Blue Cross Blue Shield Blue Care Network of Michigan

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

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

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**.

## 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**. 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** or the Blue Cross mobile app. You can also find general information about Blue Cross prescription drug coverage at **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 |
|---|---|
| **Not covered** | **Nonformulary**<br>This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternativeswith similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs are not covered. |
| **Covered $0** | **No out-of-pocket cost**<br>This tier includes select products that are covered with no out-of- pocket costs. |
| **Preventive** | **No out-of-pocket cost**<br>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. |
| **Generic** | **Generic – lowest out-of-pocket cost**<br>This tier includes generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment. |
| **Preferred brand** | **Brand – higher out-of-pocket cost**<br>This tier includes preferred specialty and nonspecialty brand-name drugs. These drugs are more expensive than generics, and members pay more for them. |
| **Nonpreferred brand** | **Brand – higher out-of-pocket cost**<br>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. |

## 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.

| | |
|---|---|
| **AL** | **Age limit** – Age restrictions apply. |
| **ABA** | **Authorized brand alternative** – 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. |
| **OVM** | **Oncology Value Management –** 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. |
| **PA** | **Prior authorization** – Your doctor is required to give more information to determine coverage. |
| **PV1** | **Preventive 1** – 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. |
| **PV2** | **Preventive 2** – 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. |
| **PV3** | **Preventive 3** – 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. |
| **QL** | **Quantity limit** – The quantity of medication dispensed at one time is limited. |
| **SP** | **Specialty medication** – Specialty medications treat complex health conditions and may require special handling or administration. |
| **ST** | **Step therapy** – Requires you try one or more preferred drugs before a higher-cost medication can be covered. |
| **15DS** | **15-day supply** – Limits the amount of certain specialty drugs to 15-day supply to help reduce out-of-pocket costs and waste. |

## How to fill a prescription

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/***.
    - 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***
    - 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**.

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** 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

## 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**.
- **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 (availity.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 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** 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

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| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Analgesics** | | |
| JOURNAVX | Not covered | QL |
| **Nonsteroidal Anti-inflammatory Drugs** | | |
| 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 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; 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 capsule 200 mg | Not covered | QL |
| fenoprofen calcium oral capsule 400 mg | Generic | QL |
| FENOPRON | Not covered | |
| FLECTOR | Nonpreferred brand | PA; QL |
| flurbiprofen oral | Generic | |
| ft aspirin adult low dose | Preventive | PV1 |

| 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 | |
| ketoprofen oral capsule 75 mg | Not covered | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| oxaprozin oral tablet | Generic | |
| 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 200 mg | Not covered | |
| tolmetin sodium oral tablet 600 mg | Generic | |
| VYSCOXA | Not covered | |
| ZYBIC | Not covered | |
| **Opioid Analgesics, Long-acting** | | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| tramadol hcl er | Generic | |
| TRAMADOL HCL ORAL SOLUTION | Not covered | ABA; QL |
| XTAMPZA ER | Preferred brand | PA; QL |
| xyvona | Not covered | QL |
| **Opioid Analgesics, Short-acting** | | |
| 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 oral capsule | Generic | |
| BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION | Not covered | |
| butalbital-apap-caffeine oral tablet | Generic | |
| butalbital-asa-caff-codeine | Generic | |
| butalbital-aspirin-caffeine | Generic | |
| butorphanol tartrate nasal | Generic | |
| codeine sulfate | Generic | |
| endocet | Generic | |
| FENTANYL CITRATE BUCCAL TABLET 200 MCG | Nonpreferred brand | PA; ABA; QL |
| 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 | |
| meperidine 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| 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 ORAL SOLUTION | Not covered | |
| tapentadol hcl oral tablet | 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 | |
| **Anesthetics** | | |
| **Local Anesthetics** | | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Anti-Addiction/Substance Abuse Treatment Agents** | | |
| **Alcohol Deterrents/Anti-craving** | | |
| acamprosate calcium | Generic | |
| disulfiram oral | Generic | |
| naltrexone hcl oral | Generic | |
| **Opioid Dependence Treatments** | | |
| buprenorphine hcl sublingual | Generic | |
| buprenorphine hcl-naloxone hcl | Generic | QL |
| lofexidine hcl | Generic | QL |
| ZUBSOLV | Preferred brand | QL |
| **Opioid Reversal Agents** | | |
| 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 |
| **Smoking Cessation Agents** | | |
| 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 policrilex | 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) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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) |
| **Antibacterials** | | |
| **Aminoglycosides** | | |
| ARIKAYCE | Preferred brand | PA; SP; QL |
| gentamicin sulfate external | Generic | |
| HUMATIN | Nonpreferred brand | |
| neomycin sulfate oral | Generic | |
| **Antibacterials, Other** | | |
| BLUJEPA | Nonpreferred brand | QL |
| CLEOCIN VAGINAL SUPPOSITORY | Nonpreferred brand | |
| clindamycin hcl oral | Generic | |
| clindamycin palmitate hcl | Generic | |
| clindamycin phosphate vaginal | Generic | |
| CLINDESSE | Nonpreferred brand | |
| fosfomycin 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| SIVEXTRO ORAL | Nonpreferred brand | QL |
| SOLOSEC | Not covered | QL |
| ssd | Generic | |
| SULFAMYLON | Nonpreferred brand | |
| tinidazole oral | Generic | QL |
| trimethoprim oral | Generic | |
| vancomycin hcl oral capsule | Generic | |
| vancomycin hcl oral solution reconstituted | Generic | QL |
| VANDAZOLE | Nonpreferred brand | |
| XACIATO | Not covered | |
| XEPI | Not covered | QL |
| XIFAXAN ORAL TABLET 200 MG | Nonpreferred brand | QL |
| XIFAXAN ORAL TABLET 550 MG | Nonpreferred brand | PA; QL |
| **Beta-lactam, Cephalosporins** | | |
| cefaclor | Generic | |
| cefaclor er | Generic | |
| cefadroxil | Generic | |
| cefdinir | Generic | |
| cefixime oral capsule | Generic | |
| cefixime oral suspension reconstituted | Generic | |
| CEFIXIME ORAL TABLET | Not covered | |
| cefpodoxime proxetil | Generic | |
| cefprozil | Generic | |
| cefuroxime axetil | Generic | |
| cephalexin | Generic | |
| **Beta-lactam, Penicillins** | | |
| 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 |
| **Macrolides** | | |
| azithromycin oral | Generic | |
| clarithromycin er | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| clarithromycin oral | Generic | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | Nonpreferred brand | QL |
| E.E.S. 400 | Nonpreferred brand | |
| erythromycin base oral | Generic | |
| erythromycin ethylsuccinate oral suspension reconstituted | Generic | |
| erythromycin oral | Generic | |
| fidaxomicin | Generic | QL |
| **Quinolones** | | |
| BAXDELA ORAL | Nonpreferred brand | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | Nonpreferred brand | |
| ciprofloxacin hcl oral | Generic | |
| levofloxacin oral | Generic | |
| moxifloxacin hcl oral | Generic | |
| ofloxacin oral | Generic | |
| **Sulfonamides** | | |
| sulfadiazine oral | Generic | |
| sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml | Generic | |
| sulfamethoxazole-trimethoprim oral tablet | Generic | |
| sulfatrim pediatric | Generic | |
| **Tetracyclines** | | |
| demeclocycline hcl | Generic | |
| DORYX MPC | Nonpreferred brand | ST |
| doxycycline hyclate oral capsule 50 mg, 100 mg | 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 100 mg, 150 mg, 200 mg, 50 mg, 75 mg | Generic | ST |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG | Not covered | ABA |
| doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg | Generic | |
| doxycycline monohydrate oral capsule 150 mg | Generic | ST |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| NUZYRA ORAL | Nonpreferred brand | QL |
| SEYSARA | Not covered | |
| tetracycline hcl oral capsule | Generic | |
| TETRACYCLINE HCL ORAL TABLET | Not covered | |
| **Anticonvulsants** | | |
| **Anticonvulsants, Other** | | |
| 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 100 mg/ml | Generic | |
| levetiracetam oral tablet | Generic | |
| LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE | Nonpreferred brand | PA; ABA; QL |
| roweepra | Generic | |
| SPRITAM | Nonpreferred brand | PA; QL |
| **Calcium Channel Modifying Agents** | | |
| ethosuximide oral | Generic | |
| methsuximide | Generic | |
| ZONISADE | Nonpreferred brand | PA; QL |
| zonisamide oral | Generic | |
| **Gamma-aminobutyric Acid (GABA) Augmenting Agents** | | |
| clobazam oral suspension 2.5 mg/ml | Generic | QL |
| clobazam oral tablet | Generic | QL |
| DIACOMIT | Nonpreferred brand | PA; SP; QL |
| diazepam rectal | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| gabapentin oral capsule 100 mg, 300 mg, 400 mg | Generic | |
| gabapentin oral capsule 200 mg | Not covered | |
| gabapentin oral solution | Generic | |
| gabapentin oral tablet 600 mg, 800 mg | Generic | |
| GABARONE | Not covered | |
| NAYZILAM | Preferred brand | QL |
| phenobarbital oral | Generic | |
| 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 |
| **Glutamate Reducing Agents** | | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| topiramate er | Generic | PA; QL |
| topiramate oral capsule sprinkle | Generic | |
| topiramate oral solution 25 mg/ml | Generic | PA; QL |
| topiramate oral tablet | Generic | |
| **Sodium Channel Agents** | | |
| carbamazepine er | Generic | |
| carbamazepine oral suspension 100 mg/5ml | Generic | |
| carbamazepine oral tablet | Generic | |
| 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 |
| **Antidementia Agents** | | |
| **Antidementia Agents, Other** | | |
| memantine hcl-donepezil hcl er | Generic | ST; QL |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG | Nonpreferred brand | ST; QL |
| **Cholinesterase Inhibitors** | | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **N-methyl-D-aspartate (NMDA) Receptor Antagonist** | | |
| 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 |
| **Antidepressants** | | |
| **Antidepressants, Other** | | |
| APLENZIN | Not covered | |
| AUVELITY | Nonpreferred brand | ST; QL |
| AUVELITY TITRATION PACK | 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 |
| **Monoamine Oxidase Inhibitors** | | |
| EMSAM | Nonpreferred brand | PA; QL |
| MARPLAN | Not covered | |
| phenelzine sulfate oral | Generic | |
| tranylcypromine sulfate | Generic | |
| **SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)** | | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| desvenlafaxine succinate er | Generic | |
| DRIZALMA SPRINKLE | Not covered | QL |
| duloxetine hcl oral capsule delayed release particles 120 mg, 80 mg, 90 mg | Not covered | |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg | 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 |
| 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 | |
| **Tricyclics** | | |
| amitriptyline hcl oral | Generic | |
| amoxapine | Generic | |
| clomipramine hcl oral | Generic | |
| desipramine hcl oral | Generic | |
| doxepin hcl oral capsule | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| doxepin hcl oral concentrate | Generic | |
| imipramine hcl oral | Generic | |
| imipramine pamoate | Generic | |
| nortriptyline hcl oral | Generic | |
| protriptyline hcl | Generic | |
| trimipramine maleate oral | Generic | |
| **Antiemetics** | | |
| **Antiemetics, Other** | | |
| BONJESTA | Nonpreferred brand | PA; QL |
| doxylamine-pyridoxine | Generic | QL |
| GIMOTI | Not covered | QL |
| meclizine hcl oral tablet 12.5 mg, 25 mg | Generic | |
| meclizine hcl oral tablet 50 mg | Not covered | |
| meclizine hcl oral tablet chewable | Not covered | |
| metoclopramide hcl oral solution 5 mg/5ml | Generic | |
| metoclopramide hcl oral tablet | 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 | |
| **Emetogenic Therapy Adjuncts** | | |
| AKYNZEO | Nonpreferred brand | PA; OVM |
| ANZEMET | Not covered | |
| aprepitant | Generic | QL |
| dronabinol oral capsule | Generic | |
| DRONABINOL ORAL SOLUTION | Not covered | |
| EMEND ORAL | Preferred brand | QL |
| granisetron hcl oral | Generic | QL |
| NEREUS | Not covered | QL |
| ondansetron hcl oral solution 4 mg/5ml | Generic | |
| ondansetron hcl oral tablet | Generic | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| **Antifungals** | | |
| ciclodan | Generic | |
| ciclopirox external | Generic | |
| ciclopirox olamine external | Generic | |
| clotrimazole external | Generic | |
| clotrimazole mouth/throat | Generic | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| naftifine hcl external gel | Generic | PA; QL |
| NOXAFIL | Not covered | QL |
| nystatin external | Generic | |
| nystatin mouth/throat suspension 100000 unit/ml | 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 |
| 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 |
| **Antigout Agents** | | |
| 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 | |
| **Antimigraine Agents** | | |
| diclofenac potassium(migraine) | Not covered | QL |
| SYMBRAVO | Not covered | |
| **Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist** | | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| QULIPTA | Preferred brand | PA; QL |
| UBRELVY | Preferred brand | PA; QL |
| ZAVZPRET | Nonpreferred brand | PA; QL |
| **Ergot Alkaloids** | | |
| 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 |
| **Serotonin (5-HT) Receptor Agonists** | | |
| 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 |
| 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 |
| **Antimyasthenic Agents** | | |
| **Parasympathomimetics** | | |
| pyridostigmine bromide er oral tablet extended release | Generic | |
| pyridostigmine bromide oral solution | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| **Antimycobacterials** | | |
| **Antimycobacterials, Other** | | |
| dapsone oral | Generic | |
| rifabutin | Generic | |
| **Antituberculars** | | |
| cycloserine oral | Generic | |
| 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 |
| **Antineoplastics** | | |
| **Alkylating Agents** | | |
| 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 |
| **Antiandrogens** | | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ORGOVYX | Nonpreferred brand | PA; SP; OVM |
| XTANDI | Preferred brand | PA; 15DS; SP; OVM |
| YONSA | Not covered | SP |
| **Antiangiogenic Agents** | | |
| lenalidomide | Generic | SP; QL |
| pomalidomide | Generic | PA; SP; OVM |
| THALOMID | Preferred brand | SP |
| **Antiestrogens/Modifiers** | | |
| CLIGAVYX | Not Covered | |
| 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 | |
| VEPPANU | Nonpreferred brand | PA; SP; OVM |
| **Antimetabolites** | | |
| capecitabine | Generic | SP |
| DROXIA | Nonpreferred brand | PA |
| GEMCITABINE HCL-NACL | 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 |
| **Antineoplastics, Other** | | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| LIFYORLI (125 MG DOSE) | Nonpreferred brand | PA; SP; OVM |
| LIFYORLI (150 MG DOSE) | Nonpreferred brand | PA; SP; OVM |
| LONSURF | Preferred brand | PA; SP; OVM |
| LUMAKRAS | Preferred brand | PA; 15DS; SP; OVM |
| 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 |
| **Aromatase Inhibitors, 3rd Generation** | | |
| anastrozole oral | Generic | PV3; QL |
| exemestane | Generic | PV3; QL |
| letrozole oral | Generic | |
| **Enzyme Inhibitors** | | |
| BALVERSA | Preferred brand | PA; 15DS; SP; OVM |
| etoposide oral | Generic | |
| HYCAMTIN ORAL | Preferred brand | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| TALZENNA | Preferred brand | PA; 15DS; SP; OVM |
| VORANIGO | Preferred brand | PA; 15DS; SP; OVM |
| ZEJULA | Preferred brand | PA; SP; OVM |
| **Molecular Target Inhibitors** | | |
| 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 |
| bosutinib | Generic | 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| 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 |
| JAKAFI XR | Not covered | SP |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| 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 |
| TAGRISSO | 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 |
| XALKORI | Not covered | SP |
| XOSPATA | Preferred brand | PA; SP; OVM |
| yulithira | Generic | PA; 15DS; SP; OVM |
| ZELBORAF | Preferred brand | PA; 15DS; SP; OVM |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ZYDELIG | Preferred brand | PA; SP; OVM |
| ZYKADIA | Not covered | SP |
| **Retinoids** | | |
| bexarotene external | Generic | PA; SP; OVM |
| bexarotene oral | Generic | PA; 15DS; SP; OVM |
| PANRETIN | Preferred brand | |
| tretinoin oral | Generic | |
| **Treatment Adjuncts** | | |
| mesna oral | Generic | |
| **Antiparasitics** | | |
| **Anthelmintics** | | |
| 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 | |
| **Antiprotozoals** | | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Pediculicides/Scabicides** | | |
| CROTAN | Nonpreferred brand | |
| EURAX | Preferred brand | |
| malathion | Generic | |
| permethrin external | Generic | |
| PRURADIK | Nonpreferred brand | |
| spinosad | Generic | |
| **Antiparkinson Agents** | | |
| **Anticholinergics** | | |
| benztropine mesylate oral | Generic | |
| trihexyphenidyl hcl | Generic | |
| **Antiparkinson Agents, Other** | | |
| 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 | Not covered | |
| tolcapone | Generic | |
| **Dopamine Agonists** | | |
| 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 | |
| **Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors** | | |
| carbidopa oral | Generic | |
| carbidopa-levodopa | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| **Monoamine Oxidase B (MAO-B) Inhibitors** | | |
| rasagiline mesylate oral | Generic | |
| selegiline hcl oral | Generic | |
| XADAGO | Nonpreferred brand | QL |
| ZELAPAR | Nonpreferred brand | QL |
| **Antipsychotics** | | |
| **1st Generation/Typical** | | |
| 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 | |
| **2nd Generation/Atypical** | | |
| ABILIFY ASIMTUFII | Preferred brand | QL |
| ABILIFY MAINTENA | Preferred brand | |
| aripiprazole | Generic | |
| ARISTADA | Preferred brand | QL |
| ARISTADA INITIO | Preferred brand | |
| asenapine maleate | Generic | QL |
| BYSANTI | Not covered | QL |
| BYSANTI TITRATION PACK A | Not covered | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| BYSANTI TITRATION PACK B | Not covered | QL |
| BYSANTI TITRATION PACK C | Not covered | 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 | |
| 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 | |
| **Antipsychotics, Other** | | |
| COBENFY | Not covered | QL |
| COBENFY STARTER PACK | Not covered | QL |
| **Treatment-Resistant** | | |
| clozapine | Generic | |
| VERSACLOZ | Nonpreferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Antivirals** | | |
| 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) |
| **Anti-cytomegalovirus (CMV) Agents** | | |
| LIVTENCITY | Preferred brand | PA; SP; QL |
| PREVYMIS ORAL | Nonpreferred brand | QL |
| valganciclovir hcl | Generic | |
| **Anti-hepatitis B (HBV) Agents** | | |
| adefovir dipivoxil | Generic | SP |
| BARACLUDE ORAL SOLUTION | Preferred brand | SP |
| entecavir | Generic | SP |
| lamivudine oral tablet 100 mg | Generic | |
| VEMLIDY | Preferred brand | SP; QL |
| **Anti-hepatitis C (HCV) Agents** | | |
| 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 |
| **Antiherpetic Agents** | | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Anti-HIV Agents, Integrase Inhibitors (INSTI)** | | |
| 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 |
| **Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)** | | |
| DELSTRIGO | Preferred brand | QL |
| EDURANT PED | Preferred brand | QL |
| efavirenz | Generic | |
| efavirenz-emtricitab-tenofo df | Generic | |
| efavirenz-lamivudine-tenofovir | Generic | QL |
| emtricitab-rilpivir-tenofov 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 |
| **Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)** | | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| **Anti-HIV Agents, Other** | | |
| IDVYNSO | Nonpreferred brand | QL |
| maraviroc | Generic | |
| RUKOBIA | Preferred brand | QL |
| SELZENTRY ORAL SOLUTION | Preferred brand | |
| SUNLENCA ORAL | Preferred brand | SP; QL |
| YEZTUGO ORAL | Nonpreferred brand | SP; QL |
| **Anti-HIV Agents, Protease Inhibitors** | | |
| 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 | |
| **Anti-influenza Agents** | | |
| oseltamivir phosphate oral | Generic | QL |
| RELENZA DISKHALER | Preferred brand | QL |
| rimantadine hcl | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| XOFLUZA (40 MG DOSE) | Preferred brand | QL |
| XOFLUZA (80 MG DOSE) | Preferred brand | QL |
| **Anxiolytics** | | |
| **Anxiolytics, Other** | | |
| BUCAPSOL | Not covered | |
| buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg | Generic | |
| buspirone hcl oral tablet 12.5 mg, 2.5 mg | Not covered | |
| hydroxyzine hcl oral syrup 10 mg/5ml | Generic | |
| hydroxyzine hcl oral tablet | Generic | |
| hydroxyzine pamoate oral | Generic | |
| meprobamate | Generic | |
| **Benzodiazepines** | | |
| alprazolam er | Generic | |
| alprazolam intensol | Generic | |
| alprazolam oral | Generic | |
| alprazolam xr | Generic | |
| chlordiazepoxide hcl | Generic | |
| 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 |
| **Bipolar Agents** | | |
| **Mood Stabilizers** | | |
| divalproex sodium er | Generic | |
| divalproex sodium oral | Generic | |
| EQUETRO | Nonpreferred brand | |
| lithium | Generic | |
| lithium carbonate er | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| lithium carbonate oral | Generic | |
| **Blood Glucose Monitoring** | | |
| 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 SIMPL EXT WEAR INSERTER | 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 |
| 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 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| 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 |
| 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 |
| ULTRA-CARE SAFETY LANCETS 30G | 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 |
| **Blood Glucose Regulators** | | |
| **Antidiabetic Agents** | | |
| acarbose oral | Generic | |
| ALOGLIPTIN BENZOATE | Not covered | ABA; QL |
| ALOGLIPTIN-METFORMIN HCL | Not covered | ABA; QL |
| ALOGLIPTIN-PIOGLITAZONE | Not covered | ABA; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| BEXAGLIFLOZIN | Not covered | ABA; QL |
| BRENZAVVY | Not covered | QL |
| BRYNOVIN | Not covered | QL |
| CYCLOSET | Nonpreferred brand | QL |
| dapaglifloz base-metformin er | Generic | QL |
| dapagliflozin | Generic | QL |
| DAPAGLIFLOZIN-SAXAGLIPTIN | Not covered | QL |
| glimepiride | Generic | |
| glipizide er | Generic | |
| 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 XR | Nonpreferred 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| sitagliptin phos-metformin hcl | Generic | QL |
| sitagliptin phosphate | Generic | QL |
| 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 ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | Preferred brand | QL |
| XULTOPHY | Preferred brand | QL |
| ZITUVIMET | Not covered | |
| ZITUVIMET XR | Not covered | QL |
| ZITUVIO | Not covered | QL |
| **Glycemic Agents** | | |
| 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 |
| **Insulins** | | |
| ADMELOG | Not covered | |
| ADMELOG SOLOSTAR | Not covered | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| 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 ASP PROT & ASP FLEXPEN | Not covered | ABA |
| INSULIN ASPART | Not covered | ABA |
| INSULIN ASPART FLEXPEN | Not covered | ABA |
| INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Not covered | ABA |
| INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Not covered | ABA |
| INSULIN DEGLUDEC FLEXTOUCH | Not covered | ABA |
| INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML | Not covered | ABA |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| PRADAXA ORAL PACKET | Nonpreferred brand | QL |
| rivaroxaban | Generic | QL |
| SAVAYSA | Nonpreferred brand | QL |
| warfarin sodium oral | Generic | |
| XARELTO | Preferred brand | QL |
| XARELTO STARTER PACK | Preferred brand | QL |
| ZONTIVITY | Nonpreferred brand | QL |
| **Blood Formation Modifiers** | | |
| ALVAIZ | Not covered | SP; QL |
| anagrelide hcl | Generic | |
| AQVESME | Preferred brand | PA; SP; QL |
| ARANESP (ALBUMIN FREE) | Nonpreferred brand | SP |
| ARMLUPEG | Not covered | 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 |
| FILKRI | Not covered | SP |
| FULPHILA | Nonpreferred brand | PA; SP; OVM |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| FYLNETRA | Not covered | SP |
| GRANIX | Not covered | SP |
| LEUKINE | Nonpreferred brand | SP |
| MIRCERA | Nonpreferred brand | SP; QL |
| MULPLETA | Not covered | SP; QL |
| NEULASTA | Preferred brand | SP; QL |
| NEULASTA ONPRO | 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 |
| XOLREMDI | Preferred brand | PA; SP; QL |
| ZARXIO | Preferred brand | SP |
| ZIEXTENZO | Preferred brand | SP; QL |
| **Hemostasis Agents** | | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| 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 | |
| **Platelet Modifying Agents** | | |
| aspirin-dipyridamole er | Generic | |
| CABLIVI | Preferred brand | PA; SP; QL |
| cilostazol | Generic | |
| clopidogrel bisulfate oral | Generic | |
| dipyridamole oral | Generic | |
| prasugrel hcl | Generic | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ticagrelor | Generic | QL |
| YOSPRALA | Not covered | |
| **Cardiovascular Agents - Drugs for Heart and Circulation Conditions** | | |
| **Cardiovascular Agents, Other** | | |
| BAXFENDY | Not covered | QL |
| **Cardiovascular Agents** | | |
| **Alpha-adrenergic Agonists** | | |
| clonidine | Generic | |
| CLONIDINE ER | Not covered | ABA |
| clonidine hcl oral | Generic | |
| guanfacine hcl | Generic | |
| JAVADIN | Not covered | |
| methyldopa | Generic | |
| midodrine hcl | Generic | |
| NEXICLON XR | Not covered | |
| **Alpha-adrenergic Blocking Agents** | | |
| doxazosin mesylate oral | Generic | |
| phenoxybenzamine hcl oral | Generic | PA; QL |
| prazosin hcl oral | Generic | |
| **Angiotensin II Receptor Antagonists** | | |
| ARBLI | Not covered | QL |
| azilsartan medoxomil | Generic | ST; QL |
| candesartan cilexetil | Generic | |
| irbesartan | Generic | |
| losartan potassium oral | Generic | |
| olmesartan medoxomil oral | Generic | |
| telmisartan | Generic | |
| valsartan oral solution | Not covered | |
| valsartan oral tablet | Generic | |
| **Angiotensin-converting Enzyme (ACE) Inhibitors** | | |
| benazepril hcl oral | Generic | |
| captopril oral | Generic | |
| enalapril maleate oral | Generic | |
| fosinopril sodium | Generic | |
| lisinopril oral | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| moexipril hcl | Generic | |
| perindopril erbumine | Generic | |
| QBRELIS | Nonpreferred brand | QL |
| quinapril hcl | Generic | |
| ramipril | Generic | |
| trandolapril | Generic | |
| **Antiarrhythmics** | | |
| 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 | |
| **Beta-adrenergic Blocking Agents** | | |
| acebutolol hcl oral | Generic | |
| atenolol oral | Generic | |
| betaxolol hcl oral | Generic | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| **Calcium Channel Blocking Agents** | | |
| 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 | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| verapamil hcl oral | Generic | |
| **Cardiovascular Agents, Other** | | |
| 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 | |
| ivabradine hcl | Generic | QL |
| lisinopril-hydrochlorothiazide | Generic | |
| LODOCO | Not covered | QL |
| losartan potassium-hctz | Generic | |
| metoprolol-hydrochlorothiazide | Generic | |
| metyrosine | Generic | |
| MYQORZO | Preferred brand | PA; SP; QL |
| olmesartan medoxomil-hctz | Generic | |
| olmesartan-amlodipine-hctz | Generic | QL |
| pentoxifylline er | Generic | |
| PRESTALIA | Nonpreferred brand | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | Not covered | QL |
| VERQUVO | Nonpreferred brand | PA; QL |
| VYNDAMAX | Preferred brand | PA; SP; QL |
| **Diuretics, Carbonic Anhydrase Inhibitors** | | |
| acetazolamide er | Generic | |
| acetazolamide oral | Generic | |
| dichlorphenamide | Generic | PA; SP; QL |
| methazolamide oral | Generic | |
| **Diuretics, Loop** | | |
| 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 | |
| torsemide | Generic | |
| **Diuretics, Potassium-sparing** | | |
| amiloride hcl oral | Generic | |
| eplerenone | Generic | |
| spironolactone oral suspension 25 mg/5ml | Generic | |
| spironolactone oral tablet | Generic | |
| triamterene oral | Generic | |
| **Diuretics, Thiazide** | | |
| chlorthalidone | Generic | |
| HEMICLOR | Not covered | QL |
| hydrochlorothiazide oral | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| indapamide | Generic | |
| INZIRQO | Not covered | QL |
| metolazone | Generic | |
| THALITONE | Not covered | |
| **Dyslipidemics, Fibric Acid Derivatives** | | |
| fenofibrate micronized | Generic | |
| fenofibrate oral | Generic | |
| fenofibric acid oral capsule delayed release | Generic | |
| fenofibric acid oral tablet | Not covered | |
| gemfibrozil oral | Generic | |
| **Dyslipidemics, HMG CoA Reductase Inhibitors** | | |
| 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 |
| 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) |
| 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 | |
| **Dyslipidemics, Other** | | |
| cholestyramine light | Generic | |
| cholestyramine oral | Generic | |
| colesevelam hcl | Generic | |
| colestipol hcl | Generic | |
| ezetimibe | Generic | QL |
| ezetimibe-simvastatin | Generic | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| icosapent ethyl | Generic | QL |
| JUXTAPID | Not covered | SP; QL |
| 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 |
| **Vasodilators, Direct-acting Arterial/Venous** | | |
| isosorbide dinitrate | Generic | |
| isosorbide mononitrate | Generic | |
| isosorbide mononitrate er | Generic | |
| nitro-bid | Generic | |
| NITRO-DUR | Not covered | |
| nitroglycerin rectal | Generic | QL |
| nitroglycerin sublingual | Generic | |
| nitroglycerin transdermal | Generic | |
| nitroglycerin translingual | Generic | |
| NITRO-TIME | Preferred brand | |
| **Vasodilators, Direct-acting Arterial** | | |
| hydralazine hcl oral | Generic | |
| minoxidil oral | Generic | |
| **Central Nervous System Agents** | | |
| **Attention Deficit Hyperactivity Disorder Agents, Amphetamines** | | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ARYNTA | Not covered | 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 |
| **Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines** | | |
| atomoxetine hcl oral capsule | Generic | QL |
| ATOMOXETINE HCL ORAL SOLUTION | Not covered | QL |
| ATONCY | Not covered | 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 ER | Not covered | QL |
| methylphenidate hcl er | Generic | QL |
| methylphenidate hcl er (cd) | Generic | QL |
| methylphenidate hcl er (la) | Generic | QL |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| **Central Nervous System, Other** | | |
| 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 | Nonpreferred brand | PA; QL |
| phendimetrazine tartrate | Generic | |
| phendimetrazine tartrate er | Generic | |
| phentermine hcl oral | Generic | |
| phentermine-topiramate er | Generic | PA; QL |
| 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 |
| **Fibromyalgia Agents** | | |
| milnacipran hcl | Generic | PA; QL |
| pregabalin er | Generic | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| pregabalin oral | Generic | QL |
| TONMYA | Not covered | |
| **Multiple Sclerosis Agents** | | |
| 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 |
| MAYZENT | Nonpreferred brand | SP; QL |
| MAYZENT STARTER PACK | Nonpreferred brand | SP; QL |
| PLEGRIDY | Not covered | SP; QL |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ZEPOSIA STARTER KIT | Nonpreferred brand | PA; SP; QL |
| **Cholestatic Pruritus Agent** | | |
| **Ileal Bile Acid Transporter Inhibitor** | | |
| BYLVAY | Preferred brand | PA; SP; QL |
| BYLVAY (PELLETS) | Preferred brand | PA; SP; QL |
| LIVMARLI | Preferred brand | PA; SP; QL |
| LYNAVOY | Nonpreferred brand | PA; SP; QL |
| **Dental and Oral Agents** | | |
| 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 | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| amnesteem | 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 | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 EXTERNAL CREAM | Nonpreferred brand | |
| PRAMOSONE EXTERNAL LOTION | Nonpreferred brand | |
| PRAMOSONE EXTERNAL OINTMENT 1-2.5 % | 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 |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| trilitas | Generic | |
| 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 | Preferred brand | ST; QL |
| **Electrolytes/Minerals/Metals/Vitamins** | | |
| **Electrolyte/Mineral Replacement** | | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| 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 |
| **Electrolyte/Mineral/Metal Modifiers** | | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | PA; SP; QL |
| tolvaptan (hyponatremia) | Generic | PA; SP; QL |
| trientine hcl | Generic | PA; SP; QL |
| VELTASSA | Preferred brand | QL |
| **Phosphate Binders** | | |
| 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 | |
| **Vitamins** | | |
| AZENTRA | Not covered | |
| AZESCO | Not covered | |
| cyanocobalamin injection solution 1000 mcg/ml | Generic | |
| cyanocobalamin nasal | Not covered | |
| 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 SOLUTION | Not covered | ABA; QL |
| folic acid oral tablet 1 mg | Generic | |
| folic acid oral tablet 400 mcg, 800 mcg | Preventive | PV1 |
| ft folic acid | Preventive | PV1 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| NOVYRA | 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 | |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| PRENATRYL | Not covered | |
| PRENOVA | Not covered | |
| PRENYRA | Not covered | |
| QUIOFIC | Not covered | QL |
| 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 | |
| WESNATE DHA | Not covered | |
| WESTAB PLUS | Preferred brand | |
| WESTGEL DHA | Not covered | |
| yl folic acid | Preventive | PV1 |
| ZALVIT | Not covered | |
| ZIPHEX | Not covered | |
| **Gastrointestinal Agents** | | |
| **Antispasmodics, Gastrointestinal** | | |
| belladonna alkaloids-opium | Generic | |
| DERMACINRX DIGENYX | Not covered | |
| dicyclomine hcl oral capsule | Generic | |
| dicyclomine hcl oral solution 10 mg/5ml | Generic | |
| dicyclomine hcl oral tablet 20 mg | Generic | |
| dicyclomine hcl oral tablet 40 mg | Not covered | |
| GLYCATE | Not covered | |
| glycopyrrolate oral solution 1 mg/5ml | Generic | |
| glycopyrrolate oral tablet 1 mg, 2 mg | Generic | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | Not covered | |
| hyoscyamine sulfate er | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| hyoscyamine sulfate oral | Generic | |
| hyoscyamine sulfate sl | Generic | |
| hyoscyamine sulfate sublingual | Generic | |
| hyosyne | Generic | |
| LEVBID | Nonpreferred brand | |
| LEVSIN | Nonpreferred brand | |
| LEVSIN/SL | Nonpreferred brand | |
| methscopolamine bromide oral | Generic | |
| NULEV | Nonpreferred brand | |
| OSCIMIN | Nonpreferred brand | |
| **Gastrointestinal Agents, Other** | | |
| 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 |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| VOQUEZNA DUAL PAK | Not covered | QL |
| VOQUEZNA TRIPLE PAK | Not covered | QL |
| VOWST | Nonpreferred brand | PA; SP; QL |
| XERMELO | Preferred brand | PA; SP; OVM |
| **Histamine2 (H2) Receptor Antagonists** | | |
| 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 | |
| **Irritable Bowel Syndrome Agents** | | |
| 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 |
| **Laxatives** | | |
| 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) |
| 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) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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) |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| **Protectants** | | |
| misoprostol oral | Generic | |
| sucralfate oral | Generic | |
| **Proton Pump Inhibitors** | | |
| acid reducer oral tablet delayed release | Generic | |
| dexlansoprazole | Generic | ST |
| esomeprazole magnesium | Generic | |
| ft omeprazole | Generic | |
| KONVOMEP | 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 | |
| **Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment** | | |
| betaine | Generic | SP |
| BUPHENYL ORAL POWDER | Not covered | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| LOARGYS | 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 | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Nonpreferred brand | PA; SP; QL |
| XURIDEN | Preferred brand | PA; SP; QL |
| yargesa | Generic | PA; SP; QL |
| YUVIWEL | Nonpreferred brand | PA; SP; QL |
| zelvysia | Generic | PA; SP |
| ZENPEP | Preferred brand | |
| **Genitourinary Agents** | | |
| **Antispasmodics, Urinary** | | |
| darifenacin hydrobromide er | Generic | QL |
| fesoterodine fumarate er | Generic | QL |
| flavoxate hcl | Generic | |
| GEMTESA | Nonpreferred brand | ST; QL |
| mirabegron er | Generic | 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 | |
| trospium chloride | Generic | QL |
| trospium chloride er | Generic | QL |
| **Benign Prostatic Hypertrophy Agents** | | |
| 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 | |
| TEZRULY | Not covered | |
| **Genitourinary Agents, Other** | | |
| acetic acid irrigation | Generic | |
| ARGYLE STERILE SALINE | Nonpreferred brand | |
| avanafil | Generic | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| vardenafil hcl oral | Generic | PA; QL |
| VCF VAGINAL CONTRACEPTIVE | Preventive | PV1; QL |
| VOYXACT | Nonpreferred brand | PA; SP; QL |
| VYBRIQUE | Not covered | QL |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)** | | |
| AGAMREE | Nonpreferred brand | PA; SP; QL |
| ALA SCALP | Nonpreferred brand | |
| ala-cort | Generic | |
| alclometasone dipropionate | Generic | |
| ALKINDI SPRINKLE | Not covered | SP; QL |
| amcinonide | Generic | |
| betamethasone dipropionate aug | Generic | |
| betamethasone dipropionate external | Generic | |
| betamethasone valerate external | Generic | |
| BRYHALI | Nonpreferred brand | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| DEXLYT | Not covered | |
| diflorasone diacetate | Generic | |
| evesse | 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 | |
| flurandrenolide | Generic | |
| fluticasone propionate external | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| halcinonide | Generic | |
| halobetasol propionate external cream | Generic | |
| halobetasol propionate external foam | Not covered | |
| HALOBETASOL PROPIONATE EXTERNAL LOTION | Not covered | ABA |
| 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 |
| prednisone oral tablet therapy pack | Generic | |
| pyquvi | Generic | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 absorbase | Generic | |
| triderm | Generic | |
| ULTRAVATE | Not covered | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)** | | |
| 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 |
| DESMODA | Not covered | SP |
| 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 |
| GONAL-F | Preferred brand | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 FLEXPRO | Preferred brand | PA; SP |
| NOVAREL | 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 |
| **Selective Estrogen Receptor Modifying Agents** | | |
| clomid | Generic | |
| clomiphene citrate oral | Generic | |
| milophene | Generic | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)** | | |
| mifepristone oral tablet 300 mg | Generic | PA; SP; QL |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)** | | |
| **Androgens** | | |
| danazol oral | Generic | |
| INTRAROSA | Not covered | |
| JATENZO | Nonpreferred brand | PA; QL |
| KYZATREX | Nonpreferred brand | PA; QL |
| METHITEST | Nonpreferred brand | QL |
| methyltestosterone oral | Generic | QL |
| NATESTO | Not covered | QL |
| TESTOSTERONE CYPIONATE INJECTION | Not covered | |
| testosterone cypionate intramuscular | Generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| testosterone enanthate intramuscular | Generic | |
| testosterone transdermal | Generic | PA; QL |
| TLANDO | Nonpreferred brand | PA; QL |
| UNDECATREX ORAL CAPSULE 200 MG | Not covered | ABA; QL |
| XYOSTED | Nonpreferred brand | PA; QL |
| **Estrogens** | | |
| 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 |
| camrese | Generic | PV2; QL |
| camrese lo | Generic | PV2; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| charlotte 24 fe | Generic | PV2 |
| chateal eq | Generic | PV2 |
| CLIMARA | Nonpreferred brand | |
| CLIMARA PRO | Nonpreferred 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 | |
| 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 | |
| estradiol-norethindrone acet | Generic | |
| ESTRATEST H.S. | Nonpreferred brand | |
| ESTRING | Preferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| estrogens conjugated | Generic | |
| 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 |
| kalliga | Generic | PV2 |
| kariva | Generic | PV2 |
| kelnor 1/35 | Generic | PV2 |
| kurvelo | Generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 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 oral tablet 0.1-20 mg-mcg, 90-20 mcg | 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 |
| lutera | 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 |
| mono-linyah | Generic | PV2 |
| MYFEMBREE | Nonpreferred brand | PA; QL |
| NATAZIA | Nonpreferred brand | |
| necon 0.5/35 (28) | Generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | |
| 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 |
| taysofy | Generic | PV2 |
| tilia fe | Generic | PV2 |
| tri-estarylla | Generic | PV2 |
| tri-legest fe | Generic | PV2 |
| tri-linyah | Generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| **Progestins** | | |
| aftera | Preventive | PV1; QL |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| take action | Preventive | PV1; QL |
| **Selective Estrogen Receptor Modifying Agents** | | |
| OSPHENA | Nonpreferred brand | |
| raloxifene hcl | Generic | PV3; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | |
| AMERITHROID | Not covered | |
| ARMOUR THYROID | Nonpreferred brand | |
| EVEXITHROID | Nonpreferred brand | |
| 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 | |
| **Hormonal Agents, Suppressant (Adrenal)** | | |
| LYSODREN | Preferred brand | QL |
| **Hormonal Agents, Suppressant (Pituitary)** | | |
| BYNFEZIA PEN | Nonpreferred brand | PA; SP; QL |
| cetrorelix 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 |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| octreotide acetate subcutaneous | Generic | SP |
| ORILISSA | Preferred brand | PA; QL |
| PALSONIFY | Nonpreferred brand | PA; SP; QL |
| SIGNIFOR | Preferred brand | PA; SP; QL |
| SOMAVERT | Preferred brand | PA; SP |
| SYNAREL | Nonpreferred brand | |
| **Hormonal Agents, Suppressant (Thyroid)** | | |
| **Antithyroid Agents** | | |
| methimazole oral | Generic | |
| propylthiouracil oral | Generic | |
| **Immunological Agents** | | |
| **Angioedema Agents** | | |
| ANDEMBRY | Preferred brand | PA; SP; QL |
| BERINERT | Not covered | SP |
| 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 |
| **Immune Suppressants** | | |
| 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 |
| ADALIMUMAB-ADAZ | Not covered | SP |
| ADALIMUMAB-ADBM (2 PEN) | Not covered | SP |
| ADALIMUMAB-ADBM (2 SYRINGE) | Not covered | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| 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 |
| ENVARSUS 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/UVEIT STARTER | Not covered | SP; QL |
| HYRIMOZ | Not covered | SP |
| HYRIMOZ-CROHNS/UC STARTER | Not covered | SP |
| HYRIMOZ-PED<40KG CROHN STARTER | Not covered | SP |
| HYRIMOZ-PED>/=40KG CROHN START | Not covered | SP |
| HYRIMOZ-PLAQ PSOR/UVEIT START | Not covered | SP |
| HYRIMOZ-PLAQUE PSORIASIS START | Not covered | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 | Not covered | SP; QL |
| tacrolimus er | Generic | SP |
| tacrolimus oral | Generic | SP |
| tofacitinib citrate er | Generic | PA; SP; QL |
| tofacitinib citrate oral | Generic | PA; SP; QL |
| TREXALL | Preferred brand | |
| USTEKINUMAB-AAUZ | Not covered | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| XATMEP | Not covered | SP |
| 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 |
| **Immunoglobulins** | | |
| 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 |
| **Immunomodulators** | | |
| 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 |
| ENFLONSIA | Preventive | PV1; QL |
| ENSPRYNG | Preferred brand | PA; SP; QL |
| ENTYVIO PEN | Nonpreferred brand | PA; SP; QL |
| ICOTYDE | Not covered | SP; QL |
| KEVZARA | Nonpreferred brand | PA; SP; QL |
| leflunomide oral | Generic | |
| OTEZLA | Preferred brand | PA; SP; QL |
| OTEZLA XR | Preferred brand | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| SAPHNELO PEN | Nonpreferred brand | PA; SP; QL |
| SAPHNELO SUBCUTANEOUS | Nonpreferred 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 |
| **Immunosuppressants** | | |
| JOENJA | Preferred brand | PA; SP; QL |
| **Vaccines** | | |
| ABRYSVO | Preventive | PV1; QL |
| ACTHIB | Preventive | PV1; QL |
| ADACEL | Preventive | PV1; QL |
| AFLURIA INTRAMUSCULAR SUSPENSION | Preventive | PV1; QL |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Preventive | PV1; QL |
| AREXVY | Preventive | PV1; QL |
| BEXSERO | Preventive | PV1; QL |
| BOOSTRIX | Preventive | PV1; QL |
| CAPVAXIVE | Preventive | PV1; QL |
| COMIRNATY | Preventive | PV1; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| 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 |
| PEDIARIX | Preventive | PV1; QL |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | 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 |
| PROQUAD | Preventive | PV1; QL |
| QUADRACEL | Preventive | PV1; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| **Inflammatory Bowel Disease Agents** | | |
| **Aminosalicylates** | | |
| balsalazide disodium | Generic | |
| DIPENTUM | Nonpreferred brand | |
| mesalamine er oral capsule 0.375 gm | Generic | |
| mesalamine er oral capsule extended release 500 mg | 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 | |
| **Glucocorticoids** | | |
| 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 |
| **Sulfonamides** | | |
| sulfasalazine oral | Generic | |
| **Metabolic Bone Disease Agents** | | |
| 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 |
| **Miscellaneous Therapeutic Agents** | | |
| 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 |
| FOUNDAYO | Preferred brand | PA; QL |
| GRASTEK | Nonpreferred brand | PA; QL |
| IWILFIN | Preferred brand | PA; 15DS; SP; OVM |
| KERENDIA | Preferred brand | PA; QL |
| LASIX ONYU REUSABLE UNIT/CHARG | Nonpreferred 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 LIBRE INTRO | 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| PRO COMFORT SPACER CHILD | Nonpreferred brand | QL |
| PRO COMFORT SPACER INFANT | Nonpreferred brand | QL |
| 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 ORAL | Not covered | 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| YORVIPATH | Preferred brand | PA; SP; QL |
| ZEPBOUND KWIKPEN | Not covered | QL |
| ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Preferred brand | PA; QL |
| ZILBRYSQ | Nonpreferred brand | PA; SP; QL |
| ZOKINVY | Preferred brand | PA; SP; QL |
| **Ophthalmic Agents** | | |
| **Aminoglycosides** | | |
| gentamicin sulfate ophthalmic | Generic | |
| neomycin-polymyxin-gramicidin | Generic | |
| TOBRADEX | Nonpreferred brand | |
| TOBRADEX ST | Nonpreferred brand | |
| tobramycin ophthalmic | Generic | |
| tobramycin-dexamethasone | Generic | |
| TOBREX | Nonpreferred brand | |
| **Antibacterials, Other** | | |
| 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 | |
| XDEMVY | Preferred brand | PA; QL |
| **Anti-cytomegalovirus (CMV) Agents** | | |
| ZIRGAN | Preferred brand | |
| **Antifungals** | | |
| NATACYN | Preferred brand | QL |
| **Antiherpetic Agents** | | |
| trifluridine | Generic | |
| **Macrolides** | | |
| AZASITE | Nonpreferred brand | |
| erythromycin ophthalmic | Generic | |
| **Ophthalmic Agents, Other** | | |
| atropine sulfate ophthalmic solution 1 % | Generic | |
| CEQUA | Nonpreferred brand | QL |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % | Nonpreferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| cyclopentolate hcl ophthalmic | Generic | |
| cyclosporine (pf) | Generic | |
| CYSTADROPS | Nonpreferred brand | PA; SP; QL |
| CYSTARAN | Preferred brand | PA; SP; QL |
| HOMATROPAIRE | Not covered | |
| 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 |
| **Ophthalmic Anti-allergy Agents** | | |
| 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 |
| ZERVIATE | Not covered | |
| **Ophthalmic Antiglaucoma Agents** | | |
| apraclonidine hcl | Generic | |
| betaxolol hcl ophthalmic | Generic | |
| 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 | |
| IOPIDINE | Nonpreferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 ocudose | Generic | |
| timolol maleate ophthalmic | Generic | |
| timolol maleate pf | Generic | |
| **Ophthalmic Anti-inflammatories** | | |
| 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 | |
| PRED MILD | Nonpreferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| prednisolone acetate ophthalmic | Generic | |
| PREDNISOLONE ACETATE P-F | Nonpreferred brand | |
| prednisolone sodium phosphate ophthalmic | Generic | |
| **Ophthalmic Prostaglandin and Prostamide Analogs** | | |
| 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 |
| ZOLYMBUS | Not covered | |
| **Quinolones** | | |
| 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 | |
| **Sulfonamides** | | |
| sulfacetamide sodium ophthalmic | Generic | |
| **Otic Agents** | | |
| 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 |
|---|---|---|
| XTORO | Not covered | QL |
| **Respiratory Tract/Pulmonary Agents** | | |
| **Antihistamines** | | |
| 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, 60 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| allergy-d 24hr | Generic | |
| 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 1 mg/ml, 5 mg/5ml | Generic | |
| cetirizine hcl oral tablet | Generic | |
| cetirizine hcl oral tablet chewable | 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 syrup 2 mg/5ml | Generic | |
| cyproheptadine hcl oral tablet | 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ft allergy relief 12 hour | Generic | |
| ft allergy relief 24 hour | Generic | |
| 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 chewable | 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 | Generic | QL |
| 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 | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Anti-inflammatories, Inhaled Corticosteroids** | | |
| ADVAIR HFA | Preferred brand | QL |
| ALVESCO | Not covered | QL |
| ARNUITY ELLIPTA | Not covered | QL |
| ASMANEX (120 METERED DOSES) | Preferred brand | QL |
| ASMANEX (30 METERED DOSES) | Preferred brand | QL |
| ASMANEX (60 METERED DOSES) | Preferred brand | QL |
| BECLOMETHASONE DIPROP HFA | Not covered | |
| BEVESPI AEROSPHERE | Not covered | QL |
| BREO ELLIPTA | Preferred brand | QL |
| breyna | 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 INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | Nonpreferred brand | ABA; QL; AL (Max 5 Years) |
| fluticasone propionate hfa inhalation aerosol 44 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| QNASL CHILDRENS | Nonpreferred brand | ST; QL |
| QVAR REDIHALER | Not covered | QL |
| SYMBICORT | Generic | QL |
| wixela inhub | Generic | QL |
| XHANCE | Not covered | QL |
| **Antileukotrienes** | | |
| montelukast sodium oral | Generic | QL |
| zafirlukast | Generic | QL |
| zileuton er | Generic | QL |
| **Bronchodilators, Anticholinergic** | | |
| 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 | ABA; QL |
| YUPELRI | Preferred brand | QL |
| **Bronchodilators, Sympathomimetic** | | |
| 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 |
| levalbuterol hcl inhalation | Generic | |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT | Nonpreferred brand | ABA; QL |
| NEFFY NASAL SOLUTION 1 MG/0.1ML | Not covered | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| NEFFY NASAL SOLUTION 2 MG/0.1ML | Not covered | QL |
| PROAIR RESPICLICK | Not covered | QL |
| SEREVENT DISKUS | Preferred brand | QL |
| STRIVERDI RESPIMAT | Preferred brand | QL |
| terbutaline sulfate oral | Generic | |
| XOPENEX HFA | Nonpreferred brand | QL |
| **Cystic Fibrosis Agents** | | |
| 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 |
| **Mast Cell Stabilizers** | | |
| cromolyn sodium inhalation | Generic | |
| **Phosphodiesterase Inhibitors, Airways Disease** | | |
| elixophyllin | Generic | |
| OHTUVAYRE | Nonpreferred brand | PA; SP; QL |
| roflumilast | Generic | QL |
| THEO-24 | Nonpreferred brand | |
| theophylline er | Generic | |
| theophylline oral | Generic | |
| **Pulmonary Antihypertensives** | | |
| ADEMPAS | Preferred brand | PA; SP; QL |
| alyq | Generic | PA; SP; QL |
| ambrisentan | Generic | PA; SP; QL |
| bosentan | Generic | PA; SP; QL |
| macitentan | Generic | PA; SP; QL |
| OPSYNVI | Nonpreferred brand | PA; SP; QL |
| ORENITRAM | Nonpreferred brand | PA; SP; QL |
| ORENITRAM MONTH 1 | Nonpreferred brand | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ORENITRAM MONTH 2 | Nonpreferred brand | PA; SP; QL |
| 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 |
| **Pulmonary Fibrosis Agents** | | |
| JASCAYD | Nonpreferred brand | PA; SP; QL |
| nintedanib esylate | Generic | PA; SP; QL |
| pirfenidone | Generic | SP; QL |
| **Respiratory Tract Agents, Other** | | |
| acetylcysteine inhalation | Generic | |
| AIRSUPRA | Preferred brand | QL |
| ANORO ELLIPTA | Preferred brand | QL |
| azelastine-fluticasone | Generic | QL |
| benzonatate oral capsule 100 mg, 200 mg | Generic | |
| benzonatate oral capsule 150 mg | Not covered | |
| 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 | |
| HYPERSAL | Nonpreferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ipratropium-albuterol | Generic | |
| 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 | |
| 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 |
| **Skeletal Muscle Relaxants** | | |
| ATMEKSI | Not covered | |
| baclofen oral solution 10 mg/5ml, 5 mg/5ml | 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 | |
| **Sleep Disorder Agents** | | |
| **GABA Receptor Modulators** | | |
| 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 |
| **Sleep Disorders, Other** | | |
| 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 |
| **Wakefulness Promoting Agents** | | |
| 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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**We Speak Your Language**

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-469-2583 TTY: 711 or speak to your provider.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se ofrecen, sin costo alguno, ayuda y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 877-469-2583 TTY: 711 o hable con su proveedor.

تنبيه: إذا كنت تتحدث الإنجليزية، فإن خدمات المساعدة اللغوية المجانية متوفرة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. اتصل برقم 877-469-2583 TTY: 711 أو تحدث إلى مزود الخدمة الخاص بك.

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。请致电 877-469-2583 (TTY: 711) 或咨询您的服务提供商。

ܙܘܗܪܐ: ܐܢ ܐܢ̈ܫܝܬܘܢ ܒܐ ܡܗܓܝܓܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܬܫܡܫܬ̈ܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܒܕ ܗܘܝܐ ܦܬܝܚܐ ܩܠܘܒܟܘܢ ܕܠܐ ܐ݇ܓܪܐ. ܐܦ ܬܫܡܫܬ̈ܐ ܘܡܥܢܝܢܘܬܐ ܠܣܝܘܥܐ ܠܡܘܕܥܢܘܬܐ ܕܡܬܕܪܟܢܘܬܐ ܒܙܘܥܦܐ ܡܬܡܛܝܢܐ ܐܝܢܐ ܦܬܝܚܐ ܕܠܐ ܐ݇ܓܪܐ. ܡܩܪܒܘܢ ܥܠ ܡܢܝܢܐ 877-469-2583 TTY: 711 ܐܘ ܡܡܠܠܘܢ ܥܡ ܡܦܪܢܣܢܘܟܘܢ.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ và dịch vụ phù hợp để cung cấp thông tin bằng các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi số 877-469-2583 TTY: 711 hoặc trao đổi với người cung cấp dịch vụ của bạn.

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 877-469-2583 TTY: 711 ose bisedoni me ofruesin tuaj të shërbimit.

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다. 877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.

মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলব্ধ রয়েছে। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলব্ধ রয়েছে। 877-469-2583 TTY: 711 নম্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

UWAGA: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 877-469-2583 TTY: 711 lub porozmawiaj ze swoim usługodawcą.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 877-469-2583 TTY: 711 an oder sprechen Sie mit Ihrem Provider.

ATTENZIONE: se parli Italiano, sono disponibili servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi ausiliari adeguati per fornire informazioni in formati accessibili. Chiama l'877-469-2583 TTY: 711 o parla con il tuo fornitore.

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PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na karagdagang tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 877-469-2583 TTY: 711 o makipag-usap sa iyong provider.

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- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711.

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600 E. Lafayette Blvd., MC 1302
Detroit, MI 48226
Phone: 888-605-6461, TTY: 711
Fax: 866-559-0578
Email: CivilRights@bcbsm.com

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail, phone, or email at:

U.S. Department of Health & Human Services
200 Independence Ave, SW
Room 509, HHH Building
Washington, D.C. 20201
Phone: 800-368-1019, TTD: 800-537-7697
Email: OCRComplaint@hhs.gov

Complaint forms are available on the U.S. Department of Health & Human Services Office for Civil Rights website https://www.hhs.gov/ocr/complaints/index.html.

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