	Generic	
alclometasone dipropionate	Generic	
ALKINDI SPRINKLE	Not covered	SP; QL
amcinonide	Generic	

Drug Name	Drug Tier	Notes
betamethasone dipropionate aug	Generic	
betamethasone dipropionate external	Generic	
betamethasone valerate external	Generic	
BRYHALI	Nonpreferred brand	QL
clobetasol prop emollient base	Generic	
clobetasol propionate e	Generic	
clobetasol propionate emulsion	Generic	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	Not covered	ABA
clobetasol propionate external cream 0.05 %	Generic	
clobetasol propionate external foam	Generic	
clobetasol propionate external gel	Generic	
clobetasol propionate external liquid	Generic	
clobetasol propionate external lotion	Generic	
clobetasol propionate external ointment	Generic	
clobetasol propionate external shampoo	Generic	
clobetasol propionate external solution	Generic	
clocortolone pivalate	Generic	
clodan	Generic	
CORDRAN	Nonpreferred brand	
CORTISONE ACETATE ORAL	Not covered	
deflazacort	Generic	PA; SP
desonide external	Generic	
desoximetasone external	Generic	
dexamethasone intensol	Generic	
dexamethasone oral	Generic	
diflorasone diacetate	Generic	
fludrocortisone acetate oral	Generic	
fluocinolone acetonide body	Generic	
fluocinolone acetonide external	Generic	
fluocinolone acetonide scalp	Generic	
fluocinonide emulsified base	Generic	
fluocinonide external cream 0.05 %	Generic	
fluocinonide external cream 0.1 %	Generic	QL
fluocinonide external gel	Generic	
fluocinonide external ointment	Generic	
fluocinonide external solution	Generic	

Drug Name	Drug Tier	Notes
flurandrenolide	Generic	
fluticasone propionate external	Generic	
halcinonide	Generic	
halobetasol propionate external cream	Generic	
halobetasol propionate external foam	Not covered	
HALOBETASOL PROPIONATE EXTERNAL LOTION	Not covered	
halobetasol propionate external ointment	Generic	
HEMADY	Not covered	
HIDEX 6-DAY	Not covered	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	Not covered	
hydrocortisone butyrate	Generic	
hydrocortisone external cream 1 %, 2.5 %	Generic	
hydrocortisone external lotion 2 %	Not covered	
hydrocortisone external lotion 2.5 %	Generic	
hydrocortisone external ointment 1 %, 2.5 %	Generic	
HYDROCORTISONE EXTERNAL SOLUTION	Not covered	
hydrocortisone oral	Generic	
hydrocortisone sod suc (pf)	Generic	
hydrocortisone valerate	Generic	
HYDROXYM EXTERNAL CREAM	Not covered	
IMPOYZ	Not covered	
jaythari	Generic	PA; SP
KHINDIVI	Not covered	SP; QL
kymbee	Generic	PA; SP
MEDROL ORAL TABLET 2 MG	Nonpreferred brand	
methylprednisolone oral	Generic	
MICORT HC	Not covered	
mometasone furoate external	Generic	
prednisolone oral	Generic	
prednisolone sodium phosphate oral	Generic	
prednisone intensol	Generic	
prednisone oral solution	Generic	
prednisone oral tablet	Generic	
PREDNISONE ORAL TABLET DELAYED RELEASE	Nonpreferred brand	PA; QL

Drug Name	Drug Tier	Notes
prednisone oral tablet therapy pack	Generic	
pyquvi	Generic	PA; SP
SERNIVO	Not covered	QL
TAPERDEX 12-DAY	Not covered	
TAPERDEX 6-DAY	Not covered	
TAPERDEX 7-DAY	Not covered	
TEXACORT	Nonpreferred brand	
tovet	Generic	
triamcinolone acetonide external aerosol solution	Generic	QL
triamcinolone acetonide external cream	Generic	
triamcinolone acetonide external lotion	Generic	
triamcinolone acetonide external ointment	Generic	
triamcinolone in absorbbase	Generic	
triderm	Generic	
ULTRAVATE	Not covered	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
ACTHAR	Nonpreferred brand	PA; SP; QL
ACTHAR GEL	Not covered	SP; QL
cabergoline	Generic	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Nonpreferred brand	PA; SP
CORTROPHIN	Not covered	SP; QL
CORTROPHIN GEL	Not covered	SP
CRENESSITY	Preferred brand	PA; SP; QL
desmopressin ace spray refrig	Generic	
desmopressin acetate injection	Generic	
desmopressin acetate oral	Generic	
desmopressin acetate pf	Generic	
desmopressin acetate spray	Generic	
EGRIFTA SV	Nonpreferred brand	PA; SP; QL
EGRIFTA WR	Nonpreferred brand	PA; SP; QL
FOLLISTIM AQ	Nonpreferred brand	PA; SP
GENOTROPIN	Preferred brand	PA; SP
GENOTROPIN MINIQUICK	Preferred brand	PA; SP

Drug Name	Drug Tier	Notes
GONAL-F	Preferred brand	SP
GONAL-F RFF REDIJECT	Preferred brand	SP
HUMATROPE	Nonpreferred brand	PA; SP
INCRELEX	Nonpreferred brand	PA; SP
ISTURISA	Nonpreferred brand	PA; SP; QL
MENOPUR	Nonpreferred brand	SP
NGENLA	Nonpreferred brand	PA; SP
NORDITROPIN FLEXPPO	Preferred brand	PA; SP
NOVAREL	Nonpreferred brand	PA; SP
NUTROPIN AQ NUSPIN 10	Nonpreferred brand	PA; SP
OMNITROPE	Nonpreferred brand	PA; SP
OVIDREL	Preferred brand	SP
PREGNYL	Preferred brand	PA; SP
RECORLEV	Nonpreferred brand	PA; SP; QL
SKYTROFA	Nonpreferred brand	PA; SP
SOGROYA	Nonpreferred brand	PA; SP; QL
ZOMACTON	Nonpreferred brand	PA; SP
<b>Selective Estrogen Receptor Modifying Agents</b>		
clomid	Generic	
clomiphene citrate oral	Generic	
milophene	Generic	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
mifepristone oral tablet 300 mg	Generic	PA; SP; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
AZMIRO	Not covered	
danazol oral	Generic	
INTRAROSA	Not covered	
JATENZO	Nonpreferred brand	PA; QL
KYZATREX	Nonpreferred brand	PA; QL
METHITEST	Nonpreferred brand	QL
methyltestosterone oral	Generic	QL

Drug Name	Drug Tier	Notes
NATESTO	Not covered	QL
TESTOSTERONE CYPIONATE INJECTION	Not covered	
testosterone cypionate intramuscular	Generic	
testosterone enanthate intramuscular	Generic	
testosterone transdermal	Generic	PA; QL
TLANDO	Nonpreferred brand	PA; QL
XYOSTED	Nonpreferred brand	PA; QL
<b>Estrogens</b>		
abigale	Generic	
abigale lo	Generic	
afirmelle	Generic	PV2
ALORA	Preferred brand	
altavera	Generic	PV2
alyacen 1/35	Generic	PV2
alyacen 7/7/7	Generic	PV2
amethyst	Generic	PV2
ANGELIQ	Nonpreferred brand	
ANNOVERA	Nonpreferred brand	QL
apri	Generic	PV2
aranelle	Generic	PV2
ashlyna	Generic	PV2; QL
aubra eq	Generic	PV2
aurovela 1.5/30	Generic	PV2
aurovela 1/20	Generic	PV2
aurovela 24 fe	Generic	PV2
aurovela fe 1.5/30	Generic	PV2
aurovela fe 1/20	Generic	PV2
AVERI	Nonpreferred brand	
aviane	Generic	PV2
ayuna	Generic	PV2
azurette	Generic	PV2
balziva	Generic	PV2
BIJUVA	Nonpreferred brand	QL
blisovi 24 fe	Generic	PV2
blisovi fe 1.5/30	Generic	PV2
blisovi fe 1/20	Generic	PV2
briellyn	Generic	PV2

Drug Name	Drug Tier	Notes
camrese	Generic	PV2; QL
camrese lo	Generic	PV2; QL
charlotte 24 fe	Generic	PV2
chateal eq	Generic	PV2
CLIMARA	Nonpreferred brand	
CLIMARA PRO	Preferred brand	
COMBIPATCH	Nonpreferred brand	
COVARYX	Nonpreferred brand	
COVARYX HS	Nonpreferred brand	
cryselle	Generic	PV2
cyred eq	Generic	PV2
dasetta 1/35 (28)	Generic	PV2
dasetta 7/7/7	Generic	PV2
daysee	Generic	PV2; QL
delyla	Generic	PV2
DEPO-ESTRADIOL	Nonpreferred brand	
desogestrel-ethinyl estradiol	Generic	PV2
dolishale	Generic	PV2
dotti	Generic	
drospiren-eth estrad-levomefol	Generic	PV2
drospirenone-ethinyl estradiol	Generic	PV2
DUAVEE	Nonpreferred brand	
EEMT	Nonpreferred brand	
EEMT HS	Nonpreferred brand	
ELESTRIN	Nonpreferred brand	
elinest	Generic	PV2
eluryng	Generic	PV2; QL
enilloring	Generic	PV2; QL
enskyce	Generic	PV2
est estrogens-methyltest	Generic	
est estrogens-methyltest ds	Generic	
est estrogens-methyltest hs	Generic	
estarylla	Generic	PV2
estradiol oral	Generic	
estradiol transdermal	Generic	
estradiol vaginal	Generic	
estradiol valerate intramuscular	Generic	

Drug Name	Drug Tier	Notes
estradiol-norethindrone acet	Generic	
ESTRATEST H.S.	Nonpreferred brand	
ESTRING	Preferred brand	
estrogens conjugated	Generic	
ethynodiol diac-eth estradiol	Generic	PV2
etonogestrel-ethinyl estradiol	Generic	PV2; QL
EVAMIST	Nonpreferred brand	
falmina	Generic	PV2
feirza 1.5/30	Generic	PV2
feirza 1/20	Generic	PV2
FEMLYV	Nonpreferred brand	QL
FEMRING	Nonpreferred brand	
finzala	Generic	PV2
fyavolv	Generic	
galbriela	Generic	PV2
gemmily	Generic	PV2
hailey 1.5/30	Generic	PV2
hailey 24 fe	Generic	PV2
hailey fe 1.5/30	Generic	PV2
hailey fe 1/20	Generic	PV2
iclevia	Generic	PV2; QL
IMVEXXY MAINTENANCE PACK	Nonpreferred brand	
IMVEXXY STARTER PACK	Nonpreferred brand	
introvale	Generic	PV2; QL
isibloom	Generic	PV2
jaimiess	Generic	PV2; QL
jasmiel	Generic	PV2
jinteli	Generic	
jolessa	Generic	PV2; QL
joyeaux	Generic	PV2
juleber	Generic	PV2
junel 1.5/30	Generic	PV2
junel 1/20	Generic	PV2
junel fe 1.5/30	Generic	PV2
junel fe 1/20	Generic	PV2
junel fe 24	Generic	PV2
kaitlib fe	Generic	PV2

Drug Name	Drug Tier	Notes
kalliga	Generic	PV2
kariva	Generic	PV2
kelnor 1/35	Generic	PV2
kurvelo	Generic	PV2
larin 1.5/30	Generic	PV2
larin 1/20	Generic	PV2
larin 24 fe	Generic	PV2
larin fe 1.5/30	Generic	PV2
larin fe 1/20	Generic	PV2
lessina	Generic	PV2
levonest	Generic	PV2
levonorgest-eth est & eth est	Generic	PV2; QL
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 mg	Generic	PV2; QL
levonorgest-eth estradiol-iron	Generic	PV2
levonorgestrel-ethinyl estrad	Generic	PV2
levonorg-eth estrad triphasic	Generic	PV2
LO LOESTRIN FE	Nonpreferred brand	
lojaimiess	Generic	PV2; QL
loryna	Generic	PV2
low-ogestrel	Generic	PV2
lo-zumandimine	Generic	PV2
luizza 1.5/30	Generic	PV2
luizza 1/20	Generic	PV2
lutra	Generic	PV2
lyllana	Generic	
marlissa	Generic	PV2
MENOSTAR	Nonpreferred brand	
mibelas 24 fe	Generic	PV2
microgestin 1.5/30	Generic	PV2
microgestin 1/20	Generic	PV2
microgestin fe 1.5/30	Generic	PV2
microgestin fe 1/20	Generic	PV2
mili	Generic	PV2
mimvey	Generic	
MINIVELLE	Nonpreferred brand	
minzoya	Generic	PV2

Drug Name	Drug Tier	Notes
mono-lynyah	Generic	PV2
MYFEMBREE	Nonpreferred brand	PA; QL
NATAZIA	Nonpreferred brand	
necon 0.5/35 (28)	Generic	PV2
NEXTSTELLIS	Nonpreferred brand	
nikki	Generic	PV2
norelgestromin-eth estradiol	Generic	PV2; QL
norethin ace-eth estrad-fe	Generic	PV2
norethindrone acet-ethinyl est	Generic	PV2
norethindrone-eth estradiol	Generic	
norethin-eth estradiol-fe	Generic	PV2
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Generic	PV2
norgestimate-ethinyl estradiol triphasic	Generic	PV2
nortrel 0.5/35 (28)	Generic	PV2
nortrel 1/35 (21)	Generic	PV2
nortrel 1/35 (28)	Generic	PV2
nortrel 7/7/7	Generic	PV2
nylia 1/35	Generic	PV2
nylia 7/7/7	Generic	PV2
ORIAHNN	Nonpreferred brand	PA; QL
philith	Generic	PV2
pimtrea	Generic	PV2
portia-28	Generic	PV2
PREMARIN VAGINAL	Preferred brand	
PREMPHASE	Preferred brand	
PREMPRO	Preferred brand	
reclipsen	Generic	PV2
rivelsa	Generic	PV2; QL
rosyrah	Generic	PV2; QL
setlakin	Generic	PV2; QL
simliya	Generic	PV2
simpesse	Generic	PV2; QL
sprintec 28	Generic	PV2
syeda	Generic	PV2
tarina 24 fe	Generic	PV2
tarina fe 1/20 eq	Generic	PV2

Drug Name	Drug Tier	Notes
taysofy	Generic	PV2
tilia fe	Generic	PV2
tri-estarylla	Generic	PV2
tri-legest fe	Generic	PV2
tri-lynyah	Generic	PV2
tri-lo-estarylla	Generic	PV2
tri-lo-marzia	Generic	PV2
tri-lo-mili	Generic	PV2
tri-lo-sprintec	Generic	PV2
tri-mili	Generic	PV2
tri-sprintec	Generic	PV2
tri-vylibra	Generic	PV2
tri-vylibra lo	Generic	PV2
turqoz	Generic	PV2
TWIRLA	Not covered	QL
TYBLUME	Nonpreferred brand	
tydemy	Generic	PV2
valtya 1/35	Generic	PV2
valtya 1/50	Generic	PV2
velivet	Generic	PV2
vestura	Generic	PV2
vienva	Generic	PV2
viorele	Generic	PV2
volnea	Generic	PV2
vyfemla	Generic	PV2
vylibra	Generic	PV2
wera	Generic	PV2
wymzya fe	Generic	PV2
xarah fe	Generic	PV2
xelria fe	Generic	PV2
xulane	Generic	PV2; QL
yuvafem	Generic	
zafemy	Generic	PV2; QL
zovia 1/35 (28)	Generic	PV2
zumandimine	Generic	PV2
<b>Progestins</b>		
aftera	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
camila	Generic	PV2
CRINONE VAGINAL GEL 4 %	Nonpreferred brand	
CRINONE VAGINAL GEL 8 %	Nonpreferred brand	PA
deblitane	Generic	PV2
DEPO-SUBQ PROVERA 104	Preferred brand	
econtra one-step	Preventive	PV1; QL
ELLA	Preferred brand	PV2; QL
emzahh	Generic	PV2
errin	Generic	PV2
gallifrey	Generic	
heather	Generic	PV2
her style	Preventive	PV1; QL
incassia	Generic	PV2
jencycla	Generic	PV2
levonorgestrel	Preventive	PV1; QL
lyleq	Generic	PV2
lyza	Generic	PV2
medroxyprogesterone acetate intramuscular	Generic	PV2
medroxyprogesterone acetate oral	Generic	
megestrol acetate oral	Generic	
meleya	Generic	PV2
my choice	Preventive	PV1; QL
my way	Preventive	PV1; QL
new day	Preventive	PV1; QL
nora-be	Generic	PV2
norethindrone acetate oral	Generic	
norethindrone oral	Generic	PV2
norlyroc	Generic	PV2
opcicon one-step	Preventive	PV1; QL
option 2	Preventive	PV1; QL
orquidea	Generic	PV2
progesterone intramuscular	Generic	
progesterone oral	Generic	
progesterone vaginal	Generic	PA
sharobel	Generic	PV2
shewise	Preventive	PV1; QL
SLYND	Nonpreferred brand	QL

Drug Name	Drug Tier	Notes
take action	Preventive	PV1; QL
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	Nonpreferred brand	
raloxifene hcl	Generic	PV3; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ARMOUR THYROID	Nonpreferred brand	
EVEXITHROID	Nonpreferred brand	
levo-t	Generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE	Not covered	ABA
levothyroxine sodium oral tablet	Generic	
levoxyl	Generic	
liomny	Generic	
liothyronine sodium oral	Generic	
NIVA THYROID	Nonpreferred brand	
np thyroid	Generic	
RENTHYROID	Nonpreferred brand	
SYNTHROID	Nonpreferred brand	
THYQUIDITY	Not covered	
thyroid oral	Generic	
TIROSINT	Nonpreferred brand	
TIROSINT-SOL	Nonpreferred brand	
unithroid	Generic	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	Preferred brand	QL
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
BYNFEZIA PEN	Nonpreferred brand	PA; SP; QL
cetorelix acetate	Generic	SP
ganirelix acetate	Generic	SP
leuprolide acetate injection	Generic	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Preferred brand	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Preferred brand	SP
LUPRON DEPOT-PED (1-MONTH)	Preferred brand	SP

Drug Name	Drug Tier	Notes
LUPRON DEPOT-PED (3-MONTH)	Preferred brand	SP
LUPRON DEPOT-PED (6-MONTH)	Preferred brand	SP
MYCAPSSA	Nonpreferred brand	PA; SP; QL
octreotide acetate injection	Generic	SP
octreotide acetate subcutaneous	Generic	SP
ORLISSA	Preferred brand	PA; QL
PALSONIFY	Nonpreferred brand	PA; SP; QL
SIGNIFOR	Preferred brand	PA; SP; QL
SOMAVERT	Preferred brand	PA; SP
SYNAREL	Nonpreferred brand	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
methimazole oral	Generic	
propylthiouracil oral	Generic	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
ANDEMBRY	Nonpreferred brand	PA; SP; QL
DAWNZERA	Nonpreferred brand	PA; SP; QL
EKTERLY	Not covered	SP; QL
HAEGARDA	Preferred brand	PA; SP; QL
icatibant acetate	Generic	PA; SP; QL
ORLADEYO	Preferred brand	PA; SP; QL
RUCONEST	Nonpreferred brand	PA; SP; QL
TAKHZYRO	Preferred brand	PA; SP; QL
<b>Immune Suppressants</b>		
ABRILADA (1 PEN)	Not covered	SP; QL
ABRILADA (2 PEN)	Not covered	SP; QL
ABRILADA (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AACF (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF (CD/UC/HS STRT)	Not covered	SP; QL
ADALIMUMAB-AACF (PS/UV STARTER)	Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AATY CD/UC/HS START	Not covered	SP

Drug Name	Drug Tier	Notes
ADALIMUMAB-ADAZ	Not covered	SP
ADALIMUMAB-ADBM (2 PEN)	Not covered	SP
ADALIMUMAB-ADBM (2 SYRINGE)	Not covered	SP
ADALIMUMAB-BWWD	Not covered	SP
ADALIMUMAB-FKJP (2 PEN)	Not covered	SP
ADALIMUMAB-FKJP (2 SYRINGE)	Not covered	SP
AMJEVITA	Not covered	SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	Not covered	SP
AMJEVITA-PED 15KG TO <30KG	Not covered	SP
ASTAGRAF XL	Nonpreferred brand	SP
azathioprine oral	Generic	
CIMZIA (1 SYRINGE)	Nonpreferred brand	PA; SP; QL
CIMZIA (2 SYRINGE)	Nonpreferred brand	PA; SP; QL
CIMZIA-STARTER	Nonpreferred brand	PA; SP; QL
cyclosporine modified	Generic	SP
cyclosporine oral	Generic	SP
CYLTEZO (2 PEN)	Not covered	SP
CYLTEZO (2 SYRINGE)	Not covered	SP
ENBREL	Preferred brand	PA; SP; QL
ENBREL MINI	Preferred brand	PA; SP; QL
ENBREL SURECLICK	Preferred brand	PA; SP; QL
ENVARBUS XR	Nonpreferred brand	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Generic	SP
gengraf	Generic	SP
HADLIMA	Not covered	SP
HADLIMA PUSHTOUCH	Not covered	SP
HULIO (2 PEN)	Not covered	SP
HULIO (2 SYRINGE)	Not covered	SP
HUMIRA (2 PEN)	Not covered	SP; QL
HUMIRA (2 SYRINGE)	Not covered	SP; QL
HUMIRA-CD/UC/HS STARTER	Not covered	SP; QL
HUMIRA-PSORIASIS/UEIT STARTER	Not covered	SP; QL
HYRIMOZ	Not covered	SP
HYRIMOZ-CROHNS/UC STARTER	Not covered	SP

Drug Name	Drug Tier	Notes
HYRIMOZ-PED<40KG CROHN STARTER	Not covered	SP
HYRIMOZ-PED>/=40KG CROHN START	Not covered	SP
HYRIMOZ-PLAQ PSOR/UEVIT START	Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START	Not covered	SP
IMULDOSA SUBCUTANEOUS	Not covered	SP; QL
JYLAMVO	Not covered	SP
KINERET	Nonpreferred brand	PA; SP; QL
LUPKYNIS	Nonpreferred brand	PA; SP; QL
methotrexate sodium (pf)	Generic	
methotrexate sodium injection solution	Generic	
methotrexate sodium oral	Generic	
mycophenolate mofetil oral	Generic	SP
mycophenolate sodium	Generic	SP
mycophenolic acid	Generic	SP
MYHIBBIN	Not covered	SP; QL
OLUMIANT	Nonpreferred brand	PA; SP; QL
OMVOH (300 MG DOSE)	Not covered	SP; QL
OMVOH SUBCUTANEOUS	Not covered	SP; QL
ORENCIA CLICKJECT	Nonpreferred brand	PA; SP; QL
ORENCIA SUBCUTANEOUS	Nonpreferred brand	PA; SP; QL
OTULFI SUBCUTANEOUS	Not covered	SP
PROGRAF ORAL PACKET	Nonpreferred brand	SP
RASUVO	Nonpreferred brand	PA; SP; QL
REZUROCK	Preferred brand	PA; SP; OVM
RHAPSIDO	Nonpreferred brand	PA; SP; QL
SIMLANDI (1 PEN)	Preferred brand	PA; SP; QL
SIMLANDI (2 PEN)	Preferred brand	PA; SP; QL
SIMLANDI (2 SYRINGE)	Preferred brand	PA; SP; QL
SIMPONI	Preferred brand	PA; SP; QL
sirolimus oral	Generic	SP
SKYRIZI PEN	Preferred brand	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand	PA; SP; QL
STARJEMZA SUBCUTANEOUS	Not covered	SP
STEQEYMA SUBCUTANEOUS SOLUTION	Not covered	
STEQEYMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Not covered	SP; QL

Drug Name	Drug Tier	Notes
tacrolimus oral	Generic	SP
TREXALL	Preferred brand	
USTEKINUMAB-AAUZ	Not covered	SP
XATMEP	Not covered	SP
XELJANZ	Preferred brand	PA; SP; QL
XELJANZ XR	Preferred brand	PA; SP; QL
YESINTEK SUBCUTANEOUS	Preferred brand	PA; SP; QL
YUFLYMA (1 PEN)	Not covered	SP; QL
YUFLYMA (2 PEN)	Not covered	SP; QL
YUFLYMA (2 SYRINGE)	Not covered	SP; QL
YUFLYMA-CD/UC/HS STARTER	Not covered	SP; QL
YUSIMRY	Not covered	SP
ZYMFENTRA (1 PEN)	Not covered	SP; QL
ZYMFENTRA (2 PEN)	Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)	Not covered	SP; QL
<b>Immunoglobulins</b>		
CUTAQUIG	Nonpreferred brand	PA; SP
CUVITRU	Nonpreferred brand	PA; SP
GAMMAGARD	Preferred brand	PA; SP
GAMMAGARD ERC	Preferred brand	PA; SP
GAMMAKED	Nonpreferred brand	PA; SP
GAMUNEX-C	Not covered	SP
HIZENTRA	Preferred brand	PA; SP
HYQVIA	Nonpreferred brand	PA; SP
XEMBIFY	Nonpreferred brand	PA; SP
<b>Immunomodulators</b>		
ACTEMRA ACTPEN	Not covered	SP; QL
ACTEMRA SUBCUTANEOUS	Not covered	SP; QL
ACTIMMUNE	Preferred brand	SP
ARCALYST	Nonpreferred brand	PA; SP; QL
AURANOFIN	Nonpreferred brand	ABA
AVTOZMA SUBCUTANEOUS	Not covered	SP
BENLYSTA SUBCUTANEOUS	Preferred brand	PA; SP; QL
BEYFORTUS	Preventive	PV1; QL
ENFLONIA	Preventive	PV1; QL
ENSPRYNG	Preferred brand	PA; SP; QL
ENTYVIO PEN	Nonpreferred brand	PA; SP; QL

Drug Name	Drug Tier	Notes
KEVZARA	Nonpreferred brand	PA; SP; QL
leflunomide oral	Generic	
OTEZLA	Preferred brand	PA; SP; QL
OTEZLA XR	Preferred brand	PA; SP; QL
OTEZLA/OTEZLA XR INITIATION PK	Preferred brand	PA; SP; QL
PYZCHIVA SUBCUTANEOUS	Not covered	SP
RIDAURA	Nonpreferred brand	
RINVOQ	Preferred brand	PA; SP; QL
RINVOQ LQ	Preferred brand	PA; SP; QL
SELARSDI SUBCUTANEOUS	Not covered	SP
STELARA SUBCUTANEOUS	Not covered	SP; QL
TREMFYA ONE-PRESS	Preferred brand	PA; SP; QL
TREMFYA PEN	Preferred brand	PA; SP; QL
TREMFYA SUBCUTANEOUS	Preferred brand	PA; SP; QL
TREMFYA-CD/UC INDUCTION	Preferred brand	PA; SP; QL
TYENNE SUBCUTANEOUS	Preferred brand	PA; SP; QL
USTEKINUMAB SUBCUTANEOUS	Not covered	SP; QL
USTEKINUMAB-AEKN	Not covered	SP
USTEKINUMAB-TTWE SUBCUTANEOUS	Not covered	SP
VELSIPITY	Not covered	SP; QL
WEZLANA SUBCUTANEOUS	Not covered	SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand	PA; SP; QL
<b>Immunosuppressants</b>		
JOENJA	Preferred brand	PA; SP; QL
<b>Vaccines</b>		
ABRYSVO	Preventive	PV1; QL
ACTHIB	Preventive	PV1; QL
ADACEL	Preventive	PV1; QL
AFLURIA	Preventive	PV1; QL
AFLURIA PRESERVATIVE FREE	Preventive	PV1; QL
AREXVY	Preventive	PV1; QL
BEXSERO	Preventive	PV1; QL
BOOSTRIX	Preventive	PV1; QL
CAPVAXIVE	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
COMIRNATY	Preventive	PV1; QL
COMIRNATY 5-11 YEARS	Preventive	PV1; QL
DAPTACEL	Preventive	PV1; QL
DENGVAXIA	Preventive	PV1; QL
ENGERIX-B	Preventive	PV1; QL
FLUAD	Preventive	PV1; QL
FLUARIX	Preventive	PV1; QL
FLUBLOK	Preventive	PV1; QL
FLUCELVAX	Preventive	PV1; QL
FLULAVAL	Preventive	PV1; QL
FLUMIST	Preventive	PV1; QL
FLUZONE HIGH-DOSE	Preventive	PV1; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preventive	PV1; QL
GARDASIL 9	Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX	Preventive	PV1; QL
HEPLISAV-B	Preventive	PV1; QL
HIBERIX	Preventive	PV1; QL
INFANRIX	Preventive	PV1; QL
IPOL	Preventive	PV1; QL
JYNNEOS	Preventive	PV1; QL
KINRIX	Preventive	PV1; QL
MENQUADFI	Preventive	PV1; QL
MENVEO	Preventive	PV1; QL
M-M-R II	Preventive	PV1; QL
MNEXSPIKE	Preventive	PV1; QL
MRESVIA	Preventive	PV1; QL
NUVAXOVID COVID-19 VACCINE	Preventive	PV1; QL
PEDIARIX	Preventive	PV1; QL
PEDVAX HIB	Preventive	PV1; QL
PENBRAYA	Preventive	PV1; QL
PENMENVY	Preventive	PV1; QL
PENTACEL	Preventive	PV1; QL
PNEUMOVAX 23	Preventive	PV1; QL
PREVNAR 20	Preventive	PV1; QL
PRIORIX	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
PROQUAD	Preventive	PV1; QL
QUADRACEL	Preventive	PV1; QL
RECOMBIVAX HB	Preventive	PV1; QL
ROTARIX	Preventive	PV1; QL
ROTATEQ	Preventive	PV1; QL
SHINGRIX	Preventive	PV1; QL
SPIKEVAX	Preventive	PV1; QL
SPIKEVAX 6M-11Y	Preventive	PV1; QL
TENIVAC	Preventive	PV1; QL
TRUMENBA	Preventive	PV1; QL
TWINRIX	Preventive	PV1; QL
VAQTA	Preventive	PV1; QL
VARIVAX	Preventive	PV1; QL
VAXELIS	Preventive	PV1; QL
VAXNEUVANCE	Preventive	PV1; QL
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
balsalazide disodium	Generic	
DIPENTUM	Nonpreferred brand	
mesalamine er oral capsule 0.375 gm	Generic	
mesalamine oral capsule delayed release 400 mg	Generic	
mesalamine oral tablet delayed release 1.2 gm	Generic	QL
mesalamine oral tablet delayed release 800 mg	Generic	
mesalamine rectal	Generic	
PENTASA	Preferred brand	
<b>Glucocorticoids</b>		
ANALPRAM HC EXTERNAL CREAM 2.5-1 %	Not covered	
ANALPRAM HC EXTERNAL LOTION	Not covered	
ANUCORT-HC	Not covered	
ANUSOL-HC RECTAL	Not covered	
budesonide er	Generic	QL
budesonide oral	Generic	
budesonide rectal	Generic	
CORTIFOAM	Nonpreferred brand	
EOHILIA	Nonpreferred brand	PA; SP; QL
HEMMOREX-HC	Not covered	

Drug Name	Drug Tier	Notes
hydrocortisone (perianal)	Generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Generic	
hydrocortisone acetate rectal	Generic	
hydrocortisone rectal	Generic	
hydrocort-pramoxine (perianal)	Generic	
lidocaine-hydrocort (perianal)	Generic	
LIDOCORT	Not covered	
PROCTOCORT RECTAL	Not covered	
PROCTOFOAM HC	Preferred brand	
procto-med hc	Generic	
TARPEYO	Nonpreferred brand	PA; SP; QL
<b>Sulfonamides</b>		
sulfasalazine oral	Generic	
<b>Metabolic Bone Disease Agents</b>		
alendronate sodium	Generic	QL
BINOSTO	Not covered	QL
BONSITY	Not covered	SP; QL
calcitonin (salmon)	Generic	
calcitriol oral	Generic	
cinacalcet hcl	Generic	SP
doxercalciferol oral	Generic	
FOSAMAX PLUS D	Not covered	QL
ibandronate sodium oral	Generic	QL
paricalcitol oral	Generic	
RAYALDEE	Nonpreferred brand	QL
risedronate sodium	Generic	QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Generic	PA; SP; QL
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Not covered	SP; QL
TYMLOS	Preferred brand	PA; SP; QL
<b>Miscellaneous Therapeutic Agents</b>		
AEROCHAMBER HOLDING CHAMBER	Preferred brand	QL
AEROCHAMBER MINI CHAMBER	Preferred brand	QL
AEROCHAMBER MV	Preferred brand	QL
AEROCHAMBER PLS FLOVU MTHPIECE	Preferred brand	QL

Drug Name	Drug Tier	Notes
AEROCHAMBER PLUS FLO-VU INTERM	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLOW VU	Preferred brand	QL
AEROCHAMBER2GO ANTI-STATIC	Preferred brand	QL
AQNEURSA	Preferred brand	PA; SP; QL
BD AUTOSHIELD DUO PEN NEEDLES	Preferred brand	
BD PEN NEEDLE MICRO ULTRAFINE	Preferred brand	
BD PEN NEEDLE MINI ULTRAFINE	Preferred brand	
BD PEN NEEDLE NANO ULTRAFINE	Preferred brand	
BD PEN NEEDLE ORIG ULTRAFINE	Preferred brand	
BD PEN NEEDLE SHORT ULTRAFINE	Preferred brand	
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 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	Preferred brand	
BD ULTRA-FINE PEN NEEDLES	Preferred brand	
BD VEO INSULIN SYR ULTRAFINE	Preferred brand	
BREATHE COMFORT CHAMBER/ADULT	Nonpreferred brand	QL
BREATHE COMFORT CHAMBER/CHILD	Nonpreferred brand	QL
BREATHE EASE LARGE	Nonpreferred brand	QL
BREATHE EASE MEDIUM	Nonpreferred brand	QL
BREATHE EASE SMALL	Nonpreferred brand	QL
BREATHERITE VALVED MDI CHAMBER	Nonpreferred brand	QL
CAYA	Preferred brand	PV2
CLEVER CHOICE HOLDING CHAMBER	Nonpreferred brand	QL
COMPACT SPACE CHAMBER	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/LG MASK	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/MED MASK	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/SM MASK	Nonpreferred brand	QL
CONDOMS	Preventive	PV1; QL
deferoxamine mesylate	Generic	
DOJOLVI	Preferred brand	PA; SP

Drug Name	Drug Tier	Notes
DUREX EXTRA SENSITIVE THIN	Preventive	PV1; QL
DUREX TROPICAL	Preventive	PV1; QL
EASIVENT	Nonpreferred brand	QL
FC2 FEMALE CONDOM	Preventive	PV1; QL
FEMCAP	Preferred brand	PV2; QL
FIRDAPSE	Preferred brand	PA; SP; QL
FLEXICHAMBER	Nonpreferred brand	QL
GRASTEK	Nonpreferred brand	PA; QL
IWILFIN	Preferred brand	PA; 15DS; SP; OVM
KERENDIA	Preferred brand	PA; QL
l-glutamine oral packet	Generic	PA; QL
liraglutide -weight management	Not covered	QL
LYNKUET	Nonpreferred brand	PA; QL
methylergonovine maleate oral	Generic	PA; QL
MICROCHAMBER DEVICE	Nonpreferred brand	QL
MIPLYFFA	Not covered	SP; QL
NOVOFINE PEN NEEDLE	Preferred brand	
NOVOFINE PLUS PEN NEEDLE	Preferred brand	
ODACTRA	Nonpreferred brand	PA; QL
OMNIPOD 5 DEXCOM INTRO KIT	Preferred brand	QL
OMNIPOD 5 DEXCOM PODS	Preferred brand	QL
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	Preferred brand	QL
OMNIPOD 5 LIBRE PODS	Preferred brand	QL
OMNIPOD DASH INTRO KIT	Preferred brand	QL
OMNIPOD DASH PDM (GEN 4)	Preferred brand	
OMNIPOD DASH PODS	Preferred brand	QL
OPTICHAMBER DIAMOND	Preferred brand	QL
OPTICHAMBER DIAMOND-LG MASK	Preferred brand	QL
OPTICHAMBER DIAMOND-MD MASK	Preferred brand	QL
OPTICHAMBER DIAMOND-SM MASK	Preferred brand	QL
ORLISTAT ORAL	Nonpreferred brand	PA; ABA; QL
PALFORZIA ORAL PACKET 300 MG	Preferred brand	PA; SP; QL
PHEXX	Preferred brand	PV2; QL
POCKET SPACER	Nonpreferred brand	QL
PRO COMFORT SPACER ADULT	Nonpreferred brand	QL
PRO COMFORT SPACER CHILD	Nonpreferred brand	QL
PRO COMFORT SPACER INFANT	Nonpreferred brand	QL

Drug Name	Drug Tier	Notes
PROCARE SPACER/ADULT MASK	Nonpreferred brand	QL
PROCARE SPACER/CHILD MASK	Nonpreferred brand	QL
PURE COMFORT SPACER CHAMBER	Nonpreferred brand	QL
RADIOGARDASE	Preferred brand	
RAGWITEK	Nonpreferred brand	PA; QL
RYPLAZIM	Nonpreferred brand	PA; SP; QL
SOHONOS	Preferred brand	PA; SP; QL
sterile water for irrigation	Generic	
TAVNEOS	Nonpreferred brand	PA; SP; QL
TRUE COVER	Preventive	PV1; QL
TWIIST REFILL KIT	Preferred brand	QL
TWIIST REFILL KIT/INFUSION SET	Preferred brand	QL
TWIIST STARTER KIT	Preferred brand	QL
VEOZAH	Nonpreferred brand	PA; QL
V-GO 20	Preferred brand	QL
V-GO 30	Preferred brand	QL
V-GO 40	Preferred brand	QL
VISTOGARD	Preferred brand	SP; QL
VORTEX VALVE CHAMBER-PEDI MASK	Nonpreferred brand	QL
VORTEX VALVED HOLDING CHAMBER	Nonpreferred brand	QL
VYKAT XR	Preferred brand	PA; SP; QL
water for irrigation, sterile	Generic	
WEGOVY HD	Preferred brand	PA; QL
WEGOVY SUBCUTANEOUS	Preferred brand	PA; QL
WIDE-SEAL DIAPHRAGM 60	Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 65	Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 70	Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 75	Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 80	Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 85	Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 90	Preferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 95	Preferred brand	PV2; QL
XENICAL	Nonpreferred brand	PA; QL
XPHOZAH	Preferred brand	PA; QL
YORVIPATH	Preferred brand	PA; SP; QL
ZEPBOUND KWIKPEN	Not covered	QL

Drug Name	Drug Tier	Notes
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand	PA; QL
ZILBRYSQ	Nonpreferred brand	PA; SP; QL
ZOKINVY	Preferred brand	PA; SP; QL
<b>Ophthalmic Agents</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate ophthalmic	Generic	
neomycin-polymyxin-gramicidin	Generic	
TOBRADEX	Nonpreferred brand	
TOBRADEX ST	Nonpreferred brand	
tobramycin ophthalmic	Generic	
tobramycin-dexamethasone	Generic	
TOBEX	Nonpreferred brand	
<b>Antibacterials, Other</b>		
bacitracin-polymyxin b	Generic	
bacitra-neomycin-polymyxin-hc	Generic	
neomycin-bacitracin zn-polymyx	Generic	
neomycin-polymyxin-dexameth	Generic	
neomycin-polymyxin-hc ophthalmic	Generic	
polymyxin b-trimethoprim	Generic	
XDEMZY	Preferred brand	PA; QL
<b>Anti-cytomegalovirus (CMV) Agents</b>		
ZIRGAN	Preferred brand	
<b>Antifungals</b>		
NATACYN	Preferred brand	
<b>Antitherpetic Agents</b>		
trifluridine	Generic	
<b>Macrolides</b>		
AZASITE	Nonpreferred brand	
erythromycin ophthalmic	Generic	
<b>Ophthalmic Agents, Other</b>		
atropine sulfate ophthalmic solution 1 %	Generic	
CEQUA	Nonpreferred brand	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Nonpreferred brand	
cyclopentolate hcl ophthalmic	Generic	
cyclosporine (pf)	Generic	

Drug Name	Drug Tier	Notes
CYSTADROPS	Nonpreferred brand	PA; SP; QL
CYSTARAN	Preferred brand	PA; SP; QL
HOMATROPAIRE	Nonpreferred brand	
loteprednol-tobramycin	Generic	
MIEBO	Preferred brand	QL
OXERVATE	Preferred brand	PA; SP; QL
RESTASIS MULTIDOSE	Not covered	
sulfacetamide-prednisolone	Generic	
tropicamide ophthalmic	Generic	
TRYPTYR	Preferred brand	QL
TYRVAYA	Nonpreferred brand	QL
VERKAZIA	Nonpreferred brand	PA; QL
VEVYE	Not covered	QL
XIIDRA	Preferred brand	QL
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	Nonpreferred brand	
altafrin	Generic	
azelastine hcl ophthalmic	Generic	
bepotastine besilate	Generic	
cromolyn sodium ophthalmic	Generic	
CYCLOMYDRIL	Nonpreferred brand	
epinastine hcl	Generic	
olopatadine hcl ophthalmic solution 0.2 %	Generic	
phenylephrine hcl ophthalmic	Generic	
UPNEEQ	Not covered	QL
ZERVIAE	Not covered	
<b>Ophthalmic Antiglaucoma Agents</b>		
apraclonidine hcl	Generic	
betaxolol hcl ophthalmic	Generic	
BETOPTIC-S	Nonpreferred brand	
brimonidine tartrate ophthalmic	Generic	
brimonidine tartrate-timolol	Generic	
brinzolamide	Generic	
carteolol hcl	Generic	
dorzolamide hcl ophthalmic	Generic	
dorzolamide hcl-timolol mal	Generic	
dorzolamide hcl-timolol mal pf	Generic	

Drug Name	Drug Tier	Notes
IOPIDINE	Nonpreferred brand	
levobunolol hcl	Generic	
OMLONTI	Not covered	
PHOSPHOLINE IODIDE	Not covered	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Generic	
RHOPRESSA	Nonpreferred brand	ST; QL
ROCKLATAN	Nonpreferred brand	ST; QL
SIMBRINZA	Nonpreferred brand	
timolol hemihydrate	Generic	
timolol maleate (once-daily)	Generic	
timolol maleate oculosol	Generic	
timolol maleate ophthalmic	Generic	
timolol maleate pf	Generic	
<b>Ophthalmic Anti-inflammatories</b>		
ACUVAIL	Nonpreferred brand	
bromfenac sodium (once-daily)	Generic	
bromfenac sodium ophthalmic solution 0.07 %	Generic	
bromfenac sodium ophthalmic solution 0.075 %	Not covered	QL
BYQLOVI	Not covered	
CLOBETASOL PROPIONATE OPHTHALMIC	Not covered	
dexamethasone sodium phosphate ophthalmic	Generic	
diclofenac sodium ophthalmic	Generic	
difluprednate	Generic	
EYSUVIS	Not covered	QL
FLAREX	Nonpreferred brand	
fluorometholone	Generic	
flurbiprofen sodium	Generic	
FML FORTE	Nonpreferred brand	
ILEVRO	Not covered	
INVELTYS	Nonpreferred brand	QL
ketorolac tromethamine ophthalmic	Generic	
LOTEMAX OPHTHALMIC OINTMENT	Nonpreferred brand	
LOTEMAX SM	Nonpreferred brand	QL
loteprednol etabonate	Generic	
MAXIDEX	Nonpreferred brand	
NEVANAC	Not covered	

Drug Name	Drug Tier	Notes
PRED MILD	Nonpreferred brand	
prednisolone acetate ophthalmic	Generic	
PREDNISOLONE ACETATE P-F	Nonpreferred brand	
prednisolone sodium phosphate ophthalmic	Generic	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
bimatoprost ophthalmic	Generic	
IYUZEH	Nonpreferred brand	ST; QL
latanoprost ophthalmic	Generic	
tafluprost (pf)	Generic	
travoprost (bak free)	Generic	
VYZULTA	Nonpreferred brand	PA
XELPROS	Nonpreferred brand	PA; QL
<b>Quinolones</b>		
BESIFLOXACIN HCL	Not covered	
BESIVANCE	Nonpreferred brand	
CILOXAN	Nonpreferred brand	
ciprofloxacin hcl ophthalmic	Generic	
gatifloxacin ophthalmic	Generic	
levofloxacin ophthalmic	Generic	
moxifloxacin hcl (2x day)	Generic	
moxifloxacin hcl ophthalmic	Generic	
ofloxacin ophthalmic	Generic	
<b>Sulfonamides</b>		
sulfacetamide sodium ophthalmic	Generic	
<b>Otic Agents</b>		
acetic acid otic	Generic	
ciprofloxacin hcl otic	Generic	
ciprofloxacin-dexamethasone	Generic	
CIPROFLOXACIN-FLUOCINOLONE PF	Nonpreferred brand	
ciprofloxacin-hydrocortisone	Generic	
CORTISPORIN-TC	Nonpreferred brand	
fluocinolone acetonide otic	Generic	
hydrocortisone-acetic acid	Generic	
neomycin-polymyxin-hc otic	Generic	
ofloxacin otic	Generic	
OTOVEL	Nonpreferred brand	

Drug Name	Drug Tier	Notes
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
12 hour allergy-d	Generic	
12hr allergy relief	Generic	
24hr allergy relief	Generic	
ALAVERT	Generic	
ALAVERT D-12 HOUR ALLERGY/CONG	Generic	
all day allergy d	Generic	
all day allergy-d	Generic	
ALLEGRA ALLERGY ORAL TABLET 180 MG	Generic	
ALLEGRA HIVES 24HR	Generic	
allergy (cetirizine)	Generic	
allergy 24hour indoor/outdoor	Generic	
allergy childrens oral solution	Generic	
allergy childrens oral suspension	Generic	
allergy rel child (cetirizine)	Generic	
allergy rel child (loratadine)	Generic	
allergy relief (cetirizine)	Generic	
allergy relief (loratadine)	Generic	
allergy relief cetirizine	Generic	
allergy relief childrens 24-hr	Generic	
allergy relief childrens oral solution	Generic	
allergy relief d oral tablet extended release 24 hour 10-240 mg	Generic	
allergy relief d oral tablet extended release 24 hour 180-240 mg	Generic	QL
allergy relief d-12	Generic	
allergy relief d12 oral tablet extended release 12 hour 60-120 mg	Generic	QL
allergy relief oral tablet 10 mg, 180 mg	Generic	
allergy relief oral tablet 5 mg	Generic	QL
allergy relief/indoor/outdoor oral tablet 180 mg	Generic	
allergy relief/nasal decongest	Generic	
allergy relief-d	Generic	
allergy/congestion relief	Generic	
allergy-d 12hr	Generic	
allergy-d 24hr	Generic	

Drug Name	Drug Tier	Notes
azelastine hcl nasal	Generic	QL
CARBINOXAMINE MALEATE ER	Nonpreferred brand	ST; ABA; QL
carbinoxamine maleate oral solution	Generic	
carbinoxamine maleate oral tablet 4 mg	Generic	
carbinoxamine maleate oral tablet 6 mg	Not covered	
cetirizine hcl childrens alrgy	Generic	
cetirizine hcl childrens hives	Generic	
cetirizine hcl oral solution	Generic	
cetirizine hcl oral tablet	Generic	
cetirizine hcl oral tablet chewable 10 mg	Generic	
cetirizine-pseudoephedrine er	Generic	
CLARINEX-D 12 HOUR	Nonpreferred brand	QL
CLARITIN CHILDRENS	Generic	
CLARITIN ORAL TABLET CHEWABLE 10 MG	Generic	
CLARITIN REDITABS JUNIORS	Generic	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG	Generic	
clemastine fumarate oral syrup	Not covered	
clemastine fumarate oral tablet	Generic	
CORPHENA	Not covered	
cyproheptadine hcl oral	Generic	
DESLORATADINE ORAL SOLUTION	Not covered	
desloratadine oral tablet	Generic	QL
desloratadine oral tablet dispersible	Generic	QL
diphenhydramine hcl oral elixir	Generic	
fexofenadine hcl oral	Generic	
fexofenadine-pseudoephed er	Generic	QL
ft all day allergy	Generic	
ft all day allergy 24 hour	Generic	
ft all day allergy childrens	Generic	
ft all day allergy relief	Generic	
ft all day allergy-d	Generic	
ft allergy & congestion-d 12hr	Generic	QL
ft allergy childrens	Generic	
ft allergy d-12 hour	Generic	
ft allergy relief 12 hour	Generic	
ft allergy relief 24 hour	Generic	

Drug Name	Drug Tier	Notes
ft allergy relief cetirizine	Generic	
ft allergy relief childrens oral solution	Generic	
ft allergy relief childrens oral tablet chewable	Generic	
ft allergy relief oral tablet 10 mg, 180 mg	Generic	
ft allergy relief-d	Generic	
goodsense all day allergy-d	Generic	
goodsense aller-ease	Generic	
goodsense allergy relief child	Generic	
KARBINAL ER	Nonpreferred brand	ST; QL
levocetirizine dihydrochloride oral	Generic	QL
loratadine childrens	Generic	
loratadine oral solution	Generic	
loratadine oral tablet	Generic	
loratadine oral tablet dispersible	Generic	
loratadine-d 12hr	Generic	
loratadine-d 24hr	Generic	
mm allergy relief 24 hour	Generic	
mm fexofenadine hcl	Generic	
olopatadine hcl nasal	Generic	QL
promethazine-phenylephrine	Generic	
RYCLORA	Not covered	
ryvent	Not covered	
wal-itin d	Generic	
wal-zyr allergy childrens	Generic	
wal-zyr childrens oral solution 5 mg/5ml	Generic	
XYZAL ALLERGY 24HR CHILDRENS	Generic	QL
ZYRTEC	Generic	
ZYRTEC ALLERGY ORAL TABLET	Generic	
ZYRTEC CHILDRENS ALLERGY ORAL SOLUTION 5 MG/5ML	Generic	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE	Generic	
ZYRTEC-D ALLERGY & SINUS	Generic	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA	Preferred brand	QL
ALVESCO	Not covered	QL
ARNUITY ELLIPTA	Not covered	QL

Drug Name	Drug Tier	Notes
ASMANEX (120 METERED DOSES)	Preferred brand	QL
ASMANEX (30 METERED DOSES)	Preferred brand	QL
ASMANEX (60 METERED DOSES)	Preferred brand	QL
ASMANEX HFA	Preferred brand	QL
BEVESPI AEROSPHERE	Not covered	QL
BREO ELLIPTA	Preferred brand	QL
breyana	Not covered	QL
budesonide inhalation	Generic	
budesonide-formoterol fumarate	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Not covered	
flunisolide nasal	Generic	QL
FLUTICASONE FUROATE ELLIPTA	Not covered	ABA; QL
FLUTICASONE FUROATE-VILANTEROL	Not covered	ABA; QL
FLUTICASONE PROPIONATE DISKUS	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
fluticasone propionate hfa aerosol 44 mcg/act inhalation	Generic	QL; AL (Max 5 Years)
FLUTICASONE PROPIONATE HFA AEROSOL 44 MCG/ACT INHALATION	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	Generic	QL; AL (Max 5 Years)
fluticasone propionate nasal	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	Not covered	ABA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Nonpreferred brand	ABA; QL
OMNARIS	Nonpreferred brand	ST; QL
PULMICORT FLEXHALER	Preferred brand	QL
QNASL	Nonpreferred brand	ST; QL
QNASL CHILDRENS	Nonpreferred brand	ST; QL
QVAR REDHALER	Not covered	QL

Drug Name	Drug Tier	Notes
SYMBICORT	Generic	QL
wixela inhub	Generic	QL
XHANCE	Not covered	QL
<b>Antileukotrienes</b>		
montelukast sodium oral	Generic	QL
zafirlukast	Generic	QL
zileuton er	Generic	QL
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	Nonpreferred Brand	QL
INCRUSE ELLIPTA	Not covered	QL
ipratropium bromide hfa	Generic	QL
ipratropium bromide inhalation	Generic	
ipratropium bromide nasal	Generic	QL
SPIRIVA RESPIMAT	Preferred brand	QL
tiotropium bromide	Generic	QL
TUDORZA PRESSAIR	Not covered	QL
UMECLIDINIUM ELLIPTA	Not covered	QL
YUPELRI	Preferred brand	QL
<b>Bronchodilators, Sympathomimetic</b>		
albuterol sulfate hfa	Generic	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Generic	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Generic	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	Nonpreferred brand	
albuterol sulfate oral syrup 2 mg/5ml	Generic	
albuterol sulfate oral tablet	Generic	
arformoterol tartrate	Generic	QL
AUVI-Q	Nonpreferred brand	QL
epinephrine injection solution auto-injector	Generic	QL
formoterol fumarate inhalation	Generic	QL
levabuterol hcl inhalation	Generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	Nonpreferred brand	ABA; QL
NEFFY NASAL SOLUTION 1 MG/0.1ML	Not covered	
NEFFY NASAL SOLUTION 2 MG/0.1ML	Not covered	QL

Drug Name	Drug Tier	Notes
PROAIR RESPICLICK	Not covered	QL
SEREVENT DISKUS	Preferred brand	QL
STRIVERDI RESPIMAT	Preferred brand	QL
terbutaline sulfate oral	Generic	
XOPENEX HFA	Nonpreferred brand	QL
<b>Cystic Fibrosis Agents</b>		
ALYFTREK	Preferred brand	PA; SP
BRONCHITOL	Nonpreferred brand	PA; SP; QL
BRONCHITOL TOLERANCE TEST	Nonpreferred brand	PA; SP; QL
CAYSTON	Nonpreferred brand	PA; SP; QL
KALYDECO	Preferred brand	PA; SP; QL
ORKAMBI	Preferred brand	PA; SP; QL
PULMOZYME	Preferred brand	PA; SP
SYMDEKO	Preferred brand	PA; SP; QL
TOBI PODHALER	Nonpreferred brand	PA; SP; QL
tobramycin inhalation	Generic	SP; QL
TRIKAFTA	Preferred brand	PA; SP; QL
<b>Mast Cell Stabilizers</b>		
cromolyn sodium inhalation	Generic	
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
elixophyllin	Generic	
OHTUVAYRE	Nonpreferred brand	PA; SP; QL
roflumilast	Generic	QL
THEO-24	Nonpreferred brand	
theophylline er	Generic	
theophylline oral	Generic	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	Preferred brand	PA; SP; QL
alyq	Generic	PA; SP; QL
ambrisentan	Generic	PA; SP; QL
bosentan	Generic	PA; SP; QL
OPSUMIT	Preferred brand	PA; SP; QL
OPSYNVI	Nonpreferred brand	PA; SP; QL
ORENITRAM	Nonpreferred brand	PA; SP; QL
ORENITRAM MONTH 1	Nonpreferred brand	PA; SP; QL
ORENITRAM MONTH 2	Nonpreferred brand	PA; SP; QL

Drug Name	Drug Tier	Notes
ORENITRAM MONTH 3	Nonpreferred brand	PA; SP; QL
REMODULIN	Nonpreferred brand	SP
sildenafil citrate oral suspension reconstituted	Generic	PA; QL
sildenafil citrate oral tablet 20 mg	Generic	QL
tadalafil (pah)	Generic	PA; SP; QL
TADLIQ	Nonpreferred brand	PA; SP; QL
treprostinil	Generic	SP
TYVASO	Preferred brand	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	Preferred brand	PA; SP; QL
TYVASO DPI TITRATION KIT	Preferred brand	PA; SP; QL
TYVASO REFILL KIT	Preferred brand	PA; SP; QL
TYVASO STARTER KIT	Preferred brand	PA; SP; QL
UPTRAVI ORAL	Nonpreferred brand	PA; SP; QL
UPTRAVI TITRATION	Nonpreferred brand	PA; SP; QL
WINREVAIR	Nonpreferred brand	PA; SP; QL
YUTREPIA	Not covered	SP; QL
<b>Pulmonary Fibrosis Agents</b>		
JASCAYD	Nonpreferred brand	PA; SP; QL
nintedanib esylate	Generic	PA; SP; QL
pirfenidone	Generic	SP; QL
<b>Respiratory Tract Agents, Other</b>		
acetylcysteine inhalation	Generic	
AIRSUPRA	Preferred brand	QL
ANORO ELLIPTA	Preferred brand	QL
azelastine-fluticasone	Generic	QL
benzonatate	Generic	
BREZTRI AEROSPHERE	Preferred brand	QL
BRINSUPRI	Preferred brand	PA; SP; QL
COMBIVENT RESPIMAT	Preferred brand	QL
DUAKLIR PRESSAIR	Not covered	QL
FASENRA PEN	Preferred brand	PA; SP; QL
guaifenesin-codeine	Generic	
hydrocod poli-chlorphe poli er	Generic	
hydrocodone bit-homatrop mbr	Generic	
hydromet	Generic	
HYPERSAL	Nonpreferred brand	
ipratropium-albuterol	Generic	

Drug Name	Drug Tier	Notes
maxi-tuss ac	Generic	
mometasone furoate nasal	Generic	QL
NEBUSAL	Nonpreferred brand	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand	PA; SP; QL
ORALAIR	Nonpreferred brand	PA; QL
potassium iodide (expectorant)	Generic	
promethazine-codeine	Generic	
promethazine-dm	Generic	
pseudoephedrine-bromphen-dm	Generic	
PULMOSAL	Nonpreferred brand	
RYALTRIS	Nonpreferred brand	PA; QL
sodium chloride inhalation	Generic	
SSKI	Nonpreferred brand	
STIOLTO RESPIMAT	Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand	PA; SP; QL
TRELEGY ELLIPTA	Preferred brand	QL
TUXARIN ER	Nonpreferred brand	
UMECLIDINIUM-VILANTEROL	Not covered	ABA; QL
<b>Skeletal Muscle Relaxants</b>		
ATMEKSI	Not covered	
baclofen oral solution	Generic	PA; QL
baclofen oral suspension	Generic	PA; QL
baclofen oral tablet	Generic	
carisoprodol oral	Not covered	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Not covered	
chlorzoxazone oral tablet 500 mg	Generic	
cyclobenzaprine hcl er	Not covered	QL
cyclobenzaprine hcl oral	Generic	
dantrolene sodium oral	Generic	
metaxalone oral tablet 400 mg, 800 mg	Generic	
metaxalone oral tablet 640 mg	Not covered	
methocarbamol oral tablet 1000 mg	Not covered	

Drug Name	Drug Tier	Notes
methocarbamol oral tablet 500 mg, 750 mg	Generic	
NORGESIC	Not covered	QL
NORGESIC FORTE	Not covered	
ONTRALFY	Not covered	
orphenadrine citrate er	Generic	
orphenadrine-aspirin-caffeine	Not covered	QL
ORPHENGESIC FORTE	Not covered	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	Generic	
tizanidine hcl oral capsule 8 mg	Not covered	
tizanidine hcl oral tablet	Generic	
ZANAFLEX ORAL CAPSULE 8 MG	Not covered	
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
EDLUAR	Not covered	QL
eszopiclone	Generic	QL
flurazepam hcl	Generic	QL
temazepam	Generic	QL
triazolam	Generic	QL
zaleplon	Generic	QL
zolpidem tartrate er	Generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	Not covered	QL
zolpidem tartrate oral tablet	Generic	QL
zolpidem tartrate sublingual	Generic	PA; QL
<b>Sleep Disorders, Other</b>		
BELSOMRA	Nonpreferred brand	ST; QL
DAYVIGO	Nonpreferred brand	ST; QL
doxepin hcl oral tablet	Generic	QL
HETLIOZ LQ	Nonpreferred brand	PA; SP; QL
QUVIVIQ	Nonpreferred brand	ST; QL
ramelteon	Generic	QL
tasimelteon	Generic	PA; SP; QL
<b>Wakefulness Promoting Agents</b>		
armodafinil	Generic	QL
LUMRYZ	Nonpreferred brand	PA; SP; QL
LUMRYZ STARTER PACK	Nonpreferred brand	PA; SP; QL
modafinil oral	Generic	QL

Drug Name	Drug Tier	Notes
sodium oxybate	Generic	PA; SP; QL
SUNOSI	Nonpreferred brand	PA; QL
WAKIX	Nonpreferred brand	PA; SP; QL
XYWAV	Nonpreferred brand	PA; SP; QL

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BD PEN NEEDLE NANO		bismuth/metronidaz/tetracyclin.....	70	hcl.....	16
ULTRAFINE.....	97	bisoprolol fumarate.....	53	bupropion hcl.....	23
BD PEN NEEDLE ORIG		bisoprolol-hydrochlorothiazide..	54	bupropion hcl er (smoking det).....	16
ULTRAFINE.....	97	blisovi 24 fe.....	81	bupropion hcl er (sr).....	23

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BUPROPION HCL ER (XL).....	23	carteolol hcl.....	101	cilostazol.....	51
buspirone hcl.....	41	cartia xt.....	53	CIOLOXAN.....	103
butalbital-acetaminophen.....	14	carvedilol.....	53	CIMDUO.....	40
butalbital-apap-caff-cod.....	14	carvedilol phosphate er.....	53	cimetidine.....	71
butalbital-apap-caffeine.....	14	CAVERJECT.....	76	cimetidine hcl.....	71
butalbital-asa-caff-codeine.....	14	CAVERJECT IMPULSE.....	76	CIMZIA (1 SYRINGE).....	90
butalbital-aspirin-caffeine.....	14	CAYA.....	97	CIMZIA (2 SYRINGE).....	90
butorphanol tartrate.....	14	CAYSTON.....	109	CIMZIA-STARTER.....	90
BYLVAY.....	61	cefaclor.....	18	cinacalcet hcl.....	96
BYLVAY (PELLETS).....	61	cefaclor er.....	18	CIPRO.....	19
BYNFEZIA PEN.....	88	cefadroxil.....	18	ciprofloxacin hcl.....	19, 103
BYQLOVI.....	102	cefdinir.....	18	ciprofloxacin-dexamethasone.....	103
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CABLIVI.....	51	CEFIXIME.....	18	ciprofloxacin-hydrocortisone... ..	103
CABOMETYX.....	32	cefpodoxime proxetil.....	18	citalopram hydrobromide.....	23
CABTREEO.....	63	cefprozil.....	18	cladribine (10 tabs).....	60
caffeine citrate.....	59	cefuroxime axetil.....	18	cladribine (4 tabs).....	60
calcipotriene.....	63	celecoxib.....	11	cladribine (5 tabs).....	60
CALCIPOTRIENE.....	63	cephalexin.....	18	cladribine (6 tabs).....	60
calcipotriene-betameth diprop... ..	63	CEQUA.....	100	cladribine (7 tabs).....	60
calcitonin (salmon).....	96	CEQUR SIMPLICITY 2U 10PK.....	42	cladribine (8 tabs).....	60
calcitriol.....	63, 96	CEQUR SIMPLICITY INSERTER.....	42	cladribine (9 tabs).....	60
calcium acetate.....	67	CERDELGA.....	74	claravis.....	63
calcium acetate (phos binder)... ..	67	cetirizine hcl.....	105	CLARINEX-D 12 HOUR.....	105
CALQUENCE.....	32	cetirizine hcl childrens alrgy ... ..	105	clarithromycin.....	18
camila.....	87	cetirizine hcl childrens hives... ..	105	clarithromycin er.....	18
camrese.....	82	cetirizine-pseudoephedrine er.....	105	CLARITIN.....	105
camrese lo.....	82	cetrorelix acetate.....	88	CLARITIN CHILDRENS.....	105
CAMZYOS.....	54	cevimeline hcl.....	61	CLARITIN REDITABS.....	105
candesartan cilexetil.....	51	charlotte 24 fe.....	82	CLARITIN REDITABS JUNIORS.....	105
candesartan cilexetil-hctz.....	54	chateal eq.....	82	clearlax.....	71
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CAPLYTA.....	37	chlordiazepoxide hcl.....	41	CLENPIQ.....	71
CAPRELSA.....	32	chlordiazepoxide-amitriptyline... ..	23	CLEOCIN.....	17
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carbidopa.....	36	chlorzoxazone.....	111	clindacin etz.....	63
carbidopa-levodopa.....	36	CHOLBAM.....	74	clindacin-p.....	63
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carbidopa-levodopa er.....	36	cholestyramine light.....	57	clindamycin palmitate hcl.....	17
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carbinoxamine maleate.....	105	CHOSEN LANCETS 30G.....	42	clindamycin phos (twice-daily).. ..	63
CARBINOXAMINE MALEATE ER.....	105	CHOSEN SAFETY LANCETS 28G.....	42	clindamycin phosphate.....	17, 63
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CARESENS LANCETS 30G.....	42	ciclopirox.....	25		
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clobetasol propionate e.....	77	KIT W/DEVICE.....	43	cyclosporine (pf).....	100
clobetasol propionate emulsion	77	CONTOUR NEXT ONE KIT.....	43	cyclosporine modified.....	90
clocortolone pivalate.....	77	CONTOUR PLUS TEST		CYLTEZO (2 PEN).....	90
clodan.....	77	STRIP.....	43	CYLTEZO (2 SYRINGE).....	90
clomid.....	80	CONTOUR TEST STRIPS.....	43	cyproheptadine hcl.....	105
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clomipramine hcl.....	24	CONZIP.....	13	CYSTADROPS.....	101
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COAGADEX.....	50	COSENTYX (300 MG DOSE)...	63	METFORMIN ER.....	44
COARTEM.....	35	COSENTYX 150 MG/ML.....	63	DAPAGLIFLOZIN-	
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ENBREL SURECLICK.....	90	estradiol-norethindrone acet.....	83	fenopropfen calcium.....	11
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endocet.....	14	ESTRING.....	83	fentanyl.....	13
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enoxaparin sodium.....	48	ethambutol hcl.....	29	FERRIPROX TWICE-A-DAY....	67
ENSACOVE.....	32	ethosuximide.....	20	fesoterodine fumarate er.....	75
enskyce.....	82	ethynodiol diac-eth estradiol....	83	FETZIMA.....	23
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entacapone.....	36	etonogestrel-ethinyl estradiol....	83	fexofenadine-pseudoephed er	105
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ENTRESTO.....	54	EUCRISA.....	64	FIASP PENFILL.....	46
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EPIFOAM.....	64	EXELDERM.....	26	fingolimod hcl.....	60
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fluocinolone acetonide scalp.....	77	FOTIVDA.....	32	gabapentin (once-daily).....	59
fluocinonide.....	77	FRAGMIN.....	48	GABARONE.....	20
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HFA.....	107	ft allergy d-12 hour.....	105	GENOTROPIN MINIQUICK.....	79
FLUTICASONE-		ft allergy relief.....	106	gentamicin sulfate.....	17, 100
SALMETEROL.....	107	ft allergy relief 12 hour.....	105	gentle laxative.....	72
fluticasone-salmeterol.....	107	ft allergy relief 24 hour.....	105	GENVOYA.....	39
fluvastatin sodium.....	56	ft allergy relief cetirizine.....	106	GESTYRA.....	68
fluvastatin sodium er.....	56	ft allergy relief childrens.....	106	GILENYA.....	60
fluvoxamine maleate.....	24	ft allergy relief-d.....	106	GILOTRIF.....	32
fluvoxamine maleate er.....	24	ft aspirin.....	12	GIMOTI.....	25
FLUZONE.....	94	ft aspirin low dose.....	12	GLASSIA.....	74
FLUZONE HIGH-DOSE.....	94	ft clearlax.....	71	glatiramer acetate.....	60
FML FORTE.....	102	ft folic acid.....	68	glatopa.....	60
folate.....	68	ft laxative.....	71	glimepiride.....	44
FOLATEXCEL.....	68	ft magnesium citrate.....	72	glipizide er.....	44
folic acid.....	68	ft milk of magnesia.....	72	glipizide ir.....	45
FOLLISTIM AQ.....	79	ft naloxone hcl.....	16	glipizide-metformin hcl.....	45
fondaparinux sodium.....	48	ft nicotine.....	16	GLOPERBA.....	27
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glycolax.....	72	HEMICLOR.....	56	hydrocortisone (perianal).....	96
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glydo.....	15	HEMOFIL M.....	50	hydrocortisone acetate.....	96
GLYXAMBI.....	45	heparin sodium (porcine).....	48	hydrocortisone butyrate.....	78
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VELTASSA.....	67	volnea.....	86	WIDE-SEAL DIAPHRAGM 80..	99
VEMLIDY.....	38	VONJO.....	31	WIDE-SEAL DIAPHRAGM 85..	99
VENCLEXTA.....	34	VONVENDI.....	51	WIDE-SEAL DIAPHRAGM 90..	99
VENCLEXTA STARTING		VOQUEZNA.....	71	WIDE-SEAL DIAPHRAGM 95..	99
PACK.....	34	VOQUEZNA DUAL PAK.....	71	WILATE.....	51
VENLAFAXINE BESYLATE		VOQUEZNA TRIPLE PAK.....	71	WINLEVI.....	65
ER.....	24	VORANIGO.....	31	WINREVAIR.....	110
venlafaxine hcl.....	24	voriconazole.....	27	wixela inhub.....	108
venlafaxine hcl er.....	24	VORTEX VALVE CHAMBER-		wymzya fe.....	86
VEOZAH.....	99	PEDI MASK.....	99	WYNZORA.....	65
verapamil hcl.....	54	VORTEX VALVED HOLDING		XACIATO.....	18
verapamil hcl er.....	54	CHAMBER.....	99	XADAGO.....	37
VEREGEN.....	65	VOSEVI.....	39	XALKORI.....	34
VERIFINE SAFE LANCET		VOWST.....	71	xarah fe.....	86
MINI 21G.....	44	VOXZOGO.....	75	XARELTO.....	49
VERIFINE SAFE LANCET		VOYDEYA.....	48	XARELTO STARTER PACK....	49
MINI 23G.....	44	VOYXACT.....	76	XATMEP.....	92
VERIFINE SAFE LANCET		VRAYLAR.....	38	XCOPRI.....	21
MINI 28G.....	44	VTAMA.....	65	XDEMVI.....	100
VERIFINE SAFE LANCET		VUMERITY.....	61	XELJANZ.....	92
MINI 30G.....	44	VUSION.....	27	XELJANZ XR.....	92
VERKAZIA.....	101	VYALEV.....	36	XELPROS.....	103
VERQUVO.....	55	vyfemla.....	86	xelria fe.....	86
VERSACLOZ.....	38	VYKAT XR.....	99	XELSTRYM.....	58
VERZENIO.....	31	VYLEESI.....	60	XEMBIFY.....	92
vestura.....	86	vylibra.....	86	XENICAL.....	99
VEVYE.....	101	VYNDAMAX.....	55	XERESE.....	39
V-GO 20.....	99	VYSCOXA.....	13	XERMELLO.....	71
V-GO 30.....	99	VYVANSE.....	58	XHANCE.....	108
V-GO 40.....	99	VYVGART HYTRULO.....	28	XIFAXAN.....	18
VIBERZI.....	71	VYZULTA.....	103	XIGDUO XR.....	46
vienva.....	86	WAINUA.....	75	XIIDRA.....	101
vigabatrin.....	21	WAKIX.....	113	XOFLUZA (40 MG DOSE).....	41
VIGAFYDE.....	21	wal-itin d.....	106	XOFLUZA (80 MG DOSE).....	41
VIJOICE.....	34	wal-zyr allergy childrens.....	106	XOLAIR.....	93
vilazodone hcl.....	24	wal-zyr childrens.....	106	XOLREMDI.....	50
VIOKACE.....	75	warfarin sodium.....	49	XOPENEX HFA.....	109
violele.....	86	water for irrigation, sterile.....	99	XOSPATA.....	34
VIRACEPT.....	41	WAYRILZ.....	49	XPHOZAH.....	99
VIREAD.....	40	WEGOVI.....	99	XPOVIO (100 MG ONCE	
VISTOGARD.....	99	WEGOVI HD.....	99	WEEKLY).....	31
VITAFOL FE+.....	69	WELIREG.....	31	XPOVIO (40 MG ONCE	
VITAFOL-OB+DHA.....	69	wera.....	86	WEEKLY).....	31
VITALARA.....	69	WESCAP-PN DHA.....	69	XPOVIO (40 MG TWICE	
vitamin d (ergocalciferol).....	69	WESNATAL DHA COMPLETE.....	69	WEEKLY).....	31
vitamin k1.....	69	WESNATE DHA.....	69	XPOVIO (60 MG ONCE	
VITATHELY WITH GINGER.....	69	WESTAB PLUS.....	69	WEEKLY).....	31
VITRAKVI.....	34	WESTGEL DHA.....	69	XPOVIO (60 MG TWICE	
VIVAGUARD LANCETS 30G...	44	WEZLANA.....	93	WEEKLY).....	31
VIVAGUARD SAFETY		WIDE-SEAL DIAPHRAGM 60..	99	XPOVIO (80 MG ONCE	
LANCETS 28G.....	44	WIDE-SEAL DIAPHRAGM 65..	99	WEEKLY).....	31
VIVJOA.....	27	WIDE-SEAL DIAPHRAGM 70..	99		

XPOVIO (80 MG TWICE WEEKLY)	31	zidovudine	40
XROMI	30	ZIEXTENZO	50
XTAMPZA ER	14	ZILBRYSQ	100
XTANDI	29	zileuton er	108
xulane	86	ZILXI	65
XULTOPHY	46	ZIPHEX	69
XURIDEN	75	ziprasidone hcl	38
XYNTHA	51	ZIRGAN	100
XYNTHA SOLOFUSE	51	ZITUVIMET	46
XYOSTED	81	ZITUVIMET XR	46
xyvona	14	ZITUVIO	46
XYWAV	113	ZOKINVY	100
XYZAL ALLERGY 24HR CHILDRENS	106	ZOLINZA	31
yargesa	75	ZOLMITRIPTAN	28
YESINTEK	92	zolmitriptan	28
YEZTUGO	40	ZOLPIDEM TARTRATE	112
yl folic acid	69	zolpidem tartrate	112
YONSA	29	zolpidem tartrate er	112
YORVIPATH	99	ZOMACTON	80
YOSPRALA	51	ZOMIG	28
YUFLYMA (1 PEN)	92	ZONISADE	20
YUFLYMA (2 PEN)	92	zonisamide	20
YUFLYMA (2 SYRINGE)	92	ZONTIVITY	49
YUFLYMA-CD/UC/HS STARTER	92	ZORYVE	65
YUPELRI	108	zovia 1/35 (28)	86
YUSIMRY	92	ZTALMY	21
YUTREPIA	110	ZTLIDO	15
yuvafem	86	ZUBSOLV	16
zafemy	86	zumandimine	86
zafirlukast	108	ZUNVEYL	22
zaleplon	112	ZURNAL	16
ZALVIT	69	ZURZUVAE	23
ZANAFLEX	112	ZYBIC	13
ZARXIO	50	ZYCUBO	67
ZAVZPRET	27	ZYDELIG	34
ZEJULA	32	ZYKADIA	34
ZELAPAR	37	ZYMFENTRA (1 PEN)	92
ZELBORAF	34	ZYMFENTRA (2 PEN)	92
ZELSUVMI	65	ZYMFENTRA (2 SYRINGE)	92
zelvysia	75	ZYPITAMAG	57
ZEMBRACE SYMTOUCH	28	ZYPREXA RELPREVV	38
zenatane	65	ZYRTEC	106
ZENPEP	75	ZYRTEC ALLERGY	106
ZEPBOUND	100	ZYRTEC CHILDRENS ALLERGY	106
ZEPBOUND KWIKPEN	99	ZYRTEC-D ALLERGY & SINUS	106
ZEPOSIA	61		
ZEPOSIA 7-DAY STARTER PACK	61		
ZEPOSIA STARTER KIT	61		
ZERVIAE	101		





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