

## Blue Cross Blue Shield of Michigan and Blue Care Network Preferred Drug List

### Alternatives for nonpreferred and nonformulary (not covered) drugs

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To help accomplish this, we encourage the use of drugs that have similar effectiveness, quality and safety, but at a fraction of the cost to more costly alternatives.

The list below shows the drugs that are nonpreferred or nonformulary (not covered) on the *Preferred Drug List* along with suggested covered preferred alternatives. In most cases, if you fill a prescription for a nonformulary drug, you'll pay the full retail price. Most brand-name drugs with a generic equivalent aren't covered. Unless otherwise listed as an alternative, the generic equivalents of nonformulary brand-name drugs also aren't covered.

If you're currently using one of these drugs, ask your doctor if one of the preferred alternatives on the list, which has similar effectiveness and safety, is right for you.

Certain brand-name drugs on the *Preferred Drug List* will be covered at a generic copayment and the generic equivalent won't be covered. These drugs are listed in this table:

Generic equivalent not covered	Brand-name drug covered at generic copay	Additional covered alternatives*
mesalamine 0.375 g ER capsule	Apriso®	balsalazide (Colazal®), mesalamine (Asacol® HD, Canasa®), Pentasa®, sulfasalazine (Azulfidine®)
ivermectin cream	Soolantra®	azelaic acid (Finacea® gel), metronidazole gel 0.75% (Metrogel®)
tiotropium bromide inhalation	Spiriva® Handihaler®	Spiriva® Respimat®, Yupelri®
budesonide/formoterol, Breyna®	Symbicort®	Advair® Diskus®, Breo® Ellipta®
calcipotriene-betamethasone dipropionate suspension	Taclonex® suspension	calcipotriene (Dovonex®) plus betamethasone dipropionate (Diprosone®)
budesonide tablet	Uceris® tablet	balsalazide (Colazal®), mesalamine (Asacol® HD, Canasa®), Pentasa®, sulfasalazine (Azulfidine®)
estradiol patch	Vivelle-DOT®, Dotti®, Lyllana®	Climara®, Estrace®, Minivelle®, Premarin® cream, Vagifem®

\*If available, the generic equivalent will be dispensed when you fill a prescription. This list is intended as a reference guide and doesn't dictate coverage.

This list is intended as a reference guide and doesn't dictate coverage. For tiering information specific to your drug benefit, check your plan documents. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

For a complete list of drugs and coverage requirements, go to [bcbsm.com/pharmacy](https://bcbsm.com/pharmacy). 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 or BCN member ID card.

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>ABIRATERONE TAB 500MG</b>	NOT COVERED	ABIRATERONE TAB 250MG, YONSA TAB 125MG, XTANDI TAB 80MG, ERLEADA TAB 240MG
<b>ABRILADA 1PN INJ 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>ABRILADA 2PN INJ 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>ABRILADA INJ 20/0.4ML</b>	NOT COVERED	HUMIRA INJ 20/0.2ML, ENBREL INJ 25MG, XELJANZ SOL 1MG/ML
<b>ABRILADA INJ 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>ABSORICA LD CAP 16MG</b>	NONPREFERRED BRAND	ACCUTANE CAP 20MG, AMNESTEEM CAP 20MG, CLARAVIS CAP 20MG, ISOTRETINOIN CAP 20MG, ZENATANE CAP 20MG
<b>ABSORICA LD CAP 24MG</b>	NONPREFERRED BRAND	ACCUTANE CAP 30MG, CLARAVIS CAP 30MG, ISOTRETINOIN CAP 30MG, ZENATANE CAP 30MG, AMNESTEEM CAP 40MG
<b>ABSORICA LD CAP 32MG</b>	NONPREFERRED BRAND	ACCUTANE CAP 40MG, AMNESTEEM CAP 40MG, CLARAVIS CAP 40MG, ISOTRETINOIN CAP 40MG, ZENATANE CAP 40MG
<b>ABSORICA LD CAP 8MG</b>	NONPREFERRED BRAND	ACCUTANE CAP 10MG, AMNESTEEM CAP 10MG, CLARAVIS CAP 10MG, ISOTRETINOIN CAP 10MG, ZENATANE CAP 10MG
<b>ACTEMRA INJ 162/0.9</b>	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, ENBREL INJ 25MG, XELJANZ TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>ACTEMRA INJ ACTPEN</b>	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, ENBREL INJ 25MG, XELJANZ TAB 5MG
<b>ACUVAIL SOL 0.45%</b>	NOT COVERED	KETOROLAC SOL 0.4%, BROMFENAC DRO 0.07% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP
<b>ACYCLOVIR CRE 5%</b>	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
<b>ADALIMU-AACF INJ 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>ADALIMU-ADAZ INJ 40/0.4ML</b>	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>ADALIMU-ADBAM KIT 10/0.2ML</b>	NOT COVERED	HUMIRA INJ 10/0.1ML, XELJANZ SOL 1MG/ML
<b>ADALIMU-ADBAM KIT 20/0.4ML</b>	NOT COVERED	HUMIRA INJ 20/0.2ML, ENBREL INJ 25MG, XELJANZ SOL 1MG/ML
<b>ADALIMU-ADBAM KIT 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>ADALIMU-FKJP KIT 20/0.4ML</b>	NOT COVERED	HUMIRA INJ 20/0.2ML, ENBREL INJ 25MG, XELJANZ SOL 1MG/ML
<b>ADALIMU-FKJP KIT 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>ADAPAL/BEN P GEL 0.3-2.5%</b>	NOT COVERED	ADAPAL/BEN P GEL 0.1-2.5%, ADAPALENE GEL 0.3%, TRETINOIN GEL 0.05%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
<b>ADAPALENE PAD 0.1%SWAB</b>	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, TWYNEO CRE 0.1-3%
<b>ADAPALENE SOL 0.1%</b>	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, TWYNEO CRE 0.1-3%
<b>ADDERALL TAB 10MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR TAB 10MG, DEXTROAMPHET TAB 7.5MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, AMPHETAMINE TAB 5MG
<b>ADDERALL TAB 12.5MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR TAB 12.5MG, DEXTROAMPHET TAB 10MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, AMPHETAMINE TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>ADDERALL TAB 15MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR TAB 15MG, DEXTROAMPHET TAB 15MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG, AMPHETAMINE TAB 10MG
<b>ADDERALL TAB 20MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR TAB 20MG, DEXTROAMPHET TAB 20MG, DEXMETHYLPH TAB 10MG, METHYLPHENID TAB 20MG, AMPHETAMINE TAB 10MG
<b>ADDERALL TAB 30MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR TAB 30MG, DEXTROAMPHET TAB 30MG, DEXMETHYLPH TAB 10MG, METHYLPHENID TAB 20MG, AMPHETAMINE TAB 10MG
<b>ADDERALL TAB 5MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR TAB 5MG, DEXTROAMPHET TAB 2.5MG, DEXMETHYLPH TAB 2.5MG, METHYLPHENID TAB 5MG, AMPHETAMINE TAB 5MG
<b>ADDERALL TAB 7.5MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR TAB 7.5MG, DEXTROAMPHET TAB 5MG, DEXMETHYLPH TAB 2.5MG, METHYLPHENID TAB 5MG, AMPHETAMINE TAB 5MG
<b>ADDERALL XR CAP 10MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 10MG ER, DEXMETHYLPHE CAP 10MG ER, METHYLPHENID CAP 30MG ER, LISDEXAMFETA CAP 20MG, VYVANSE CAP 20MG
<b>ADDERALL XR CAP 15MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 15MG ER, DEXMETHYLPH CAP 15MG ER, METHYLPHENID CAP 60MG LA, LISDEXAMFETA CAP 20MG, VYVANSE CAP 20MG
<b>ADDERALL XR CAP 20MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPH CAP 15MG ER, METHYLPHENID CAP 60MG LA, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
<b>ADDERALL XR CAP 25MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 25MG ER, DEXMETHYLPHE CAP 20MG ER, METHYLPHENID CAP 60MG LA, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
<b>ADDERALL XR CAP 30MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPHE CAP ER 25MG, METHYLPHENID CAP 60MG LA, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
<b>ADDERALL XR CAP 5MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 5MG ER, DEXMETHYLPHE CAP 5MG ER, METHYLPHENID CAP 10MG ER, LISDEXAMFETA CAP 10MG, VYVANSE CAP 10MG
<b>ADHANSIA XR CAP 25MG</b>	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
<b>ADHANSIA XR CAP 35MG</b>	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>ADHANSIA XR CAP 45MG</b>	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP ER 25MG, AMPHET/DEXTR CAP 12.5 ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
<b>ADHANSIA XR CAP 55MG</b>	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 30MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
<b>ADHANSIA XR CAP 70MG</b>	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 37.5 ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
<b>ADHANSIA XR CAP 85MG</b>	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG
<b>ADLARITY DIS 10MG/DAY</b>	NONPREFERRED BRAND	RIVASTIGMINE DIS 13.3/24, DONEPEZIL TAB 10MG, GALANTAMINE TAB 12MG
<b>ADLARITY DIS 5MG/DAY</b>	NONPREFERRED BRAND	RIVASTIGMINE DIS 4.6MG/24, DONEPEZIL TAB 5MG, GALANTAMINE TAB 4MG
<b>ADLYXIN INJ 10/20MCG</b>	NOT COVERED	TRULICITY INJ 0.75/0.5, BYETTA INJ 5MCG, BYDUREON BC INJ 2/0.85ML, VICTOZA INJ 18MG/3ML, OZEMPIC INJ 2MG/3ML
<b>ADLYXIN INJ 20MCG</b>	NOT COVERED	TRULICITY INJ 0.75/0.5, BYETTA INJ 5MCG, BYDUREON BC INJ 2/0.85ML, VICTOZA INJ 18MG/3ML, OZEMPIC INJ 2MG/3ML
<b>ADMELOG INJ 100U/ML</b>	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
<b>ADMELOG SOLO INJ 100U/ML</b>	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
<b>ADTHYZA TAB 120MG</b>	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, ARMOUR THYRO TAB 120MG, NIVA THYROID TAB 120MG, EUTHYROX TAB 137MCG
<b>ADTHYZA TAB 130MG</b>	NONPREFERRED BRAND	NP THYROID TAB 120MG, THYROID TAB 120MG, ARMOUR THYRO TAB 120MG, NIVA THYROID TAB 120MG, EUTHYROX TAB 150MCG
<b>ADTHYZA TAB 15MG</b>	NONPREFERRED BRAND	NP THYROID TAB 15MG, THYROID TAB 15MG, ARMOUR THYRO TAB 15MG, NIVA THYROID TAB 15MG, EUTHYROX TAB 25MCG
<b>ADTHYZA TAB 16.25MG</b>	NONPREFERRED BRAND	NP THYROID TAB 15MG, THYROID TAB 15MG, ARMOUR THYRO TAB 15MG, NIVA THYROID TAB 15MG, EUTHYROX TAB 50MCG
<b>ADTHYZA TAB 30MG</b>	NONPREFERRED BRAND	NP THYROID TAB 30MG, THYROID TAB 30MG, ARMOUR THYRO TAB 30MG, NIVA THYROID TAB 30MG, EUTHYROX TAB 75MCG
<b>ADTHYZA TAB 32.5MG</b>	NONPREFERRED BRAND	NP THYROID TAB 30MG, THYROID TAB 30MG, ARMOUR THYRO TAB 30MG, NIVA THYROID TAB 30MG, EUTHYROX TAB 88MCG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>ADTHYZA TAB 60MG</b>	NONPREFERRED BRAND	NP THYROID TAB 60MG, THYROID TAB 60MG, ARMOUR THYRO TAB 60MG, NIVA THYROID TAB 60MG, EUTHYROX TAB 100MCG
<b>ADTHYZA TAB 65MG</b>	NONPREFERRED BRAND	NP THYROID TAB 90MG, THYROID TAB 90MG, ARMOUR THYRO TAB 90MG, NIVA THYROID TAB 90MG, EUTHYROX TAB 112MCG
<b>ADTHYZA TAB 90MG</b>	NONPREFERRED BRAND	NP THYROID TAB 90MG, THYROID TAB 90MG, ARMOUR THYRO TAB 90MG, NIVA THYROID TAB 90MG, EUTHYROX TAB 112MCG
<b>ADTHYZA TAB 97.5MG</b>	NONPREFERRED BRAND	NP THYROID TAB 90MG, THYROID TAB 90MG, ARMOUR THYRO TAB 90MG, NIVA THYROID TAB 90MG, EUTHYROX TAB 125MCG
<b>ADZENYS XR TAB 12.5MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 30MG ER, METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP ER 25MG, LISDEXAMFETA CHW 40MG, VYVANSE CHW 40MG
<b>ADZENYS XR TAB 15.7 MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 25MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP ER 35MG, LISDEXAMFETA CHW 50MG, VYVANSE CHW 50MG
<b>ADZENYS XR TAB 18.8MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 50MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, LISDEXAMFETA CHW 60MG, VYVANSE CHW 60MG
<b>ADZENYS XR TAB 3.1MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
<b>ADZENYS XR TAB 6.3MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 15MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 10MG ER, LISDEXAMFETA CHW 20MG, VYVANSE CHW 20MG
<b>ADZENYS XR TAB 9.4MG</b>	NONPREFERRED BRAND	AMPHET/DEXTR CAP 25MG ER, METHYLPHENID TAB 27MG ER, DEXMETHYLPHE CAP 20MG ER, LISDEXAMFETA CHW 30MG, VYVANSE CHW 30MG
<b>AEMCOLO TAB 194MG</b>	NONPREFERRED BRAND	AZITHROMYCIN TAB 250MG, CIPROFLOXACIN TAB 250MG, LEVOFLOXACIN TAB 250MG, OFLOXACIN TAB 300MG
<b>AFREZZA POW 12 UNIT</b>	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
<b>AFREZZA POW 4-8 UNIT</b>	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
<b>AFREZZA POW 4-8-12</b>	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
<b>AFREZZA POW 4UNIT</b>	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
AFREZZA POW 8 UNIT	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
AFREZZA POW 8-12UNIT	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
AGAMREE SUS 40MG/ML	NONPREFERRED BRAND SPECIALTY	DEFLAZACORT TAB 6MG
AIRDUO DGHLR INH 113-14	NOT COVERED	SYMBICORT AER 80-4.5, FLUTIC/SALME AER 100/50, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25
AIRDUO DGHLR INH 232-14	NOT COVERED	SYMBICORT AER 160-4.5, FLUTIC/SALME AER 500/50, ADVAIR HFA AER 230/21, BREO ELLIPTA INH 200-25
AIRDUO DGHLR INH 55-14	NOT COVERED	SYMBICORT AER 80-4.5, FLUTIC/SALME AER 100/50, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
AIRDUO RESPI INH 113-14	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
AIRDUO RESPI INH 232-14	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 160-4.5, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25
AIRDUO RESPI INH 55-14	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
AKLIEF CRE 0.005%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, TWYNEO CRE 0.1-3%
AKYNZEO CAP 300-0.5	NOT COVERED	GRANISETRON TAB 1MG, APREPITANT CAP 40MG, ONDANSETRON TAB 4MG
ALA-SCALP LOT 2%	NONPREFERRED BRAND	HYDROCORT LOT 2.5%, BETAMETH DIP LOT 0.05%, DESONIDE LOT 0.05%, FLURANDRENOL LOT 0.05%, FLUTICASONE LOT 0.05%
ALBUTEROL AER HFA	NOT COVERED	ALBUTEROL AER HFA
ALDACTAZIDE TAB 50/50	NONPREFERRED BRAND	SPIRONO/HCTZ TAB 25/25, AMILOR/HCTZ TAB 5-50, TRIAMT/HCTZ TAB 75-50MG, SPIRONOLACT TAB 50MG, HYDROCHLOROT TAB 50MG
ALKINDI SPRI CAP 0.5MG	NOT COVERED	HYDROCORT TAB 5MG
ALKINDI SPRI CAP 1MG	NOT COVERED	HYDROCORT TAB 10MG
ALKINDI SPRI CAP 2MG	NOT COVERED	HYDROCORT TAB 10MG
ALKINDI SPRI CAP 5MG	NOT COVERED	HYDROCORT TAB 5MG
ALLOPURINOL TAB 200MG	NOT COVERED	ALLOPURINOL TAB 100MG
ALLZITAL TAB 25-325MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BAC TAB, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG, DICLOFEN POT TAB 50MG
ALOCRI SOL 2%	NOT COVERED	CROMOLYN SOD SOL 4% OP

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>ALOG/PIOGLIT TAB 12.5-15</b>	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
<b>ALOG/PIOGLIT TAB 12.5-30</b>	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
<b>ALOG/PIOGLIT TAB 12.5-45</b>	NOT COVERED	JENTADUETO TAB 2.5-850, JANUMET TAB 50-500MG
<b>ALOG/PIOGLIT TAB 25-15MG</b>	NOT COVERED	JENTADUETO TAB 2.5-850, JANUMET TAB 50-1000
<b>ALOG/PIOGLIT TAB 25-30MG</b>	NOT COVERED	JENTADUETO TAB 2.5-1000, JANUMET TAB 50-1000
<b>ALOG/PIOGLIT TAB 25-45MG</b>	NOT COVERED	JENTADUETO TAB 2.5-1000, JANUMET TAB 50-1000
<b>ALOGLIPTIN TAB 12.5MG</b>	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 50MG
<b>ALOGLIPTIN TAB 25MG</b>	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 100MG
<b>ALOGLIPTIN TAB 6.25MG</b>	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 25MG
<b>ALOGLIPTIN/ TAB METFORM</b>	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
<b>ALOMIDE SOL 0.1% OP</b>	NOT COVERED	CROMOLYN SOD SOL 4% OP
<b>ALORA DIS 0.025MG</b>	NONPREFERRED BRAND	VIVELLE-DOT DIS 0.025MG, ESTRADIOL DIS 0.025MG
<b>ALORA DIS 0.05MG</b>	NONPREFERRED BRAND	VIVELLE-DOT DIS 0.05MG, ESTRADIOL DIS 0.05MG
<b>ALORA DIS 0.075MG</b>	NONPREFERRED BRAND	VIVELLE-DOT DIS 0.075MG, ESTRADIOL DIS 0.075MG
<b>ALORA DIS 0.1MG</b>	NONPREFERRED BRAND	VIVELLE-DOT DIS 0.1MG, ESTRADIOL DIS 0.1MG
<b>ALTOPREV TAB 20MG ER</b>	NOT COVERED	LOVASTATIN TAB 20MG, FLUVASTATIN TAB 80MG ER, PRAVASTATIN TAB 20MG, SIMVASTATIN TAB 10MG, PITAVASTATIN TAB 1MG
<b>ALTOPREV TAB 40MG ER</b>	NOT COVERED	LOVASTATIN TAB 40MG, FLUVASTATIN TAB 80MG ER, PRAVASTATIN TAB 40MG, SIMVASTATIN TAB 20MG, PITAVASTATIN TAB 2MG
<b>ALTOPREV TAB 60MG ER</b>	NOT COVERED	LOVASTATIN TAB 40MG, FLUVASTATIN TAB 80MG ER, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 40MG, PITAVASTATIN TAB 4MG
<b>ALTRENO LOT 0.05%</b>	NONPREFERRED BRAND	TRETINOIN GEL 0.05%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
<b>ALVAIZ</b>	NOT COVERED	PROMACTA
<b>ALVESCO AER 160MCG</b>	NOT COVERED	PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ALVESCO AER 80MCG	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
AMJEVITA INJ 10/0.2ML	NOT COVERED	HUMIRA INJ 10/0.1ML, XELJANZ SOL 1MG/ML
AMJEVITA INJ 20/0.2ML	NOT COVERED	HUMIRA INJ 20/0.2ML, ENBREL INJ 25MG, XELJANZ SOL 1MG/ML
AMJEVITA INJ 20/0.4ML	NOT COVERED	HUMIRA INJ 20/0.2ML, ENBREL INJ 25MG, XELJANZ SOL 1MG/ML
AMJEVITA INJ 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
AMJEVITA INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
AMJEVITA INJ 80/0.8ML	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ANALPRAM HC CRE 2.5-1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%, HYDROCORTISO CRE 2.5%, PROCTOFOAM AER HC 1%, HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG
ANALPRAM-HC LOT 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 1-1%, HYDROCORT CRE 1%, PROCTOFOAM AER HC 1%, ANUCORT-HC SUP 25MG, HYDROCORT AC SUP 25MG
ANALPRM SNGL CRE HC 2.5-1	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%, HYDROCORTISO CRE 2.5%, PROCTOFOAM AER HC 1%, HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG
ANGELIQ TAB 0.25-0.5	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
ANGELIQ TAB 0.5-1MG	NONPREFERRED BRAND	ESTRA/NORETH TAB 1-0.5MG, FYAVOLV TAB 1-5
ANNOVERA MIS	NONPREFERRED BRAND	ELURYNG MIS, NORELGE/ETHI DIS 150/35, APRI TAB, DROSPIR/ETHI TAB 3-0.02MG, ETHY ETH EST TAB 1-35
ANUSOL-HC SUP 25MG	NONPREFERRED BRAND	ANUCORT-HC SUP 25MG, HYDROCORT AC SUP 25MG, HEMMOREX-HC SUP 25MG, HYDROCORT CRE 1%, HC PRAMOXINE CRE 1-1%
ANZEMET TAB 50MG	NONPREFERRED BRAND	GRANISETRON TAB 1MG, ONDANSETRON TAB 4MG
APADAZ TAB 4.08-325	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, APAP/CODEINE TAB 300-15MG, TRAMADL/APAP TAB 37.5-325

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
APADAZ TAB 6.12-325	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 7.5-300, HYDROCOD/IBU TAB 7.5-200, APAP/CODEINE TAB 300-30MG, TRAMADL/APAP TAB 37.5-325
APADAZ TAB 8.16-325	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP TAB 10-300MG, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE TAB 300-60MG, TRAMADL/APAP TAB 37.5-325
APAP/CAFFEIN TAB DIHYDROC	NOT COVERED	APAP-CAFFEIN CAP DIHYDROC, APAP/CODEINE TAB 300-15MG, TRAMADL/APAP TAB 37.5-325, PENTAZ/NALOX TAB 50-0.5MG
APIDRA INJ SOLOSTAR	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
APIDRA INJ U-100	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
APLENZIN TAB 174MG	NOT COVERED	BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG, PAROXETIN ER TAB 12.5MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 10MG
APLENZIN TAB 348MG	NOT COVERED	BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 15MG, PAROXETINE TAB 25MG ER, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 20MG
APLENZIN TAB 522MG	NOT COVERED	BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG, PAROXETIN ER TAB 37.5MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 40MG
APTIOM TAB 200MG	NOT COVERED	OXCARBAZEPIN TAB 150MG
APTIOM TAB 400MG	NOT COVERED	OXCARBAZEPIN TAB 300MG
APTIOM TAB 600MG	NOT COVERED	OXCARBAZEPIN TAB 300MG
APTIOM TAB 800MG	NOT COVERED	OXCARBAZEPIN TAB 600MG
ARAKODA TAB 100MG	NONPREFERRED BRAND	CHLOROQUINE TAB 250MG, HYDROXYCHLOR TAB 100MG, ATOVAQ/PROGU TAB 62.5-25
ARAZLO LOT 0.045%	NOT COVERED	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
ARMONAIR DIG AER 113MCG	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG
ARMONAIR DIG AER 232MCG	NOT COVERED	PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
ARMONAIR DIG AER 55MCG	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
ARNUITY ELPT INH 100MCG	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>ARNUIITY ELPT INH 200MCG</b>	NOT COVERED	PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
<b>ARNUIITY ELPT INH 50MCG</b>	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
<b>ASPRUZYO SPR GRA 1000MG</b>	NONPREFERRED BRAND	RANOLAZINE TAB 1000MG, ATENOLOL TAB 100MG, METOPROL TAR TAB 100MG, AMLODIPINE TAB 10MG, NIFEDIPINE TAB 90MG ER
<b>ASPRUZYO SPR GRA 500MG</b>	NONPREFERRED BRAND	RANOLAZINE TAB 500MG ER, ATENOLOL TAB 25MG, METOPROL TAR TAB 25MG, AMLODIPINE TAB 2.5MG, NIFEDIPINE TAB 30MG ER
<b>ASTAGRAF XL CAP 0.5MG</b>	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 0.5MG
<b>ASTAGRAF XL CAP 1MG</b>	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 1MG
<b>ASTAGRAF XL CAP 5MG</b>	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 5MG
<b>ATORVALIQ SUS 20MG/5ML</b>	NOT COVERED	ATORVASTATIN TAB 20MG, ROSUVASTATIN TAB 5MG
<b>ATROVENT HFA AER 17MCG</b>	NONPREFERRED BRAND	IPRATROPIUM SOL 0.02%INH, SPIRIVA CAP HANDIHLR
<b>AUGTYRO</b>	NONPREFERRED BRAND SPECIALTY	ROZLYTREK CAPSULE, XALKORI, ZYKADIA
<b>AURYXIA TAB 210MG</b>	NONPREFERRED BRAND	SEVELAMER TAB 800MG, LANTHANUM CHW 500MG, VELPHORO CHW 500MG
<b>AUVELITY TAB 45-105MG</b>	NONPREFERRED BRAND	BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG, PAROXETIN ER TAB 12.5MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 10MG
<b>AUVI-Q INJ 0.15MG</b>	NOT COVERED	EPINEPHRINE INJ 0.3MG
<b>AUVI-Q INJ 0.1MG</b>	NOT COVERED	EPINEPHRINE INJ 0.15MG
<b>AUVI-Q INJ 0.3MG</b>	NOT COVERED	EPINEPHRINE INJ 0.3MG
<b>AZELEX CRE 20%</b>	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, TWYNEO CRE 0.1-3%
<b>AZSTARYS CAP 26.1-5.2</b>	NONPREFERRED BRAND	METHYLPHENID CAP 10MG, LISDEXAMFETA CAP 10MG, VYVANSE CAP 10MG, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER
<b>AZSTARYS CAP 39.2-7.8</b>	NONPREFERRED BRAND	METHYLPHENID CAP 30MG, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>AZSTARYS CAP 52.3-10.</b>	NONPREFERRED BRAND	METHYLPHENID CAP 60MG, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER
<b>BACLOFEN SOL 10MG/5ML</b>	NONPREFERRED BRAND	BACLOFEN TAB 10MG, DANTROLENE CAP 100MG
<b>BACLOFEN SOL 5MG/5ML</b>	NONPREFERRED BRAND	BACLOFEN TAB 5MG, DANTROLENE CAP 50MG
<b>BELSOMRA TAB 10MG</b>	NONPREFERRED BRAND	ESZOPICLONE TAB 2MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG, DOXEPIN TAB 3MG
<b>BELSOMRA TAB 15MG</b>	NONPREFERRED BRAND	ESZOPICLONE TAB 2MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, DOXEPIN TAB 6MG
<b>BELSOMRA TAB 20MG</b>	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, DOXEPIN TAB 6MG
<b>BELSOMRA TAB 5MG</b>	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG, DOXEPIN TAB 3MG
<b>BENZHY/ACETA TAB 4.08-325</b>	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, APAP/CODEINE TAB 300-15MG, TRAMADL/APAP TAB 37.5-325
<b>BENZHY/ACETA TAB 6.12-325</b>	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 7.5-300, HYDROCOD/IBU TAB 7.5-200, APAP/CODEINE TAB 300-30MG, TRAMADL/APAP TAB 37.5-325
<b>BENZHY/ACETA TAB 8.16-325</b>	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP TAB 10-300MG, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE TAB 300-60MG, TRAMADL/APAP TAB 37.5-325
<b>BESIVANCE SUS 0.6%</b>	NOT COVERED	CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%, LEVOFLOXACIN SOL 1.5%, MOXIFLOXACIN SOL HCL 0.5%, OFLOXACIN DRO 0.3% OP
<b>BETIMOL SOL 0.25%</b>	NONPREFERRED BRAND	TIMOLOL MAL SOL 0.25% OP, BETAXOLOL SOL 0.5% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
<b>BETIMOL SOL 0.5%</b>	NONPREFERRED BRAND	TIMOLOL MAL SOL 0.5% OP, BETAXOLOL SOL 0.5% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
<b>BETOPTIC-S SUS 0.25% OP</b>	NONPREFERRED BRAND	BETAXOLOL SOL 0.5% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP, TIMOLOL MAL SOL 0.25% OP
<b>BEVESPI AER 9-4.8MCG</b>	NOT COVERED	STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
<b>BEXAGLIFLOZN TAB 20MG</b>	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>BIJUVA CAP 0.5-100</b>	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
<b>BIJUVA CAP 1-100MG</b>	NOT COVERED	ESTRA/NORETH TAB 1-0.5MG, FYAVOLV TAB 1-5
<b>BIMZELX INJ 160MG/ML</b>	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
<b>BINOSTO TAB 70MG</b>	NONPREFERRED BRAND	ALENDRONATE SOL 70/75ML, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG
<b>BISMTH/METR/ CAP TETRACY</b>	NOT COVERED	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG
<b>BLEPHAMIDE OIN S.O.P.</b>	NONPREFERRED BRAND	SULF/PRED NA SOL OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO/POLY/DEX SUS 0.1% OP
<b>BLEPHAMIDE SUS OP</b>	NONPREFERRED BRAND	SULF/PRED NA SOL OP, TOBRA/DEXAME SUS 0.3-0.1%, NEO/POLY/DEX SUS 0.1% OP
<b>BONJESTA TAB 20-20MG</b>	NONPREFERRED BRAND	DOXYL/PYRID TAB 10-10MG
<b>BRENZAVVY TAB 20MG</b>	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
<b>BREXAFEMME TAB 150MG</b>	NONPREFERRED BRAND	FLUCONAZOLE TAB 50MG, MICONAZOLE 3 SUP 200MG, TERCONAZOLE CRE 0.4%
<b>BROMFED DM SOL 2-30-10</b>	NONPREFERRED BRAND	BROM/PSE/DM SYP, PROMETH/COD SOL 6.25-10, BENZONATATE CAP 100MG, HYD POL/CPM SUS 10-8/5ML
<b>BROMFENAC DRO 0.075%</b>	NOT COVERED	BROMFENAC DRO 0.07% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP, KETOROLAC SOL 0.4%
<b>BRONCHITOL CAP 40MG</b>	NONPREFERRED BRAND SPECIALTY	PULMOZYME SOL 1MG/ML
<b>BRONCHITOL CAP TOL TEST</b>	NONPREFERRED BRAND SPECIALTY	PULMOZYME SOL 1MG/ML
<b>BRYHALI LOT 0.01%</b>	NONPREFERRED BRAND	BETA DIPROP LOT 0.05%, CLOBETASOL LOT 0.05%, DESOXIMETAS GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
<b>BUPROPN HCL TAB 450MG XL</b>	NOT COVERED	BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG, PAROXETIN ER TAB 37.5MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 40MG
<b>BUTAL/APAP CAP 50-300MG</b>	NOT COVERED	BUTAL/APAP TAB 50-325MG, BUT/APAP/CAF CAP, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG, FENOPROFEN CAP 400MG
<b>BUTALB/ACETA TAB 50-300MG</b>	NOT COVERED	BUTAL/APAP TAB 50-325MG, BAC TAB, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG, DICLOFEN POT TAB 50MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>CABTREO GEL</b>	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAM/BENZ GEL 1.2-2.5%, CLINDAMYCIN GEL 1%
<b>CALCIPOTRIEN AER 0.005%</b>	NONPREFERRED BRAND	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, ENSTILAR AER
<b>CAPEX SHA 0.01%</b>	NONPREFERRED BRAND	FLUOCIN ACET OIL 0.01% SC, HC BUTYRATE SOL 0.1%, MOMETASONE SOL 0.1%, DESONIDE GEL 0.05%, BETAMETH DIP LOT 0.05%
<b>CAPLYTA CAP 10.5MG</b>	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, LURASIDONE TAB 20MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG
<b>CAPLYTA CAP 21MG</b>	NONPREFERRED BRAND	ZIPRASIDONE CAP 40MG, LURASIDONE TAB 60MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG, OLANZAPINE TAB 7.5MG
<b>CAPLYTA CAP 42MG</b>	NONPREFERRED BRAND	ZIPRASIDONE CAP 80MG, LURASIDONE TAB 120MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG
<b>CARAC CRE 0.5%</b>	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
<b>CARDURA XL TAB 4MG</b>	NONPREFERRED BRAND	ALFUZOSIN TAB 10MG ER, SILODOSIN CAP 4MG, TAMSULOSIN CAP 0.4MG, DOXAZOSIN TAB 1MG, TERAZOSIN CAP 1MG
<b>CARDURA XL TAB 8MG</b>	NONPREFERRED BRAND	ALFUZOSIN TAB 10MG ER, SILODOSIN CAP 8MG, TAMSULOSIN CAP 0.4MG, DOXAZOSIN TAB 8MG, TERAZOSIN CAP 10MG
<b>CARISOPRODOL TAB 250MG</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 2MG
<b>CARISOPRODOL TAB 350MG</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
<b>CARISOPRODOL TAB ASA/COD</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, ETODOLAC TAB 400MG
<b>CEQUA SOL 0.09%</b>	NONPREFERRED BRAND	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
<b>CHENODAL TAB 250MG</b>	NONPREFERRED BRAND SPECIALTY	URSODIOL TAB 250MG
<b>CHLORZOXAZON TAB 250MG</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 2MG



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>CHLORZOXAZON TAB 375MG</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 7.5MG, TIZANIDINE TAB 2MG
<b>CHLORZOXAZON TAB 750MG</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
<b>CHOR GONADOT INJ 10000UNT</b>	NONPREFERRED BRAND SPECIALTY	GONAL-F INJ 1050UNIT, OVIDREL INJ, GONAL-F RFF INJ 75UNIT, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
<b>CILOXAN OIN 0.3% OP</b>	NOT COVERED	CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%, LEVOFLOXACIN SOL 1.5%, MOXIFLOXACIN SOL HCL 0.5%, OFLOXACIN DRO 0.3% OP
<b>CIPRO (10%) SUS 500MG/5</b>	NONPREFERRED BRAND	CIPROFLOXACN TAB 500MG
<b>CIPRO (5%) SUS 250MG/5</b>	NONPREFERRED BRAND	CIPROFLOXACN TAB 250MG
<b>CIPRO HC SUS OTIC</b>	NONPREFERRED BRAND	CIPRO/DEXA SUS 0.3-0.1%, CIPROFLOXACN SOL 0.2%, OFLOXACIN DRO 0.3%OTIC, OTOVEL DRO
<b>CIPRO/FLUOC DRO PF</b>	NOT COVERED	CIPRO/DEXA SUS 0.3-0.1%, CIPROFLOXACN SOL 0.2%, OFLOXACIN DRO 0.3%OTIC, OTOVEL DRO
<b>CITALOPRAM CAP 30MG</b>	NOT COVERED	CITALOPRAM TAB 10MG, FLUOXETINE CAP 10MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG, SERTRALINE TAB 25MG
<b>CLARINEX-D TAB 2.5-120</b>	NONPREFERRED BRAND	DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, CETIRIZINE SOL 1MG/ML, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
<b>CLEMASTINE SYP 0.5/5ML</b>	NOT COVERED	CLEMASTINE TAB 2.68MG, CARBINOXAMIN SOL 4MG/5ML, CYPROHEPTAD SYP 2MG/5ML, PROMETHAZINE SOL 6.25/5ML, CETIRIZINE SOL 1MG/ML
<b>CLENPIQ SOL</b>	NONPREFERRED BRAND	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT
<b>CLEOCIN SUP 100MG</b>	NONPREFERRED BRAND	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
<b>CLIMARA PRO DIS WEEKLY</b>	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
<b>CLIND/BENZ GEL 1.2-3.75</b>	NOT COVERED	CLINDAM/BENZ GEL 1.2-2.5%, ERY/BENZOYL GEL 3-5%, CLINDAMYCIN GEL 1%
<b>CLINDAMYCIN AER 1%</b>	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SODIUM SULFA LIQ 10% WASH, AMZEEQ AER 4%
<b>CLINDAMYCIN GEL TRETINOI</b>	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAMY/BEN GEL 1-5%, CLINDAMYCIN GEL 1%, TRETINOIN GEL 0.025%

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>CLINDESSE CRE 2%</b>	NONPREFERRED BRAND	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
<b>CLINPRO 5000 PST 1.1%</b>	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
<b>CLONIDINE ER TAB 0.17MG</b>	NOT COVERED	CLONIDINE TAB 0.1MG
<b>COMBIPATCH DIS</b>	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
<b>COMPLERA TAB</b>	NOT COVERED	EFAVIR/EMTRI TAB TENOFOVI, EFAVIR/LAMIV TAB TENOFOVI, ODEFSEY TAB
<b>CONCERTA TAB 18MG</b>	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 15MG ER, LISDEXAMFETA CAP 20MG, VYVANSE CAP 20MG
<b>CONCERTA TAB 27MG</b>	NONPREFERRED BRAND	METHYLPHENID TAB 27MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 20MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
<b>CONCERTA TAB 36MG</b>	NONPREFERRED BRAND	METHYLPHENID TAB 36MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
<b>CONCERTA TAB 54MG</b>	NONPREFERRED BRAND	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 30MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
<b>CONJUPRI TAB 2.5MG</b>	NOT COVERED	AMLODIPINE TAB 5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER, NISOLDIPINE TAB 8.5MG ER
<b>CONJUPRI TAB 5MG</b>	NOT COVERED	AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, NIFEDIPINE TAB 90MG ER, NISOLDIPINE TAB 40MG ER
<b>CONTRAVE TAB 8-90MG</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE TAB 37.5MG
<b>CONZIP CAP 100MG</b>	NOT COVERED	TRAMADOL HCL TAB 100MG ER
<b>CONZIP CAP 200MG</b>	NOT COVERED	TRAMADOL HCL TAB 200MG ER
<b>CONZIP CAP 300MG</b>	NOT COVERED	TRAMADOL HCL TAB 300MG ER
<b>CORDRAN 80X3 TAP 4MCG/CM</b>	NONPREFERRED BRAND	BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.25%, DIFLORASONE CRE 0.05%, FLUOCINONIDE CRE 0.1%
<b>CORDRAN CRE 0.025%</b>	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, ALCLOMETASON CRE 0.05%, BETAMETH VAL CRE 0.1%, CLOCORTOLONE CRE 0.1%, DESONIDE CRE 0.05%
<b>CORDRAN CRE 0.05%</b>	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, ALCLOMETASON CRE 0.05%, BETAMETH VAL CRE 0.1%, CLOCORTOLONE CRE 0.1%, DESONIDE CRE 0.05%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>CORDRAN OIN 0.05%</b>	NONPREFERRED BRAND	FLURANDRENOL CRE 0.05%, ALCLOMETASON OIN 0.05%, DESONIDE OIN 0.05%, FLUOCIN ACET OIN 0.025%, HYDROCORT OIN 1%
<b>CORLANOR SOL 5MG/5ML</b>	NOT COVERED	BISOPROLOL FUM TAB 5MG, METOPROLOL TAR TAB 25MG, CARVEDILOL TAB 3.125MG
<b>CORLANOR TAB 5MG</b>	NOT COVERED	BISOPROLOL FUM TAB 5MG, METOPROLOL TAR TAB 25MG, CARVEDILOL TAB 3.125MG
<b>CORLANOR TAB 7.5MG</b>	NOT COVERED	BISOPROLOL FUM TAB 10MG, METOPROLOL TAR TAB 100MG, CARVEDILOL TAB 25MG
<b>CORTIFOAM AER 90MG</b>	NONPREFERRED BRAND	HYDROCORTONE ENE 100MG, BUDESONIDE AER 2MG/ACT, UCERIS TAB 9MG, MESALAMINE ENE 4GM, BALSALAZIDE CAP 750MG
<b>CORTISONE TAB 25MG</b>	NOT COVERED	HYDROCORTONE TAB 5MG
<b>CORTISPORIN SUS -TC OTIC</b>	NONPREFERRED BRAND	NEO/POLY/HC SUS 1% OTIC
<b>CORTROPHIN GEL 80UNIT</b>	NOT COVERED	METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG, PREDNISONE TAB 1MG
<b>COSENTYX INJ 150MG/ML</b>	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40/0.4ML
<b>COSENTYX INJ 300DOSE</b>	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 80/0.8ML
<b>COSENTYX INJ 75MG/0.5</b>	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
<b>COSENTYX PEN INJ 150MG/ML</b>	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
<b>COSENTYX PEN INJ 300DOSE</b>	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40/0.4ML
<b>COSENTYX UNO INJ 300/2ML</b>	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 80/0.8ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>COTEMPLA XR TAB 17.3MG</b>	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CHW 30MG, VYVANSE CHW 30MG
<b>COTEMPLA XR TAB 25.9MG</b>	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CHW 60MG, VYVANSE CHW 60MG
<b>COTEMPLA XR TAB 8.6MG</b>	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
<b>COXANTO CAP 300MG</b>	NOT COVERED	OXAPROZIN TAB 600MG, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 50MG, MEFENAM ACID CAP 250MG
<b>CRINONE GEL 4% VAG</b>	NOT COVERED	ENDOMETRIN SUP 100MG
<b>CRINONE GEL 8% VAG</b>	NOT COVERED	ENDOMETRIN SUP 100MG
<b>CROTAN LOT 10%</b>	NONPREFERRED BRAND	PERMETHRIN CRE 5%
<b>CUTAQUIG SOL 1.65GM</b>	NOT COVERED	XEMBIFY INJ 2GM/10ML
<b>CUTAQUIG SOL 1GM</b>	NOT COVERED	XEMBIFY INJ 1GM/5ML
<b>CUTAQUIG SOL 2GM</b>	NOT COVERED	XEMBIFY INJ 2GM/10ML
<b>CUTAQUIG SOL 3.3GM</b>	NOT COVERED	XEMBIFY INJ 4GM/20ML
<b>CUTAQUIG SOL 4GM</b>	NOT COVERED	XEMBIFY INJ 4GM/20ML
<b>CUTAQUIG SOL 8GM</b>	NOT COVERED	XEMBIFY INJ 10G/50ML
<b>CUVITRU INJ 10/50ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 10G/50ML
<b>CUVITRU INJ 2GM/10ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>CUVITRU INJ 4GM/20ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>CUVITRU INJ 8GM/40ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
<b>CUVITRU SOL 1GM/5ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 1GM/5ML
<b>CUVRIOR TAB 300MG</b>	NOT COVERED	PENICILLAMIN TAB 250MG, TRIENTINE CAP 250MG
<b>CYCLOBENZAPR CAP 15MG ER</b>	NOT COVERED	CYCLOBENZAPR TAB 10MG, ORPHENADRINE TAB 100MG ER, CHLORZOAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>CYCLOBENZAPR CAP 30MG ER</b>	NOT COVERED	CYCLOBENZAPR TAB 10MG, ORPHENADRINE TAB 100MG ER, CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG
<b>CYCLOGYL SOL 0.5% OP</b>	NONPREFERRED BRAND	CYCLOPENTOL SOL 1% OP
<b>CYCLOGYL SOL 2% OP</b>	NONPREFERRED BRAND	CYCLOPENTOL SOL 1% OP
<b>CYCLOPHOSPH TAB 25MG</b>	NONPREFERRED BRAND	CYCLOPHOSPH CAP 25MG
<b>CYCLOPHOSPH TAB 50MG</b>	NONPREFERRED BRAND	CYCLOPHOSPH CAP 50MG
<b>CYCLOSET TAB 0.8MG</b>	NONPREFERRED BRAND	METFORMIN TAB 500MG, TRAJENTA TAB 5MG, JANUVIA TAB 25MG, FARXIGA TAB 5MG, JARDIANCE TAB 10MG
<b>CYLTEZO INJ 10/0.2ML</b>	NOT COVERED	HUMIRA INJ 10/0.1ML, XELJANZ SOL 1MG/ML
<b>CYLTEZO INJ 20/0.4ML</b>	NOT COVERED	HUMIRA INJ 20/0.2ML, ENBREL INJ 25MG, XELJANZ SOL 1MG/ML
<b>CYLTEZO INJ 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>CYLTEZO INJ CROHNS</b>	NOT COVERED	HUMIRA PEN KIT CD/UC/HS, SIMPONI INJ 50/0.5ML, STELARA INJ 45MG/0.5, XELJANZ TAB 5MG, RINVOQ TAB 15MG ER
<b>CYLTEZO INJ PSORIASI</b>	NOT COVERED	HUMIRA PEN KIT PS/UV, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>CYSTADROPS SOL 0.37%</b>	NOT COVERED	CYSTARAN SOL 0.44%
<b>DAPAGLIFLOZI TAB 10MG</b>	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
<b>DAPAGLIFLOZI TAB 5MG</b>	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
<b>DAPAGLIF-MET TAB 10-1000</b>	NOT COVERED	XIGDUO XR TAB 10-1000, SYNJARDY XR TAB 25-1000, FARXIGA TAB 10MG, METFORMIN TAB 750MG ER
<b>DAPAGLIF-MET TAB 5-1000MG</b>	NOT COVERED	XIGDUO XR TAB 5-1000MG, SYNJARDY XR TAB 10-1000, FARXIGA TAB 5MG, METFORMIN TAB 750MG ER
<b>DAPSONE GEL 7.5%</b>	NOT COVERED	DAPSONE GEL 5%, CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SODIUM SULFA LIQ 10% WASH, AMZEEQ AER 4%
<b>DAYVIGO TAB 10MG</b>	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, DOXEPIN TAB 6MG
<b>DAYVIGO TAB 5MG</b>	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG, DOXEPIN TAB 3MG
<b>DELSTRIGO TAB</b>	NOT COVERED	EFAVIR/EMTRI TAB TENOFOVI, EFAVIR/LAMIV TAB TENOFOVI, ODEFSEY TAB

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DENTA 5000 CRE PLUS	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
DENTA 5000 CRE PLUS 2PK	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
DENTAGEL GEL 1.1%	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
DEPO-ESTRADI INJ 5MG/ML	NONPREFERRED BRAND	ESTRAD VAL INJ 10MG/ML
DEPO-SQ PROV INJ 104	NONPREFERRED BRAND	MEDROXYPR AC INJ 150MG/ML, PROGESTERONE INJ 50MG/ML, NORETHIN ACE TAB 5MG
DESVENLAFAX TAB 100MG ER	NONPREFERRED BRAND	DESVENLAFAX TAB 100MG ER, VENLAFAXINE CAP 150MG ER, DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG
DESVENLAFAX TAB 50MG ER	NONPREFERRED BRAND	DESVENLAFAX TAB 50MG ER, VENLAFAXINE CAP 37.5 ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
DEXABLISS TAB 1.5MG	NOT COVERED	DEXAMETHASON TAB 10-DAY
DHIVY TAB 25-100MG	NOT COVERED	CARB/LEVO TAB 25-100MG, CARB/LEVO100 TAB /ENTACAP
DICLOFENAC CAP 25MG	NOT COVERED	DICLOFEN POT TAB 50MG, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 50MG, MEFENAM ACID CAP 250MG
DICLOFENAC CAP 35MG	NONPREFERRED BRAND	DICLOFEN POT TAB 50MG, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 100MG, MEFENAM ACID CAP 250MG
DICLOFENAC DIS 1.3%	NONPREFERRED BRAND	ETODOLAC CAP 200MG, MELOXICAM TAB 7.5MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG, DIFLUNISAL TAB 500MG
DICLOFENAC POW 50MG	NOT COVERED	IBUPROFEN SUS 100/5ML, NAPROXEN SUS 125/5ML, DICLOFEN POT TAB 50MG, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG
DICLOFENAC TAB 25MG	NOT COVERED	DICLOFEN POT TAB 50MG, FLURBIPROFEN TAB 50MG, IBU TAB 400MG, NAPROXEN TAB 250MG, OXAPROZIN TAB 600MG
DIFFERIN LOT 0.1%	NONPREFERRED BRAND	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
DIFICID SUS	NONPREFERRED BRAND	VANCOMYCIN SOL 25MG/ML
DIFICID TAB 200MG	NONPREFERRED BRAND	VANCOMYCIN CAP 125MG



<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>DIPENTUM CAP 250MG</b>	NOT COVERED	BALSALAZIDE CAP 750MG, SULFASALAZIN TAB 500MG, MESALAMINE CAP 400MG DR, PENTASA CAP 250MG CR, APRISO CAP 0.375GM
<b>DIPHENHYDRAM ELX 12.5/5ML</b>	NOT COVERED	CETIRIZINE SOL 1MG/ML, LEVOCETIRIZI SOL 2.5/5ML, DESLORATADIN TAB 2.5 ODT, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
<b>DIURIL SUS 250/5ML</b>	NONPREFERRED BRAND	HYDROCHLOROT TAB 12.5MG
<b>DORYX MPC TAB 120MG</b>	NONPREFERRED BRAND	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG
<b>DORYX MPC TAB 60MG</b>	NONPREFERRED BRAND	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 50MG
<b>DOTTI DIS 0.025MG</b>	NOT COVERED	VIVELLE-DOT DIS 0.025MG, ESTRADIOL DIS 0.025MG
<b>DOTTI DIS 0.0375MG</b>	NOT COVERED	VIVELLE-DOT DIS 0.0375MG, ESTRADIOL DIS 0.0375MG
<b>DOTTI DIS 0.05MG</b>	NOT COVERED	VIVELLE-DOT DIS 0.05MG, ESTRADIOL DIS 0.05MG
<b>DOTTI DIS 0.075MG</b>	NOT COVERED	VIVELLE-DOT DIS 0.075MG, ESTRADIOL DIS 0.075MG
<b>DOTTI DIS 0.1MG</b>	NOT COVERED	VIVELLE-DOT DIS 0.1MG, ESTRADIOL DIS 0.1MG
<b>DOXYCYCL HYC TAB 50MG</b>	NOT COVERED	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 50MG
<b>DOXYCYCL HYC TAB 80MG DR</b>	NOT COVERED	DOXYCYCL HYC TAB 100MG, DOXYCYC MONO TAB 75MG
<b>DOXYCYCLINE TAB 75MG</b>	NOT COVERED	DOXYCYCLINE TAB 150MG, DOXYCYC MONO TAB 75MG
<b>DUAKLIR AER 400/12</b>	NOT COVERED	STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
<b>DULERA AER 100-5MCG</b>	NOT COVERED	SYMBICORT AER 80-4.5, FLUTIC/SALME AER 100/50, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25
<b>DULERA AER 200-5MCG</b>	NOT COVERED	SYMBICORT AER 160-4.5, FLUTIC/SALME AER 500/50, ADVAIR HFA AER 230/21, BREO ELLIPTA INH 200-25
<b>DULERA AER 50-5MCG</b>	NOT COVERED	SYMBICORT AER 80-4.5, FLUTIC/SALME AER 100/50, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
<b>DUOBRII LOT</b>	NONPREFERRED BRAND	ENSTILAR AER, CALCIPOTRIEN OIN BETAMETH, TAZAROTENE GEL 0.05%
<b>DUTOPROL TAB 100-12.5</b>	NOT COVERED	METOPRL/HCTZ TAB 100-50MG, ATENOL/CHLOR TAB 100-25MG, BISOPRL/HCTZ TAB 10/6.25, METOPROL SUC TAB 100MG ER, HYDROCHLOROT TAB 12.5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DUTOPROL TAB 50-12.5	NOT COVERED	METOPRL/HCTZ TAB 50-25MG, ATENOL/CHLOR TAB 50-25MG, BISOPRL/HCTZ TAB 2.5/6.25, METOPROL SUC TAB 50MG ER, HYDROCHLOROT TAB 12.5MG
DXEVO 11-DAY PAK 1.5MG	NOT COVERED	DEXAMETHASON TAB 10-DAY
DYANAVAL XR CHW 10MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 20MG ER, METHYLPHENID TAB 27MG ER, DEXMETHYLPH CAP 15MG ER, LISDEXAMFETA CHW 30MG, VYVANSE CHW 30MG
DYANAVAL XR CHW 15MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 12.5 ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 30MG ER, LISDEXAMFETA CHW 40MG, VYVANSE CHW 40MG
DYANAVAL XR CHW 20MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 50MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, LISDEXAMFETA CHW 60MG, VYVANSE CHW 60MG
DYANAVAL XR CHW 5MG	NONPREFERRED BRAND	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
DYANAVAL XR SUS 2.5MG/ML	NONPREFERRED BRAND	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
ECOZA AER 1%	NOT COVERED	ECONAZOLE CRE 1%, CLOTRIMAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%
EDARBI TAB 40MG	NOT COVERED	CANDESARTAN TAB 4MG, IRBESARTAN TAB 75MG, LOSARTAN POT TAB 25MG, OLMESA MEDOX TAB 5MG, TELMISARTAN TAB 20MG
EDARBI TAB 80MG	NOT COVERED	CANDESARTAN TAB 32MG, IRBESARTAN TAB 300MG, LOSARTAN POT TAB 100MG, OLMESA MEDOX TAB 40MG, TELMISARTAN TAB 80MG
EDARBYCLOR TAB 40-12.5	NOT COVERED	CANDESA/HCTZ TAB 16-12.5, IRBESAR/HCTZ TAB 150-12.5, LOSARTAN/HCT TAB 50-12.5, OLM MED/HCTZ TAB 20-12.5, TELMISA/HCTZ TAB 40-12.5
EDARBYCLOR TAB 40-25MG	NOT COVERED	CANDESA/HCTZ TAB 32-25MG, IRBESAR/HCTZ TAB 300-12.5, LOSARTAN/HCT TAB 100-25, OLM MED/HCTZ TAB 40-25MG, TELMISA/HCTZ TAB 80-25MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>EDEX KIT 10MCG</b>	NONPREFERRED BRAND	CAVERJECT IM KIT 10MCG, SILDENAFIL TAB 25MG, TADALAFIL TAB 2.5MG, VARDENAFIL TAB 2.5MG
<b>EDEX KIT 20MCG</b>	NONPREFERRED BRAND	CAVERJECT KIT 20MCG, SILDENAFIL TAB 50MG, TADALAFIL TAB 5MG, VARDENAFIL TAB 5MG
<b>EDEX KIT 40MCG</b>	NONPREFERRED BRAND	CAVERJECT KIT 20MCG, SILDENAFIL TAB 100MG, TADALAFIL TAB 20MG, VARDENAFIL TAB 20MG
<b>EDLUAR SUB 10MG</b>	NONPREFERRED BRAND	ZOLPIDEM TAR SUB 3.5MG, ESZOPICLONE TAB 3MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, TRAZODONE TAB 300MG
<b>EDLUAR SUB 5MG</b>	NONPREFERRED BRAND	ZOLPIDEM TAR SUB 3.5MG, ESZOPICLONE TAB 2MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, TRAZODONE TAB 150MG
<b>ELEPSIA XR TAB 1000MG</b>	NONPREFERRED BRAND	LEVETIRACETA TAB 750MG ER
<b>ELEPSIA XR TAB 1500MG</b>	NONPREFERRED BRAND	LEVETIRACETA TAB 750MG ER
<b>ELESTRIN GEL 0.06%</b>	NOT COVERED	ESTRADIOL GEL 0.25MG, VIVELLE-DOT DIS 0.025MG
<b>ELITE-OB TAB</b>	NOT COVERED	THRIVITE RX TAB 29-1MG
<b>ELYXYB SOL 120/4.8</b>	NOT COVERED	IBUPROFEN SUS 100/5ML, NAPROXEN SUS 125/5ML, DICLOFEN POT TAB 50MG, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG
<b>EMEND SUS 125MG</b>	NOT COVERED	APREPITANT CAP 125MG
<b>EMFLAZA SUS 22.75/ML</b>	NOT COVERED	DEFLAZACORT TAB 6MG
<b>EMGALITY INJ 120MG/ML</b>	NONPREFERRED BRAND	AIMOVIG INJ 140MG/ML, AJOVY INJ 225/1.5, QULIPTA TAB 60MG, NURTEC TAB 75MG ODT
<b>EMSAM DIS 12MG/24H</b>	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, FLUOXETINE CAP 40MG
<b>EMSAM DIS 6MG/24HR</b>	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE CAP 10MG
<b>EMSAM DIS 9MG/24HR</b>	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE CAP 20MG
<b>ENDARI POW 5GM</b>	NONPREFERRED BRAND	DROXIA CAP 200MG
<b>ENTADFI CAP 5-5MG</b>	NOT COVERED	DUTAST/TAMSU CAP 0.5-0.4, DUTASTERIDE CAP 0.5MG, SILODOSIN CAP 4MG, TAMSULOSIN CAP 0.4MG, FINASTERIDE TAB 5MG
<b>ENTYVIO INJ 108/0.68</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, STELARA INJ 45MG/0.5
<b>ENVARUS XR TAB 0.75MG</b>	NOT COVERED	TACROLIMUS CAP 0.5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ENVARUSUS XR TAB 1MG	NOT COVERED	TACROLIMUS CAP 1MG
ENVARUSUS XR TAB 4MG	NOT COVERED	TACROLIMUS CAP 5MG
EPIFOAM AER 1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
EPINEPHRINE INJ 0.15MG	NOT COVERED	EPINEPHRINE INJ 0.3MG
EPOGEN INJ 10000/ML	NOT COVERED	PROCRIT INJ 10000/ML, RETACRIT INJ 10000UNT, ARANESP INJ 60MCG
EPOGEN INJ 2000/ML	NOT COVERED	PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT, ARANESP INJ 25MCG
EPOGEN INJ 20000/ML	NOT COVERED	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI, ARANESP INJ 100MCG
EPOGEN INJ 3000/ML	NOT COVERED	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT, ARANESP INJ 40MCG
EPOGEN INJ 4000/ML	NOT COVERED	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT, ARANESP INJ 60MCG
EPRONTIA SOL 25MG/ML	NONPREFERRED BRAND	TOPIRAMATE CAP 25MG
EPSOLAY CRE 5%	NOT COVERED	SOOLANTRA CRE 1%, METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%, FINACEA AER 15%, DOXYCYCLINE CAP 40MG
EQUETRO CAP 100MG	NONPREFERRED BRAND	CARBAMAZEPIN CAP 100MG ER
EQUETRO CAP 200MG	NONPREFERRED BRAND	CARBAMAZEPIN CAP 200MG ER
EQUETRO CAP 300MG	NONPREFERRED BRAND	CARBAMAZEPIN CAP 300MG ER
ERGOMAR SUB 2MG	NONPREFERRED BRAND	ERGOT/CAFFEN TAB 1-100MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, SUMATRIPTAN TAB 25MG, ZOLMITRIPTAN TAB 2.5MG
ERMEZA SOL 150/5ML	NOT COVERED	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG
ERTACZO CRE 2%	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%
ESOMEPRAZOLE CAP 49.3MG	NOT COVERED	ESOMEPRA MAG CAP 20MG DR, LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG
ESTRING MIS 2MG	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, VIVELLE-DOT DIS 0.025MG
ESTRING MIS 7.5/24HR	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, VIVELLE-DOT DIS 0.025MG
ESTROGEL GEL	NOT COVERED	VIVELLE-DOT DIS 0.0375MG, ESTRADIOL DIS 0.025MG
EVAMIST SPR 1.53MG	NOT COVERED	VIVELLE-DOT DIS 0.025MG, ESTRADIOL DIS 0.025MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
EVEKEO ODT TAB 10MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 10MG, METHYLPHENID CHW 5MG, DEXMETHYLPH TAB 5MG, AMPHETAMINE TAB 10MG
EVEKEO ODT TAB 15MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 15MG, METHYLPHENID CHW 5MG, DEXMETHYLPH TAB 5MG, AMPHETAMINE TAB 10MG
EVEKEO ODT TAB 20MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 30MG, METHYLPHENID CHW 10MG, DEXMETHYLPH TAB 10MG, AMPHETAMINE TAB 10MG
EVEKEO ODT TAB 5MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, METHYLPHENID CHW 2.5MG, DEXMETHYLPH TAB 2.5MG, AMPHETAMINE TAB 5MG
EXELDERM CRE 1%	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%
EXELDERM SOL 1%	NONPREFERRED BRAND	CLOTRIMAZOLE SOL 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%
EXSERVAN MIS 50MG	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
EXTAVIA INJ 0.3MG	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
EYSUVIS DRO 0.25%	NONPREFERRED BRAND	LOTEPREDNOL SUS 0.5%
EZALLOR SPR CAP 10MG	NOT COVERED	ROSUVASTATIN TAB 10MG, ATORVASTATIN TAB 20MG, PITAVASTATIN TAB 4MG
EZALLOR SPR CAP 20MG	NOT COVERED	ROSUVASTATIN TAB 20MG, ATORVASTATIN TAB 40MG, PITAVASTATIN TAB 4MG
EZALLOR SPR CAP 40MG	NOT COVERED	ROSUVASTATIN TAB 40MG, ATORVASTATIN TAB 80MG, PITAVASTATIN TAB 4MG
EZALLOR SPR CAP 5MG	NOT COVERED	ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 20MG, PITAVASTATIN TAB 4MG
FABHALTA	NONPREFERRED BRAND SPECIALTY	EMPAVELI
FABIOR AER 0.1%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, TWYNEO CRE 0.1-3%

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>FANAPT PAK</b>	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, ARIPIPRAZOLE TAB 2MG, LURASIDONE TAB 20MG
<b>FANAPT TAB 10MG</b>	NONPREFERRED BRAND	RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG, OLANZAPINE TAB 15MG, ARIPIPRAZOLE TAB 20MG, LURASIDONE TAB 80MG
<b>FANAPT TAB 12MG</b>	NONPREFERRED BRAND	RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, ARIPIPRAZOLE TAB 30MG, LURASIDONE TAB 120MG
<b>FANAPT TAB 1MG</b>	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, ARIPIPRAZOLE TAB 2MG, LURASIDONE TAB 20MG
<b>FANAPT TAB 2MG</b>	NONPREFERRED BRAND	RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG, OLANZAPINE TAB 5MG, ARIPIPRAZOLE TAB 5MG, LURASIDONE TAB 40MG
<b>FANAPT TAB 4MG</b>	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, OLANZAPINE TAB 7.5MG, ARIPIPRAZOLE TAB 10MG, LURASIDONE TAB 40MG
<b>FANAPT TAB 6MG</b>	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG, OLANZAPINE TAB 7.5MG, ARIPIPRAZOLE TAB 10MG, LURASIDONE TAB 60MG
<b>FANAPT TAB 8MG</b>	NONPREFERRED BRAND	RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 10MG, ARIPIPRAZOLE TAB 15MG, LURASIDONE TAB 80MG
<b>FEMRING MIS 0.05/24H</b>	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, VIVELLE-DOT DIS 0.025MG
<b>FEMRING MIS 0.1MG/24</b>	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG, VIVELLE-DOT DIS 0.1MG
<b>FENOFIBRIC TAB 105MG</b>	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
<b>FENOFIBRIC TAB 35MG</b>	NOT COVERED	FENOFIBRATE TAB 40MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
<b>FENOPROFEN CAP 200MG</b>	NOT COVERED	FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 50MG, MEFENAM ACID CAP 250MG, PIROXICAM CAP 10MG
<b>FENOPROFEN TAB 600MG</b>	NOT COVERED	FENOPROFEN CAP 400MG, DICLOFEN POT TAB 50MG, FLURBIPROFEN TAB 50MG, IBU TAB 400MG, NAPROXEN TAB 250MG
<b>FENORTHO CAP 200MG</b>	NOT COVERED	FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 50MG, MEFENAM ACID CAP 250MG, PIROXICAM CAP 10MG
<b>FENTANYL CIT TAB 100MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 200MCG



<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>FENTANYL CIT TAB 200MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 400MCG
<b>FENTANYL CIT TAB 400MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 600MCG
<b>FENTANYL CIT TAB 600MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 1200MCG
<b>FENTANYL CIT TAB 800MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 1600MCG
<b>FENTANYL DIS 37.5MCG</b>	NOT COVERED	FENTANYL DIS 25MCG/HR, HYDROCODONE TAB 40MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, HYDROMORPHON TAB 12MG ER
<b>FENTANYL DIS 62.5MCG</b>	NOT COVERED	FENTANYL DIS 50MCG/HR, HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, HYDROMORPHON TAB 16MG ER
<b>FENTANYL DIS 87.5MCG</b>	NOT COVERED	FENTANYL DIS 75MCG/HR, HYDROCODONE TAB 100MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, HYDROMORPHON TAB 32MG ER
<b>FENTORA TAB 100MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 200MCG
<b>FENTORA TAB 200MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 400MCG
<b>FENTORA TAB 400MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 600MCG
<b>FENTORA TAB 600MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 1200MCG
<b>FENTORA TAB 800MCG</b>	NONPREFERRED BRAND	FENTANYL OT LOZ 1600MCG
<b>FERPRX 2-DAY TAB 1000MG</b>	NONPREFERRED BRAND SPECIALTY	DEFERIPRONE TAB 1000MG, DEFERASIROX TAB 360MG
<b>FERRIPROX SOL 100MG/ML</b>	NONPREFERRED BRAND SPECIALTY	DEFERIPRONE TAB 500MG, DEFERASIROX GRA 90MG
<b>FETZIMA CAP 120MG</b>	NONPREFERRED BRAND	VENLAFAXINE CAP 150MG ER, DESVENLAFAX TAB 100MG ER, DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG
<b>FETZIMA CAP 20MG</b>	NONPREFERRED BRAND	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
<b>FETZIMA CAP 40MG</b>	NONPREFERRED BRAND	VENLAFAXINE CAP 75MG ER, DESVENLAFAX TAB 50MG ER, DULOXETINE CAP 30MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 15MG
<b>FETZIMA CAP 80MG</b>	NONPREFERRED BRAND	VENLAFAXINE CAP 75MG ER, DESVENLAFAX TAB 50MG ER, DULOXETINE CAP 40MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 30MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FETZIMA CAP TITRATIO	NONPREFERRED BRAND	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
FIBRICOR TAB 105MG	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
FIBRICOR TAB 35MG	NOT COVERED	FENOFIBRATE TAB 40MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FLAREX SUS 0.1% OP	NOT COVERED	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%, INVELTYS SUS 1%
FLECTOR DIS 1.3%	NONPREFERRED BRAND	ETODOLAC CAP 200MG, MELOXICAM TAB 7.5MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG, DIFLUNISAL TAB 500MG
FLOLIPID SUS 20MG/5ML	NOT COVERED	SIMVASTATIN TAB 20MG, LOVASTATIN TAB 10MG, PRAVASTATIN TAB 10MG, FLUVASTATIN CAP 20MG, PITAVASTATIN TAB 1MG
FLOLIPID SUS 40MG/5ML	NOT COVERED	SIMVASTATIN TAB 40MG, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, FLUVASTATIN CAP 40MG, PITAVASTATIN TAB 4MG
FLOVENT DISK AER 100MCG	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG
FLOVENT DISK AER 250MCG	NOT COVERED	PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
FLOVENT DISK AER 50MCG	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
FLOVENT HFA AER 110MCG	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG
FLOVENT HFA AER 220MCG	NOT COVERED	PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
FLOVENT HFA AER 44MCG	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
FLUORID SENS PST 1.1-5%	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
FLUORIDEX PST 1.1%	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
FLUORIMAX PST 5000	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
FLUORMX 5000 PST SENSITIV	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
FLUOROURACIL CRE 0.5%	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
FLUTIC/SALME AER 115-21	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>FLUTIC/SALME AER 230-21</b>	NOT COVERED	FLUTIC/SALME AER 500/50, SYMBICORT AER 160-4.5, ADVAIR HFA AER 230/21, BREO ELLIPTA INH 200-25
<b>FLUTIC/SALME AER 45-21MCG</b>	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
<b>FLUTIC/SALME INH 113/14</b>	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
<b>FLUTIC/SALME INH 232/14</b>	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, SYMBICORT AER 160-4.5, ADVAIR HFA AER 115/21, BREO ELLIPTA INH 100-25
<b>FLUTIC/SALME INH 55/14</b>	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, ADVAIR HFA AER 45/21, BREO ELLIPTA INH 100-25
<b>FLUTIC/VILAN INH 100-25</b>	NOT COVERED	SYMBICORT AER 80-4.5, FLUTIC/SALME AER 100/50, BREO ELLIPTA INH 100-25, ADVAIR HFA AER 115/21
<b>FLUTIC/VILAN INH 200-25</b>	NOT COVERED	SYMBICORT AER 160-4.5, FLUTIC/SALME AER 500/50, BREO ELLIPTA INH 200-25, ADVAIR HFA AER 230/21
<b>FLUTICAS HFA AER 110MCG</b>	NONPREFERRED BRAND	PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG
<b>FLUTICAS HFA AER 220MCG</b>	NONPREFERRED BRAND	PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
<b>FLUTICAS HFA AER 44MCG</b>	NONPREFERRED BRAND	PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
<b>FLUTICASONE AER 100MCG</b>	NONPREFERRED BRAND	PULMICORT INH 90MCG, ASMANEX HFA AER 100 MCG
<b>FLUTICASONE AER 250MCG</b>	NONPREFERRED BRAND	PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
<b>FLUTICASONE AER 50MCG</b>	NONPREFERRED BRAND	PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
<b>FML FORTE SUS 0.25% OP</b>	NOT COVERED	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%, INVELTYS SUS 1%
<b>FML OIN 0.1% OP</b>	NOT COVERED	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%, INVELTYS SUS 1%
<b>FOLLISTIM AQ INJ 300UNIT</b>	NOT COVERED	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 450UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
<b>FOLLISTIM AQ INJ 600UNIT</b>	NOT COVERED	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 450UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FOLLISTIM AQ INJ 900UNIT	NOT COVERED	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 1050UNIT, OVIDREL INJ, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
FORFIVO XL TAB 450MG	NOT COVERED	BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG, PAROXETIN ER TAB 37.5MG, FLUOXETINE CAP 90MG DR, CITALOPRAM TAB 40MG
FOSAMAX + D TAB 70-2800	NONPREFERRED BRAND	ALENDRONATE TAB 70MG, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG
FOSAMAX + D TAB 70-5600	NONPREFERRED BRAND	ALENDRONATE TAB 70MG, RISEDRONATE TAB 150MG, IBANDRONATE TAB 150MG
FOSRENOL POW 1000MG	NOT COVERED	LANTHANUM CHW 1000MG, SEVELAMER POW 2.4GM, VELPHORO CHW 500MG
FOSRENOL POW 750MG	NOT COVERED	LANTHANUM CHW 750MG, SEVELAMER POW 0.8GM, VELPHORO CHW 500MG
FRAGMIN INJ 10000/ML	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 5/0.4ML
FRAGMIN INJ 12500UNT	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 7.5/0.6
FRAGMIN INJ 15000UNT	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 7.5/0.6
FRAGMIN INJ 18000UNT	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 10/0.8ML
FRAGMIN INJ 2500/0.2	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 2.5/0.5
FRAGMIN INJ 2500/ML	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 2.5/0.5
FRAGMIN INJ 5000/0.2	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 5/0.4ML
FRAGMIN INJ 7500/0.3	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 5/0.4ML
FRAGMIN INJ 95000UNT	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 10/0.8ML
FULPHILA INJ 6/0.6ML	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
FUROSCIX	NOT COVERED	
FYLNETRA INJ 6MG/0.6	NOT COVERED	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
GAMMAGARD INJ 10GM/100	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
GAMMAGARD INJ 1GM/10ML	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 1GM/5ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>GAMMAGARD INJ 2.5GM/25</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>GAMMAGARD INJ 20GM/200</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
<b>GAMMAGARD INJ 30GM/300</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
<b>GAMMAGARD INJ 5GM/50ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>GAMMAKED INJ 10GM/100</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>GAMMAKED INJ 1GM/10ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 1GM/5ML
<b>GAMMAKED INJ 20GM/200</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
<b>GAMMAKED INJ 5GM/50ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>GAMUNEX-C INJ 10GM/100</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>GAMUNEX-C INJ 1GM/10ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 1GM/5ML
<b>GAMUNEX-C INJ 2.5GM/25</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>GAMUNEX-C INJ 20GM/200</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
<b>GAMUNEX-C INJ 40/400ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 10G/50ML
<b>GAMUNEX-C INJ 5GM/50ML</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>GELNIQUE GEL 10%</b>	NONPREFERRED BRAND	OXYBUTYNIN TAB 2.5MG, DARIFENACIN TAB 7.5MG, FESOTERODINE TAB 4MG ER, SOLIFENACIN TAB 5MG, TOLTERODINE TAB 1MG
<b>GEMTESA TAB 75MG</b>	NONPREFERRED BRAND	OXYBUTYNIN TAB 2.5MG, SOLIFENACIN TAB 5MG, TOLTERODINE TAB 1MG, TROSPIUM CL TAB 20MG, DARIFENACIN TAB 7.5MG
<b>GENTAK OIN 0.3% OP</b>	NONPREFERRED BRAND	GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, AZASITE SOL 1%, CIPROFLOXACN SOL 0.3% OP
<b>GILENYA CAP 0.25MG</b>	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>GIMOTI SPR 15MG</b>	NOT COVERED	METOCLOPRAM SOL 5MG/5ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
GLARGIN YFGN INJ 100U/ML	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
GLARGIN YFGN SOL 100U/ML	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
GLOPERBA SOL 0.6/5ML	NOT COVERED	COLCHICINE TAB 0.6MG
GLUCAGEN INJ HYPOKIT	NOT COVERED	GLUCAGON KIT 1MG, GVOKE KIT SOL 1MG/0.2M, GVOKE HYPO 1 INJ .5/.1ML, GVOKE PFS INJ, ZEGALOGUE INJ 0.6/0.6
GLUCAGON EMR SOL 1MG	NOT COVERED	GLUCAGON KIT 1MG, GVOKE KIT SOL 1MG/0.2M, GVOKE HYPO 1 INJ .5/.1ML, GVOKE PFS INJ, ZEGALOGUE INJ 0.6/0.6
GLYCATE TAB 1.5MG	NOT COVERED	GLYCOPYRROL TAB 1MG, PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG, DEXLANSOPRAZ CAP 30MG, ESOMEPRA MAG CAP 20MG DR
GLYCOPYRROLA TAB 1.5MG	NOT COVERED	GLYCOPYRROL TAB 1MG, PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG, DEXLANSOPRAZ CAP 30MG, ESOMEPRA MAG CAP 20MG DR
GOCOVRI CAP 137MG	NOT COVERED	AMANTADINE CAP 100MG
GOCOVRI CAP 68.5MG	NOT COVERED	AMANTADINE CAP 100MG
GONITRO POW 400MCG	NONPREFERRED BRAND	NITROGLYCERN SUB 0.4MG
GRALISE TAB 450MG	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, GABAPENT DLY TAB 300MG, PREGABALIN CAP 75MG
GRALISE TAB 750MG	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, GABAPENT DLY TAB 600MG, PREGABALIN CAP 200MG
GRALISE TAB 900MG	NONPREFERRED BRAND	GABAPENTIN TAB 800MG, GABAPENT DLY TAB 600MG, PREGABALIN CAP 300MG
GRANIX INJ 300/0.5	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
GRANIX INJ 300/1ML	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
GRANIX INJ 480/0.8	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
GRANIX INJ 480/1.6	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
GRASTEK SUB 2800BAU	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, AZELASTINE SPR 0.1%
GYNAZOLE-1 CRE 2%	NONPREFERRED BRAND	MICONAZOLE 3 SUP 200MG, TERCONAZOLE CRE 0.4%
HADLIMA INJ 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
HADLIMA INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HADLIMA PUSH INJ 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HADLIMA PUSH INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HAEGARDA INJ 2000UNIT	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML
HAEGARDA INJ 3000UNIT	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML
HALOBETASOL AER 0.05%	NOT COVERED	BETAMETH VAL AER 0.12%, CLOBETASOL AER 0.05%, DESOXIMETAS GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
HALOG OIN 0.1%	NONPREFERRED BRAND	HALCINONIDE CRE 0.1%, AMCINONIDE OIN 0.1%, BETAMETH DIP OIN 0.05%, CLOBETASOL OIN 0.05%, DESOXIMETAS OIN 0.25%
HALOG SOL 0.1%	NONPREFERRED BRAND	CLOBETASOL SOL 0.05%, FLUOCINONIDE SOL 0.05%, BETAMETH VAL AER 0.12%, DESOXIMETAS GEL 0.05%, HALCINONIDE CRE 0.1%
HELIDAC MIS THERAPY	NOT COVERED	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG
HEMADY TAB 20MG	NOT COVERED	DEXAMETHASON TAB 6MG
HEMANGEOL SOL 4.28/ML	NONPREFERRED BRAND	PROPRANOLOL SOL 40MG/5ML
HEMMOREX-HC SUP 30MG	NONPREFERRED BRAND	HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG, HEMMOREX-HC SUP 25MG, HYDROCORTISO CRE 2.5%, HC PRAMOXINE CRE 2.5-1%
HIDEX 6-DAY PAK 1.5MG	NOT COVERED	DEXAMETHASON TAB 6-DAY
HIZENTRA INJ 10/50ML	NOT COVERED	XEMBIFY INJ 10G/50ML
HIZENTRA INJ 1GM/5ML	NOT COVERED	XEMBIFY INJ 1GM/5ML
HIZENTRA INJ 2GM/10ML	NOT COVERED	XEMBIFY INJ 2GM/10ML
HIZENTRA INJ 4GM/20ML	NOT COVERED	XEMBIFY INJ 2GM/10ML
HIZENTRA SOL 20%	NOT COVERED	XEMBIFY INJ 10G/50ML
HORIZANT TAB 300MG ER	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, GABAPENT DLY TAB 300MG, PREGABALN ER TAB 82.5MG, PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
HORIZANT TAB 600MG ER	NONPREFERRED BRAND	GABAPENTIN TAB 600MG, GABAPENT DLY TAB 600MG, PREGABALN ER TAB 330MG, PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG
HULIO INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
HULIO KIT 20/0.4ML	NOT COVERED	HUMIRA INJ 20/0.2ML, ENBREL INJ 25MG, XELJANZ SOL 1MG/ML
HUMALOG INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG JR INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG KWIK INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG KWIK INJ 200/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX INJ 50/50	NOT COVERED	NOVOLIN N INJ U-100, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX INJ 50/50KWP	NOT COVERED	NOVOLIN N INJ U-100, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX INJ 75/25KWP	NOT COVERED	NOVOLOG MIX INJ 70/30
HUMALOG MIX SUS 75/25	NOT COVERED	NOVOLOG MIX INJ 70/30
HUMATROPE INJ 12MG	NOT COVERED	GENOTROPIN INJ 12MG, NORDITROPIN INJ 5/1.5ML
HUMATROPE INJ 24MG	NOT COVERED	GENOTROPIN INJ 5MG, NORDITROPIN INJ 10/1.5ML
HUMATROPE INJ 6MG	NOT COVERED	GENOTROPIN INJ 5MG, NORDITROPIN INJ 5/1.5ML
HUMULIN INJ 70/30	NOT COVERED	NOVOLIN INJ 70/30
HUMULIN INJ 70/30KWP	NOT COVERED	NOVOLIN INJ 70/30 FP
HUMULIN N INJ U-100	NOT COVERED	NOVOLIN N INJ U-100
HUMULIN N INJ U-100KWP	NOT COVERED	NOVOLIN N INJ 100 UNIT
HUMULIN R INJ U-100	NOT COVERED	NOVOLIN R INJ U-100
HYQVIA INJ 10-800	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
HYQVIA INJ 2.5-200	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 1GM/5ML
HYQVIA INJ 20-1600	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 4GM/20ML
HYQVIA INJ 30-2400	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 10G/50ML

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>HYQVIA INJ 5-400</b>	NONPREFERRED BRAND SPECIALTY	XEMBIFY INJ 2GM/10ML
<b>HYRIMOZ INJ 10/0.1ML</b>	NOT COVERED	HUMIRA INJ 10/0.1ML, XELJANZ SOL 1MG/ML
<b>HYRIMOZ INJ 20/0.2ML</b>	NOT COVERED	HUMIRA INJ 20/0.2ML, ENBREL INJ 25MG, XELJANZ SOL 1MG/ML
<b>HYRIMOZ INJ 40/0.4ML</b>	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>HYRIMOZ INJ 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>HYRIMOZ INJ 80/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>HYRIMOZ SENS INJ 80/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 80/0.8ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>HYRIMOZ-CROH INJ UC SP</b>	NOT COVERED	HUMIRA PEN KIT CD/UC/HS, SIMPONI INJ 100MG/ML, STELARA INJ 45MG/0.5, XELJANZ TAB 10MG, RINVOQ TAB 30MG ER
<b>HYRIMOZ-PED INJ CROHNS</b>	NOT COVERED	HUMIRA PEDIA INJ CROHNS
<b>HYRIMOZ-PLAQ INJ PSORIASI</b>	NOT COVERED	HUMIRA PEN KIT PS/UV, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>IBSRELA TAB 50MG</b>	NONPREFERRED BRAND	LUBIPROSTONE CAP 8MCG, LINZESS CAP 72MCG
<b>IBU/FAMOT TAB 800-26.6</b>	NOT COVERED	IBU TAB 800MG, FAMOTIDINE TAB 20MG
<b>IDACIO 2-PEN INJ 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>IDACIO 2-SYR INJ 40/0.8ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>IDACIO CROHN INJ DISEASE</b>	NOT COVERED	HUMIRA PEN KIT CD/UC/HS, SKYRIZI INJ 180/1.2, CIMZIA PREFL KIT 200MG/ML, STELARA INJ 45MG/0.5, RINVOQ TAB 15MG ER
<b>IDACIO PLAQU INJ PSORIASI</b>	NOT COVERED	HUMIRA PEN KIT PS/UV, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
<b>ILEVRO DRO 0.3% OP</b>	NOT COVERED	BROMFENAC SOL 0.09% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP, KETOROLAC SOL 0.5%
<b>IMBRUVICA TAB 140MG</b>	NOT COVERED	IMBRUVICA TAB 280MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>IMPOYZ CRE 0.025%</b>	NOT COVERED	CLOBETASOL CRE 0.05%, BETAMETH DIP CRE 0.05%, DESOXIMETAS CRE 0.25%, DIFLORASONE CRE 0.05%, FLUOCINONIDE CRE 0.05%
<b>IMVEXXY MAIN SUP 10MCG</b>	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
<b>IMVEXXY MAIN SUP 4MCG</b>	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
<b>IMVEXXY STRT SUP 10MCG</b>	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
<b>IMVEXXY STRT SUP 4MCG</b>	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
<b>INCRUSE ELPT INH 62.5MCG</b>	NOT COVERED	SPIRIVA CAP HANDIHLR, SYMBICORT AER 160-4.5, FLUTIC/SALME AER 250/50, BREO ELLIPTA INH 100-25, STIOLTO AER 2.5-2.5
<b>INDERAL XL CAP 120MG</b>	NOT COVERED	PROPRANOLOL CAP 120MG ER, NADOLOL TAB 80MG, PINDOLOL TAB 10MG, TIMOLOL MAL TAB 20MG
<b>INDERAL XL CAP 80MG</b>	NOT COVERED	PROPRANOLOL CAP 80MG ER, NADOLOL TAB 20MG, PINDOLOL TAB 5MG, TIMOLOL MAL TAB 5MG
<b>INDOMETHACIN CAP 20MG</b>	NOT COVERED	ETODOLAC CAP 200MG, FENOPROFEN CAP 400MG, MECLOFEN SOD CAP 50MG, MEFENAM ACID CAP 250MG, DICLOFEN POT TAB 50MG
<b>INDOMETHACIN SUP 100MG</b>	NONPREFERRED BRAND	INDOMETHACIN SUP 50MG, DICLOFEN POT TAB 50MG, ETODOLAC CAP 300MG, FENOPROFEN CAP 400MG, FLURBIPROFEN TAB 100MG
<b>INDOMETHACIN SUS 25MG/5ML</b>	NOT COVERED	INDOMETHACIN CAP 25MG, IBUPROFEN SUS 100/5ML, NAPROXEN SUS 125/5ML, ETODOLAC CAP 200MG, FENOPROFEN CAP 400MG
<b>INGREZZA CAP 40-80MG</b>	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG, TETRABENAZIN TAB 12.5MG, AUSTEDO XR TAB 6MG
<b>INGREZZA CAP 40MG</b>	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 6MG, TETRABENAZIN TAB 12.5MG, AUSTEDO XR TAB 6MG
<b>INGREZZA CAP 60MG</b>	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 9MG, TETRABENAZIN TAB 12.5MG, AUSTEDO XR TAB 12MG
<b>INGREZZA CAP 80MG</b>	NONPREFERRED BRAND SPECIALTY	AUSTEDO TAB 12MG, TETRABENAZIN TAB 25MG, AUSTEDO XR TAB 24MG
<b>INNOPRAN XL CAP 120MG</b>	NOT COVERED	PROPRANOLOL CAP 120MG ER, NADOLOL TAB 80MG, PINDOLOL TAB 10MG, TIMOLOL MAL TAB 20MG
<b>INNOPRAN XL CAP 80MG</b>	NOT COVERED	PROPRANOLOL CAP 80MG ER, NADOLOL TAB 20MG, PINDOLOL TAB 5MG, TIMOLOL MAL TAB 5MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>INPEFA TAB 200MG</b>	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
<b>INPEFA TAB 400MG</b>	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
<b>INS ASP PROT INJ FLEXPEN</b>	NOT COVERED	NOVOLOG MIX INJ FLEXPEN
<b>INS DEGL FLX INJ 100UNIT</b>	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
<b>INS DEGL FLX INJ 200UNIT</b>	NOT COVERED	LANTUS INJ 100/ML, TOUJEO MAX INJ 300/ML, BASAGLAR INJ 100UNIT, REZVOGLAR INJ 100UT/ML
<b>INSULIN ASPA INJ 100/ML</b>	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
<b>INSULIN ASPA INJ 70/30</b>	NOT COVERED	NOVOLOG MIX INJ 70/30
<b>INSULIN ASPA INJ FLEXPEN</b>	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
<b>INSULIN ASPA INJ PENFILL</b>	NOT COVERED	NOVOLOG INJ PENFILL, FIASP FLEX INJ TOUCH
<b>INSULIN DEGL INJ 100UNIT</b>	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
<b>INSULIN GLAR INJ 100U/ML</b>	NOT COVERED	BASAGLAR INJ 100UNIT, LANTUS SOLOS INJ 100/ML, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
<b>INSULIN GLAR INJ 300/ML</b>	NOT COVERED	TOUJEO SOLO INJ 300/ML, BASAGLAR INJ 100UNIT, LANTUS SOLOS INJ 100/ML, REZVOGLAR INJ 100UT/ML
<b>INSULIN GLAR SOL 100U/ML</b>	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
<b>INSULIN LISP INJ 100/ML</b>	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
<b>INSULIN LISP INJ JUNIOR</b>	NONPREFERRED BRAND	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
<b>INSULIN LISP INJ PROTAMIN</b>	NOT COVERED	NOVOLOG MIX INJ 70/30
<b>INTRAROSA SUP 6.5MG</b>	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
<b>INVOKAMET TAB 150-1000</b>	NOT COVERED	SYNJARDY TAB, XIGDUO XR TAB 10-1000
<b>INVOKAMET TAB 150-500</b>	NOT COVERED	SYNJARDY TAB 12.5-500, XIGDUO XR TAB 5-1000MG
<b>INVOKAMET TAB 50-1000</b>	NOT COVERED	SYNJARDY TAB 5-1000MG, XIGDUO XR TAB 5-1000MG
<b>INVOKAMET TAB 50-500MG</b>	NOT COVERED	SYNJARDY TAB 5-500MG, XIGDUO XR TAB 5-1000MG
<b>INVOKAMET XR TAB 150-1000</b>	NOT COVERED	XIGDUO XR TAB 10-1000, SYNJARDY XR TAB 25-1000
<b>INVOKAMET XR TAB 150-500</b>	NOT COVERED	XIGDUO XR TAB 5-1000MG, SYNJARDY XR TAB

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
INVOKAMET XR TAB 50-1000	NOT COVERED	XIGDUO XR TAB 5-1000MG, SYNJARDY XR TAB 10-1000
INVOKAMET XR TAB 50-500MG	NOT COVERED	XIGDUO XR TAB 5-1000MG, SYNJARDY XR TAB 5-1000MG
INVOKANA TAB 100MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
INVOKANA TAB 300MG	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
IOPIDINE SOL 1% OP	NONPREFERRED BRAND	APRACLONIDIN SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, BETAXOLOL SOL 0.5% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
ISOTRETINOIN CAP 25MG	NOT COVERED	ACUTANE CAP 20MG, AMNESTEEM CAP 20MG, CLARAVIS CAP 20MG, ISOTRETINOIN CAP 20MG, ZENATANE CAP 20MG
ISOTRETINOIN CAP 35MG	NOT COVERED	ACUTANE CAP 30MG, CLARAVIS CAP 30MG, ISOTRETINOIN CAP 30MG, ZENATANE CAP 30MG, AMNESTEEM CAP 40MG
ISTURISA TAB 10MG	NOT COVERED	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.9MG/ML
ISTURISA TAB 1MG	NOT COVERED	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.3MG/ML
ISTURISA TAB 5MG	NOT COVERED	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.6MG/ML
JATENZO CAP 158MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
JATENZO CAP 198MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
JATENZO CAP 237MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
JORNAY PM CAP 100MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG
JORNAY PM CAP 20MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 20MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 20MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
JORNAY PM CAP 40MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 40MG ER, DEXMETHYLPH CAP ER 25MG, AMPHET/DEXTR CAP 30MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
JORNAY PM CAP 60MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP ER 35MG, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
JORNAY PM CAP 80MG ER	NONPREFERRED BRAND	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 37.5 ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
JUBLIA SOL 10%	NONPREFERRED BRAND	CICLODAN SOL 8%, TERBINAFINE TAB 250MG, ITRACONAZOLE CAP 100MG
JUST RIGHT GEL 5000	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
JUST RIGHT PST 5000	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
JUXTAPID CAP 10MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 20MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 30MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 5MG	NONPREFERRED BRAND SPECIALTY	REPATHA SURE INJ 140MG/ML
KAPSPARGO CAP 100MG	NOT COVERED	METOPROL SUC TAB 100MG ER, CARVEDILOL CAP 40MG ER, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 50MG, BETAXOLOL TAB 20MG
KAPSPARGO CAP 200MG	NOT COVERED	METOPROL SUC TAB 200MG ER, CARVEDILOL CAP 80MG ER, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 100MG, BETAXOLOL TAB 20MG
KAPSPARGO CAP 25MG	NOT COVERED	METOPROL SUC TAB 25MG ER, CARVEDILOL CAP 10MG ER, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 25MG, BETAXOLOL TAB 10MG
KAPSPARGO CAP 50MG	NOT COVERED	METOPROL SUC TAB 50MG ER, CARVEDILOL CAP 20MG ER, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 50MG, BETAXOLOL TAB 10MG
KARBINAL ER SUS 4MG/5ML	NONPREFERRED BRAND	CARBINOXAMIN SOL 4MG/5ML, CLEMASTINE TAB 2.68MG, PROMETHAZINE SOL 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, CETIRIZINE SOL 1MG/ML
KATERZIA SUS 1MG/ML	NOT COVERED	AMLODIPINE TAB 2.5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER, NISOLDIPINE TAB 8.5MG ER
KETOR TROMET SPR 15.75MG	NOT COVERED	KETOROLAC TAB 10MG, ETODOLAC CAP 300MG, MELOXICAM TAB 15MG, NABUMETONE TAB 750MG, CELECOXIB CAP 400MG
KEVZARA INJ 150/1.14	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, ENBREL INJ 25MG, XELJANZ TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
KEVZARA INJ 200/1.14	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 80/0.8ML, SIMPONI INJ 100MG/ML, ENBREL INJ 25MG, XELJANZ TAB 5MG
KINERET INJ	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, ENBREL INJ 25MG, XELJANZ TAB 5MG
KLISYRI OIN 1%	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
KONVOMEK SUS 2-84/ML	NOT COVERED	OMEPPRA/BICAR CAP 20-1100, ESOMEPPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, DEXLANSOPRAZ CAP 30MG
KOSHR PRENAT TAB 30-1MG	NOT COVERED	THRIVITE RX TAB 29-1MG
KRINTAFEL TAB 150MG	NONPREFERRED BRAND	PRIMAQUINE TAB 26.3MG
KRISTALOSE PAK 10GM	NOT COVERED	CONSTULOSE SOL 10GM/15
KRISTALOSE PAK 20GM	NOT COVERED	CONSTULOSE SOL 10GM/15
KYZATREX CAP 100MG	NONPREFERRED BRAND	TESTOST CYP INJ 100MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
KYZATREX CAP 150MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
KYZATREX CAP 200MG	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
LACRISERT		
LACTULOSE PAK 10GM	NOT COVERED	CONSTULOSE SOL 10GM/15
LAMICTAL XR KIT	NONPREFERRED BRAND	LAMOTRIGINE KIT START 98
LAMPIT TAB 120MG	NOT COVERED	BENZNIDAZOLE TAB 100MG
LAMPIT TAB 30MG	NOT COVERED	BENZNIDAZOLE TAB 12.5MG
LAZANDA SPR 100MCG	NOT COVERED	FENTANYL OT LOZ 1200MCG
LAZANDA SPR 400MCG	NOT COVERED	FENTANYL OT LOZ 1600MCG
LEDIP-SOFOSB TAB 90-400MG	NOT COVERED	HARVONI TAB 90-400MG, MAVYRET TAB 100-40MG, EPCLUSA TAB 400-100
LEUKINE INJ 250MCG	NONPREFERRED BRAND SPECIALTY	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
LEVALBUTEROL AER 45/ACT	NOT COVERED	ALBUTEROL AER HFA
LEVAMLODIPIN TAB 2.5MG	NOT COVERED	AMLODIPINE TAB 5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER, NISOLDIPINE TAB 8.5MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LEVAMLODIPIN TAB 5MG	NOT COVERED	AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, NIFEDIPINE TAB 90MG ER, NISOLDIPINE TAB 40MG ER
LEVBID TAB 0.375 ER	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.375 ER
LEVEMIR INJ	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
LEVEMIR INJ FLEXPEN	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
LEVEMIR INJ FLEXTOUC	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
LEVOTHYROXIN CAP 100MCG	NOT COVERED	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
LEVOTHYROXIN CAP 112MCG	NOT COVERED	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG, UNITHROID TAB 112MCG
LEVOTHYROXIN CAP 125MCG	NOT COVERED	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG, UNITHROID TAB 125MCG
LEVOTHYROXIN CAP 137MCG	NOT COVERED	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG
LEVOTHYROXIN CAP 13MCG	NOT COVERED	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
LEVOTHYROXIN CAP 150MCG	NOT COVERED	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG
LEVOTHYROXIN CAP 175MCG	NOT COVERED	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG, UNITHROID TAB 175MCG
LEVOTHYROXIN CAP 200MCG	NOT COVERED	EUTHYROX TAB 200MCG, LEVO-T TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG
LEVOTHYROXIN CAP 25MCG	NOT COVERED	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
LEVOTHYROXIN CAP 50MCG	NOT COVERED	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG, UNITHROID TAB 50MCG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>LEVOTHYROXIN CAP 75MCG</b>	NOT COVERED	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
<b>LEVOTHYROXIN CAP 88MCG</b>	NOT COVERED	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG, UNITHROID TAB 88MCG
<b>LEVSIN TAB 0.125MG</b>	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.125MG
<b>LEVSIN/SL SUB 0.125MG</b>	NONPREFERRED BRAND	HYOSCYAMINE SUB 0.125MG
<b>LICART DIS 1.3%</b>	NOT COVERED	ETODOLAC ER TAB 400MG, MELOXICAM TAB 7.5MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG, DICLOFENAC TAB 100MG ER
<b>LIDOCA/TETRA CRE 7/7%</b>	NOT COVERED	LIDO/PRILOCN CRE 2.5-2.5%, LIDOCAINE SOL 4%
<b>LIDOCAINE GEL 2% JELLY</b>	NOT COVERED	LIDOCAINE SOL 4%, LIDO/PRILOCN CRE 2.5-2.5%
<b>LIDOCAINE OIN 5%</b>	NOT COVERED	LIDO/PRILOCN CRE 2.5-2.5%, LIDOCAINE SOL 4%
<b>LIKMEZ SUS 500/5ML</b>	NONPREFERRED BRAND	METRONIDAZOL TAB 500MG
<b>LIQREV SUS 10MG/ML</b>	NOT COVERED	SILDENAFIL TAB 20MG, ALYQ TAB 20MG
<b>LO LOESTRIN TAB 1-10-10</b>	NOT COVERED	APRI TAB, DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, AFIRMELLE TAB 0.1-0.02, BALZIVA TAB
<b>LOMAIRA TAB 8MG</b>	NONPREFERRED BRAND	PHENTERMINE TAB 37.5MG, DIETHYLPROP TAB 25MG
<b>LONHALA MAGN SOL 25MCG</b>	NONPREFERRED BRAND	YUPELRI SOL
<b>LOREEV XR CAP 1.5MG</b>	NOT COVERED	LORAZEPAM TAB 1MG
<b>LOREEV XR CAP 1MG</b>	NOT COVERED	LORAZEPAM TAB 1MG
<b>LOREEV XR CAP 2MG</b>	NOT COVERED	LORAZEPAM TAB 2MG
<b>LOREEV XR CAP 3MG</b>	NOT COVERED	LORAZEPAM TAB 1MG
<b>LORTAB ELX 10-300MG</b>	NONPREFERRED BRAND	HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 10-200MG, ENDOCET TAB 10-325MG, APAP/CODEINE SOL 120-12/5, TRAMADL/APAP TAB 37.5-325
<b>LUCEMYRA TAB 0.18MG</b>	NOT COVERED	CLONIDINE TAB 0.1MG
<b>LULICONAZOLE CRE 1%</b>	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%
<b>LUMRYZ PAK 6GM</b>	NONPREFERRED BRAND SPECIALTY	XYREM SOL 500MG/ML, DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 10MG, AMPHETAMINE TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LUMRYZ PAK 7.5GM	NONPREFERRED BRAND SPECIALTY	XYREM SOL 500MG/ML, DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 10MG/5ML, AMPHET/DEXTR TAB 15MG, AMPHETAMINE TAB 10MG
LUMRYZ PAK 9GM	NONPREFERRED BRAND SPECIALTY	XYREM SOL 500MG/ML, DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 10MG/5ML, AMPHET/DEXTR TAB 30MG, AMPHETAMINE TAB 10MG
LUMRYZ PKG 4.5GM	NONPREFERRED BRAND SPECIALTY	XYREM SOL 500MG/ML, DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG
LUPKYNIS CAP 7.9MG	NOT COVERED	AZATHIOPRINE TAB 50MG, CYCLOPHOSPH CAP 25MG, HYDROXYCHLOR TAB 100MG, LEFLUNOMIDE TAB 10MG, MYCOPHENOLAT CAP 250MG
LUZU CRE 1%	NOT COVERED	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%
LYBALVI TAB 10-10MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, OLANZAPINE TAB 10MG, ARIPIPRAZOLE TAB 10MG, ZIPRASIDONE CAP 40MG
LYBALVI TAB 15-10MG	NONPREFERRED BRAND	RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 15MG, ARIPIPRAZOLE TAB 15MG, ZIPRASIDONE CAP 60MG
LYBALVI TAB 20-10MG	NONPREFERRED BRAND	RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, ARIPIPRAZOLE TAB 30MG, ZIPRASIDONE CAP 80MG
LYBALVI TAB 5-10MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 5MG, ARIPIPRAZOLE TAB 2MG, ZIPRASIDONE CAP 20MG
LYLLANA DIS 0.025MG	NOT COVERED	VIVELLE-DOT DIS 0.025MG, ESTRADIOL DIS 0.025MG
LYLLANA DIS 0.0375MG	NOT COVERED	VIVELLE-DOT DIS 0.0375MG, ESTRADIOL DIS 0.0375MG
LYLLANA DIS 0.05MG	NOT COVERED	VIVELLE-DOT DIS 0.05MG, ESTRADIOL DIS 0.05MG
LYLLANA DIS 0.075MG	NOT COVERED	VIVELLE-DOT DIS 0.075MG, ESTRADIOL DIS 0.075MG
LYLLANA DIS 0.1MG	NOT COVERED	VIVELLE-DOT DIS 0.1MG, ESTRADIOL DIS 0.1MG
LYMEPAK TAB 100MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG
LYUMJEV INJ 100UT/ML	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>LYUMJEV KWPN INJ 100UT/ML</b>	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
<b>LYUMJEV KWPN INJ 200UT/ML</b>	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
<b>LYVISPAH GRA 10MG</b>	NONPREFERRED BRAND	BACLOFEN TAB 10MG, DANTROLENE CAP 50MG
<b>LYVISPAH GRA 20MG</b>	NONPREFERRED BRAND	BACLOFEN TAB 20MG, DANTROLENE CAP 100MG
<b>LYVISPAH GRA 5MG</b>	NONPREFERRED BRAND	BACLOFEN TAB 5MG, DANTROLENE CAP 25MG
<b>MARPLAN TAB 10MG</b>	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG
<b>MAVENCLAD PAK 10MG(10)</b>	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 14MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAVENCLAD PAK 10MG(4)</b>	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 7MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAVENCLAD PAK 10MG(5)</b>	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 7MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAVENCLAD PAK 10MG(6)</b>	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 7MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAVENCLAD PAK 10MG(7)</b>	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 7MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAVENCLAD PAK 10MG(8)</b>	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 14MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAVENCLAD PAK 10MG(9)</b>	NONPREFERRED BRAND SPECIALTY	TERIFLUNOMID TAB 14MG, FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAXIDEX SUS 0.1% OP</b>	NOT COVERED	DEXAMETH PHO SOL 0.1% OP, DIFLUPREDNAT EMU 0.05%, LOTEPREDNOL GEL 0.5%, PRED SOD PHO SOL 1% OP, LOTEMAX SM GEL 0.38%
<b>MAYZENT PAK STARTER</b>	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAYZENT TAB 0.25MG</b>	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MAYZENT TAB 1MG</b>	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG



<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>MAYZENT TAB 2MG</b>	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 14MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>MECLIZINE TAB 50MG</b>	NOT COVERED	MECLIZINE TAB 25MG, TRIMETHOBENZ CAP 300MG, PROCHLORPER TAB 10MG
<b>MEDROL TAB 2MG</b>	NONPREFERRED BRAND	METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG, PREDNISON TAB 1MG
<b>MELOXICAM SUS 7.5/5ML</b>	NOT COVERED	MELOXICAM TAB 7.5MG, ETODOLAC TAB 400MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG, IBUPROFEN SUS 100/5ML
<b>MENEST TAB 0.3MG</b>	NONPREFERRED BRAND	ESTRADIOL TAB 0.5MG, VIVELLE-DOT DIS 0.025MG, PREMARIN VAG CRE 0.625MG
<b>MENEST TAB 0.625MG</b>	NONPREFERRED BRAND	ESTRADIOL TAB 1MG, VIVELLE-DOT DIS 0.0375MG, PREMARIN VAG CRE 0.625MG
<b>MENEST TAB 1.25MG</b>	NONPREFERRED BRAND	ESTRADIOL TAB 1MG, VIVELLE-DOT DIS 0.075MG, PREMARIN VAG CRE 0.625MG
<b>MENEST TAB 2.5MG</b>	NONPREFERRED BRAND	ESTRADIOL TAB 2MG, VIVELLE-DOT DIS 0.1MG, PREMARIN VAG CRE 0.625MG
<b>MENOSTAR DIS 14MCG</b>	NONPREFERRED BRAND	ESTRADIOL DIS 0.025MG, VIVELLE-DOT DIS 0.025MG, RALOXIFENE TAB 60MG, ALENDRONATE TAB 5MG, RISEDRONATE TAB 5MG
<b>MENTAX CRE 1%</b>	NONPREFERRED BRAND	CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%
<b>METFORMIN ER TAB 1000MG</b>	NOT COVERED	METFORMIN TAB 500MG ER
<b>METFORMIN TAB 1000 ER</b>	NOT COVERED	METFORMIN TAB 500MG ER
<b>METFORMIN TAB 500MG ER</b>	NOT COVERED	METFORMIN TAB 500MG ER
<b>METFORMIN TAB 625MG</b>	NOT COVERED	METFORMIN TAB 500MG
<b>METHITEST TAB 10MG</b>	NONPREFERRED BRAND	TESTOST CYP INJ 100MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
<b>METHOCARBAMO TAB 1000MG</b>	NOT COVERED	METHOCARBAM TAB 750MG, CHLORZOAZON TAB 500MG, METAXALONE TAB 800MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
<b>METHYLDOPA TAB 250MG</b>	NONPREFERRED BRAND	LABETALOL TAB 100MG, HYDROCHLOROT TAB 12.5MG, CHLORTHALID TAB 25MG, NIFEDIPINE TAB 30MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
METHYLDOPA TAB 500MG	NONPREFERRED BRAND	LABETALOL TAB 300MG, HYDROCHLOROT TAB 50MG, CHLORTHALID TAB 50MG, NIFEDIPINE TAB 90MG ER
METHYLPHENID TAB 45MG ER	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP ER 25MG, AMPHET/DEXTR CAP 12.5 ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
METHYLPHENID TAB 63MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 37.5 ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
MICO-ZN-PETR OIN	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, NYSTATIN OIN 100000
MIGERGOT SUP 2/100	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ZOLMITRIPTAN TAB 2.5MG, ALMOTRIPTAN TAB 6.25MG
MINOCYCLINE CAP 135MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE CAP 45MG ER	NOT COVERED	MINOCYCLINE TAB 55MG ER
MINOCYCLINE CAP 90MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE TAB 105MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE TAB 115MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE TAB 135MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOCYCLINE TAB 45MG ER	NOT COVERED	MINOCYCLINE TAB 55MG ER
MINOCYCLINE TAB 65MG ER	NOT COVERED	MINOCYCLINE TAB 55MG ER
MINOCYCLINE TAB 90MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOLIRA TAB 105MG	NOT COVERED	MINOCYCLINE TAB 80MG ER
MINOLIRA TAB 135MG	NOT COVERED	MINOCYCLINE TAB 80MG ER
MIRCERA INJ 100MCG	NOT COVERED	ARANESP INJ 60MCG, PROCIT INJ 4000/ML, RETACRIT INJ 4000UNIT
MIRCERA INJ 120MCG	NOT COVERED	ARANESP INJ 100MCG, PROCIT INJ 10000/ML, RETACRIT INJ 10000UNT
MIRCERA INJ 150MCG	NOT COVERED	ARANESP INJ 100MCG, PROCIT INJ 20000/ML, RETACRIT INJ 20000UNI
MIRCERA INJ 200MCG	NOT COVERED	ARANESP INJ 200MCG, PROCIT INJ 40000/ML, RETACRIT INJ 40000UNT

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>MIRCERA INJ 30MCG</b>	NOT COVERED	ARANESP INJ 25MCG, PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT
<b>MIRCERA INJ 50MCG</b>	NOT COVERED	ARANESP INJ 40MCG, PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT
<b>MIRCERA INJ 75MCG</b>	NOT COVERED	ARANESP INJ 40MCG, PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
<b>MOTEGRITY TAB 1MG</b>	NONPREFERRED BRAND	LUBIPROSTONE CAP 8MCG, LINZESS CAP 72MCG
<b>MOTEGRITY TAB 2MG</b>	NONPREFERRED BRAND	LUBIPROSTONE CAP 24MCG, LINZESS CAP 290MCG
<b>MOTOFEN TAB 1-0.025</b>	NONPREFERRED BRAND	LOPERAMIDE CAP 2MG
<b>MULTAQ TAB 400MG</b>	NONPREFERRED BRAND	AMIODARONE TAB 200MG
<b>MUPIROCIN CRE 2%</b>	NOT COVERED	MUPIROCIN OIN 2%
<b>MYALEPT INJ 11.3MG</b>	NONPREFERRED BRAND SPECIALTY	NOVOLIN R INJ U-100, ATORVASTATIN TAB 10MG, ROSUVASTATIN TAB 5MG, METFORMIN TAB 500MG
<b>MYCAPSSA CAP 20MG</b>	NOT COVERED	OCTREOTIDE INJ 50MCG/ML, SOMAVERT INJ 10MG
<b>MYTESI TAB 125MG</b>	NOT COVERED	DIPHEN/ATROP TAB 2.5MG, LOPERAMIDE CAP 2MG
<b>NAFTIN GEL 1%</b>	NONPREFERRED BRAND	NAFTIFINE GEL 2%, CICLOPIROX GEL 0.77%, CLOTRIM/BETA LOT DIPROP, CLOTRIMAZOLE SOL 1%, ECONAZOLE CRE 1%
<b>NALOCET TAB 2.5-300</b>	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, APAP/CODEINE TAB 300-15MG, TRAMADL/APAP TAB 37.5-325
<b>NAPROXEN SOD TAB 375MG</b>	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG, IBU TAB 400MG
<b>NAPROXEN SOD TAB 375MG CR</b>	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG, IBU TAB 400MG
<b>NAPROXEN SOD TAB 375MG ER</b>	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG, IBU TAB 400MG
<b>NAPROXEN SOD TAB 500MG CR</b>	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG, IBU TAB 400MG
<b>NAPROXEN SOD TAB 500MG ER</b>	NOT COVERED	NAPROXEN SOD TAB 275MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 50MG, IBU TAB 400MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>NAPROXEN SOD TAB 750MG ER</b>	NOT COVERED	NAPROXEN SOD TAB 550MG, DICLOFENAC TAB 100MG ER, KETOPROFEN CAP 200MG ER, FLURBIPROFEN TAB 100MG, IBU TAB 800MG
<b>NAPROX-ESOM TAB 375- 20MG</b>	NOT COVERED	NAPROXEN TAB 375MG, ESOMEPRAMAG CAP 20MG DR
<b>NAPROX-ESOM TAB 500- 20MG</b>	NOT COVERED	NAPROXEN TAB 500MG, ESOMEPRAMAG CAP 20MG DR
<b>NATAZIA TAB</b>	NOT COVERED	DROSPIR/ETHI TAB 3-0.02MG, DROSPIRE/ETH TAB ESTR/LEV, AUROVELA 24 TAB FE 1/20, CAMRESE LO TAB, KAITLIB FE CHW
<b>NATESTO GEL 5.5MG</b>	NONPREFERRED BRAND	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE GEL 10MG/ACT, ANDRODERM DIS 4MG/24HR
<b>NEONATAL PLS TAB 27- 1MG</b>	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
<b>NEONATAL TAB COMPLETE</b>	NOT COVERED	PRENATAL TAB 27-1MG, CO-NATAL FA TAB 29-1MG, TRINATE TAB, TRINATAL RX TAB 1, VINATE ONE TAB
<b>NEONATAL TAB COMPLTE</b>	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
<b>NEONATAL TAB PLUS</b>	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
<b>NEO-SYNALAR CRE</b>	NONPREFERRED BRAND	ALCLOMETASON CRE 0.05%, BETAMETH VAL CRE 0.1%, CLOCORTOLONE CRE 0.1%, DESONIDE CRE 0.05%, FLUOCIN ACET CRE 0.01%
<b>NEUPOGEN INJ 300/0.5</b>	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
<b>NEUPOGEN INJ 300MCG</b>	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
<b>NEUPOGEN INJ 480/0.8</b>	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
<b>NEUPOGEN INJ 480MCG</b>	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
<b>NEUPRO DIS 1MG/24HR</b>	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, BROMOCRIPTIN CAP 5MG
<b>NEUPRO DIS 2MG/24HR</b>	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.25MG, ROPINIROLE TAB 0.5MG, BROMOCRIPTIN CAP 5MG
<b>NEUPRO DIS 3MG/24HR</b>	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.5MG, ROPINIROLE TAB 1MG, BROMOCRIPTIN CAP 5MG
<b>NEUPRO DIS 4MG/24HR</b>	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.75MG, ROPINIROLE TAB 3MG, BROMOCRIPTIN CAP 5MG
<b>NEUPRO DIS 6MG/24HR</b>	NONPREFERRED BRAND	PRAMIPEXOLE TAB 1MG, ROPINIROLE TAB 4MG, BROMOCRIPTIN CAP 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NEUPRO DIS 8MG/24HR	NONPREFERRED BRAND	PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG, BROMOCRIPTIN CAP 5MG
NEVANAC SUS 0.1%	NOT COVERED	BROMFENAC DRO 0.07% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP, KETOROLAC SOL 0.5%
NEVANAC SUS 0.1% OP	NOT COVERED	BROMFENAC DRO 0.07% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP, KETOROLAC SOL 0.5%
NEXICLON XR TAB 0.17MG	NOT COVERED	CLONIDINE TAB 0.1MG
NEXIUM GRA 2.5MG DR	NOT COVERED	ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG, RABEPRAZOLE TAB 20MG
NEXIUM GRA 5MG DR	NOT COVERED	ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG, RABEPRAZOLE TAB 20MG
NEXTSTELLIS TAB 3-14.2MG	NOT COVERED	DROSPIR/ETHI TAB 3-0.02MG, DROSPIRE/ETH TAB ESTR/LEV, AUROVELA 24 TAB FE 1/20, CAMRESE LO TAB, KAITLIB FE CHW
NIACIN TAB 500MG	NOT COVERED	NIACIN ER TAB 500MG, ATORVASTATIN TAB 10MG, ROSUVASTATIN TAB 5MG, LOVASTATIN TAB 10MG, PRAVASTATIN TAB 10MG
NIACOR TAB 500MG	NOT COVERED	NIACIN ER TAB 500MG, ATORVASTATIN TAB 10MG, ROSUVASTATIN TAB 5MG, LOVASTATIN TAB 10MG, PRAVASTATIN TAB 10MG
NITRO-DUR DIS 0.1MG/HR	NOT COVERED	NITROGLYCER DIS 0.1MG/HR
NITRO-DUR DIS 0.2MG/HR	NOT COVERED	NITROGLYCER DIS 0.2MG/HR
NITRO-DUR DIS 0.3MG/HR	NOT COVERED	NITROGLYCER DIS 0.2MG/HR
NITRO-DUR DIS 0.4MG/HR	NOT COVERED	NITROGLYCER DIS 0.4MG/HR
NITRO-DUR DIS 0.6MG/HR	NOT COVERED	NITROGLYCER DIS 0.6MG/HR
NITRO-DUR DIS 0.8MG/HR	NOT COVERED	NITROGLYCER DIS 0.6MG/HR
NITROFURANTO SUS 50MG/5ML	NOT COVERED	NITROFURANTN SUS 25MG/5ML, FOSFOMYCIN POW 3GM, TRIMETHOPRIM TAB 100MG, SMZ-TMP SUS 200-40/5, LEVOFLOXACIN SOL 25MG/ML
NITROMIST AER 400MCG	NONPREFERRED BRAND	NITROGLYCRN SPR 400MCG
NORGESIC TAB	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 2MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>NORGESIC TAB FORTE</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG
<b>NORITATE CRE 1%</b>	NONPREFERRED BRAND	METRONIDAZOL CRE 0.75%, SOOLANTRA CRE 1%, AZELAIC ACID GEL 15%, FINACEA AER 15%, DOXYCYCLINE CAP 40MG
<b>NORLIQVA SOL 1MG/ML</b>	NONPREFERRED BRAND	AMLODIPINE TAB 2.5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER, NISOLDIPINE TAB 8.5MG ER
<b>NORPACE CAP 100MG CR</b>	NONPREFERRED BRAND	DISOPYRAMIDE CAP 100MG, AMIODARONE TAB 100MG
<b>NORPACE CAP 150MG CR</b>	NONPREFERRED BRAND	DISOPYRAMIDE CAP 150MG, AMIODARONE TAB 400MG
<b>NOURIANZ TAB 20MG</b>	NONPREFERRED BRAND	BROMOCRIPTIN TAB 2.5MG, PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, RASAGILINE TAB 0.5MG, SELEGILINE TAB 5MG
<b>NOURIANZ TAB 40MG</b>	NONPREFERRED BRAND	BROMOCRIPTIN TAB 2.5MG, PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG, RASAGILINE TAB 1MG, SELEGILINE TAB 5MG
<b>NOVAREL INJ 5000UNIT</b>	NONPREFERRED BRAND SPECIALTY	GONAL-F INJ 450UNIT, OVIDREL INJ, GONAL-F RFF INJ 75UNIT, MENOPUR INJ 75UNIT, PREGNYL INJ 10000UNT
<b>NOVOLIN N INJ RELION</b>	NOT COVERED	NOVOLIN N INJ U-100
<b>NOVOLIN R INJ RELION</b>	NOT COVERED	NOVOLIN R INJ U-100
<b>NOVOLIN70/30 INJ RELION</b>	NOT COVERED	NOVOLIN INJ 70/30
<b>NOVOLOG INJ FLEX REL</b>	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
<b>NOVOLOG INJ RELION</b>	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
<b>NOVOLOG MIX INJ FLEX REL</b>	NOT COVERED	NOVOLOG MIX INJ FLEXPEN
<b>NOVOLOG RELI INJ 70/30</b>	NOT COVERED	NOVOLOG MIX INJ 70/30
<b>NOXAFIL PAK 300MG</b>	NONPREFERRED BRAND	POSACONAZOLE SUS 40MG/ML
<b>NUCYNTA ER TAB 100MG</b>	NOT COVERED	HYDROCODONE TAB 30MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 7.5MG ER, HYDROMORPHON TAB 12MG ER
<b>NUCYNTA ER TAB 150MG</b>	NOT COVERED	HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, OXYMORPHONE TAB 15MG ER, HYDROMORPHON TAB 12MG ER



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>NUCYNTA ER TAB 200MG</b>	NOT COVERED	HYDROCODONE TAB 80MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER, HYDROMORPHON TAB 16MG ER
<b>NUCYNTA ER TAB 250MG</b>	NOT COVERED	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER, HYDROMORPHON TAB 32MG ER
<b>NUCYNTA ER TAB 50MG</b>	NOT COVERED	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER, HYDROMORPHON TAB 8MG ER
<b>NUCYNTA TAB 100MG</b>	NOT COVERED	CODEINE SULF TAB 60MG, HYDROMORPHON TAB 8MG, MORPHINE SUL TAB 30MG, OXYCODONE TAB 30MG, OXYMORPHONE TAB HCL 10MG
<b>NUCYNTA TAB 50MG</b>	NOT COVERED	CODEINE SULF TAB 15MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, OXYCODONE TAB 5MG, OXYMORPHONE TAB HCL 5MG
<b>NUCYNTA TAB 75MG</b>	NOT COVERED	CODEINE SULF TAB 30MG, HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, OXYCODONE TAB 10MG, OXYMORPHONE TAB HCL 5MG
<b>NULEV TAB 0.125MG</b>	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.125MG
<b>NUTROPIN AQ INJ 10MG/2ML</b>	NOT COVERED	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
<b>NUTROPIN AQ INJ 20MG/2ML</b>	NOT COVERED	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
<b>NUTROPIN AQ INJ NUSPIN 5</b>	NOT COVERED	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
<b>NUVESSA GEL 1.3%</b>	NONPREFERRED BRAND	METRONIDAZOL GEL 0.75%VAG, CLINDAMYCIN CRE 2% VAG
<b>NYMALIZE SOL</b>	NONPREFERRED BRAND	NIMODIPINE CAP 30MG
<b>NYVEPRIA INJ 6/0.6ML</b>	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
<b>OB COMPLETE TAB</b>	NOT COVERED	THRIVITE RX TAB 29-1MG
<b>ODACTRA SUB</b>	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, AZELASTINE SPR 0.1%
<b>OLUMIANT TAB 1MG</b>	NONPREFERRED BRAND SPECIALTY	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>OLUMIANT TAB 2MG</b>	NONPREFERRED BRAND SPECIALTY	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40/0.4ML, SIMPONI INJ 50/0.5ML
<b>OMECLAMOX- MIS PAK</b>	NONPREFERRED BRAND	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRazole CAP 20MG
<b>OMEPRa/BICAR POW 20- 1680</b>	NOT COVERED	OMEPRa/BICAR CAP 20-1100, ESOMEPRazole GRA 10MG DR, PANTOPRazole PAK 40MG, LANSOPRazole TAB 15MG ODT, DEXLANSOPRaz CAP 30MG
<b>OMEPRa/BICAR POW 40- 1680</b>	NOT COVERED	OMEPRa/BICAR CAP 40-1100, ESOMEPRazole GRA 40MG DR, PANTOPRazole PAK 40MG, LANSOPRazole TAB 30MG, DEXLANSOPRaz CAP 60MG DR
<b>OMNARIS SPR</b>	NOT COVERED	FLUNISOLIDE SPR 0.025%, FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
<b>OMNITROPE INJ 10/1.5ML</b>	NOT COVERED	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 12MG
<b>OMNITROPE INJ 5.8MG</b>	NOT COVERED	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
<b>OMNITROPE INJ 5/1.5ML</b>	NOT COVERED	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
<b>OMVOH INJ 100MG/ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, STELARA INJ 45MG/0.5, XELJANZ TAB 5MG, RINVOQ TAB 15MG ER
<b>ONGENTYS CAP 25MG</b>	NOT COVERED	ENTACAPONE TAB 200MG
<b>ONGENTYS CAP 50MG</b>	NOT COVERED	ENTACAPONE TAB 200MG
<b>ONZETRA XSAI MIS 11MG</b>	NONPREFERRED BRAND	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ALMOTRIPTAN TAB 6.25MG
<b>OPZELURA CRE 1.5%</b>	NONPREFERRED BRAND	BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.05%, DIFLORASONE CRE 0.05%, FLUOCINONIDE CRE 0.05%
<b>ORALAIR SUB 300 IR</b>	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, AZELASTINE SPR 0.15%
<b>ORAVIG TAB 50MG</b>	NONPREFERRED BRAND	NYSTATIN SUS 100000, CLOTRIMAZOLE TRO 10MG, FLUCONAZOLE TAB 100MG, ITRACONAZOLE SOL 10MG/ML, VORICONAZOLE TAB 50MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>ORENCIA CLCK INJ 125MG/ML</b>	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, ENBREL INJ 25MG, XELJANZ TAB 5MG
<b>ORENCIA INJ 125MG/ML</b>	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 80/0.8ML, SIMPONI INJ 100MG/ML, ENBREL INJ 25MG, XELJANZ TAB 5MG
<b>ORENCIA INJ 50/0.4ML</b>	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, ENBREL INJ 25MG, XELJANZ TAB 5MG
<b>ORENCIA INJ 87.5/0.7</b>	NONPREFERRED BRAND SPECIALTY	CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40/0.4ML, SIMPONI INJ 50/0.5ML, ENBREL INJ 25MG, XELJANZ TAB 5MG
<b>ORENITRAM TAB 0.125MG</b>	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16MCG
<b>ORENITRAM TAB 0.25MG</b>	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 32MCG
<b>ORENITRAM TAB 1MG</b>	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 64MCG
<b>ORENITRAM TAB 2.5MG</b>	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16- 32MCG
<b>ORENITRAM TAB 5MG</b>	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16- 32-48
<b>ORENITRAM TAB MONTH 1</b>	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16MCG
<b>ORENITRAM TAB MONTH 2</b>	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 64MCG
<b>ORENITRAM TAB MONTH 3</b>	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16- 32-48
<b>ORFADIN SUS 4MG/ML</b>	NONPREFERRED BRAND SPECIALTY	NITYR TAB 2MG, NITISINONE CAP 2MG
<b>ORLADEYO CAP 110MG</b>	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML
<b>ORLADEYO CAP 150MG</b>	NONPREFERRED BRAND SPECIALTY	TAKHZYRO INJ 300/2ML
<b>ORLISTAT CAP 120MG</b>	NONPREFERRED BRAND	PHENTERMINE CAP 37.5MG, DIETHYLPROP TAB 25MG
<b>ORPH/ASA/CAF TAB</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, CYCLOBENZAPR TAB 5MG, TIZANIDINE TAB 2MG
<b>ORPHENGESIC TAB FORTE</b>	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, CYCLOBENZAPR TAB 10MG, TIZANIDINE TAB 4MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OSCIMIN SUB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE SUB 0.125MG
OSCIMIN TAB 0.125MG	NONPREFERRED BRAND	HYOSCYAMINE TAB 0.125MG
OSMOLEX ER TAB	NOT COVERED	AMANTADINE TAB 100MG, BROMOCRIPTIN TAB 2.5MG, PRAMIPEXOLE TAB 0.375 ER, ROPINIROLE TAB 2MG ER, CARB/LEVO ER TAB 25-100MG
OSMOLEX ER TAB 129MG	NOT COVERED	AMANTADINE TAB 100MG, BROMOCRIPTIN TAB 2.5MG, PRAMIPEXOLE TAB 0.375 ER, ROPINIROLE TAB 2MG ER, CARB/LEVO ER TAB 25-100MG
OSMOLEX ER TAB 193MG	NOT COVERED	AMANTADINE TAB 100MG, BROMOCRIPTIN TAB 2.5MG, PRAMIPEXOLE TAB 4.5MG ER, ROPINIROLE TAB 12MG ER, CARB/LEVO ER TAB 50-200MG
OSPHENA TAB 60MG	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
OTREXUP INJ 10MG	NOT COVERED	RASUVO INJ 12.5MG, METHOTREXATE INJ 50MG/2ML
OTREXUP INJ 12.5/0.4	NOT COVERED	RASUVO INJ 15MG, METHOTREXATE INJ 50MG/2ML
OTREXUP INJ 15MG	NOT COVERED	RASUVO INJ 17.5MG, METHOTREXATE INJ 25MG/ML
OTREXUP INJ 17.5/0.4	NOT COVERED	RASUVO INJ 17.5MG, METHOTREXATE INJ 25MG/ML
OTREXUP INJ 20MG	NOT COVERED	RASUVO INJ 20MG, METHOTREXATE INJ 250/10ML
OTREXUP INJ 22.5/0.4	NOT COVERED	RASUVO INJ 22.5MG, METHOTREXATE INJ 250/10ML
OTREXUP INJ 25MG	NOT COVERED	RASUVO INJ 25MG, METHOTREXATE INJ 250/10ML
OXAPROZIN CAP 300MG	NOT COVERED	OXAPROZIN TAB 600MG, FENOPROFEN CAP 400MG, KETOPROFEN CAP 50MG, MECLOFEN SOD CAP 50MG, MEFENAM ACID CAP 250MG
OXBRYTA TAB 300MG	NONPREFERRED BRAND SPECIALTY	DROXIA CAP 200MG
OXBRYTA TAB 500MG	NONPREFERRED BRAND SPECIALTY	DROXIA CAP 400MG
OXISTAT LOT 1%	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CLOTRIM/BETA LOT DIPROP, CICLOPIROX GEL 0.77%
OXTELLAR XR TAB 150MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 150MG
OXTELLAR XR TAB 300MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 300MG
OXTELLAR XR TAB 600MG	NONPREFERRED BRAND	OXCARBAZEPIN TAB 600MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>OXY-ACETAMIN TAB 7.5-300</b>	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 7.5-200, APAP/CODEINE TAB 300-30MG, TRAMADL/APAP TAB 37.5-325
<b>OXYCOD/ACETA SOL 10/300MG</b>	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE SOL 120-12/5, TRAMADL/APAP TAB 37.5-325
<b>OXYCOD/ACETA SOL 5/325MG</b>	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 5-200MG, APAP/CODEINE SOL 120-12/5, TRAMADL/APAP TAB 37.5-325
<b>OXYCOD/APAP TAB 10-300MG</b>	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE TAB 300-60MG, TRAMADL/APAP TAB 37.5-325
<b>OXYCOD/APAP TAB 5-300MG</b>	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 5-325MG, HYDROCOD/IBU TAB 7.5-200, APAP/CODEINE TAB 300-30MG, TRAMADL/APAP TAB 37.5-325
<b>OXYCOD-APAP TAB 2.5-300</b>	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, APAP/CODEINE TAB 300-15MG, TRAMADL/APAP TAB 37.5-325
<b>OXYCODONE TAB 10MG ER</b>	NOT COVERED	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER, HYDROMORPHON TAB 8MG ER
<b>OXYCODONE TAB 20MG ER</b>	NOT COVERED	HYDROCODONE TAB 40MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 10MG ER, HYDROMORPHON TAB 12MG ER
<b>OXYCODONE TAB 40MG ER</b>	NOT COVERED	HYDROCODONE TAB 80MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER, HYDROMORPHON TAB 16MG ER
<b>OXYCODONE TAB 80MG ER</b>	NOT COVERED	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER, HYDROMORPHON TAB 32MG ER
<b>OXYCONTIN TAB 10MG ER</b>	NOT COVERED	HYDROCODONE TAB 20MG ER, XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER, HYDROMORPHON TAB 8MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OXYCONTIN TAB 15MG ER	NOT COVERED	HYDROCODONE TAB 30MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 7.5MG ER, HYDROMORPHON TAB 12MG ER
OXYCONTIN TAB 20MG ER	NOT COVERED	HYDROCODONE TAB 40MG ER, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 10MG ER, HYDROMORPHON TAB 12MG ER
OXYCONTIN TAB 30MG ER	NOT COVERED	HYDROCODONE TAB 60MG ER, XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, OXYMORPHONE TAB 15MG ER, HYDROMORPHON TAB 12MG ER
OXYCONTIN TAB 40MG ER	NOT COVERED	HYDROCODONE TAB 80MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER, HYDROMORPHON TAB 16MG ER
OXYCONTIN TAB 60MG ER	NOT COVERED	HYDROCODONE TAB 100MG ER, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 30MG ER, HYDROMORPHON TAB 16MG ER
OXYCONTIN TAB 80MG ER	NOT COVERED	HYDROCODONE TAB 120MG ER, XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER, HYDROMORPHON TAB 32MG ER
OXYTROL DIS 3.9MG/24	NOT COVERED	OXYBUTYNIN TAB 2.5MG, DARIFENACIN TAB 7.5MG, FESOTERODINE TAB 4MG ER, SOLIFENACIN TAB 5MG, TOLTERODINE TAB 1MG
OZOBAX DS SOL 10MG/5ML	NONPREFERRED BRAND	BACLOFEN TAB 10MG, DANTROLENE CAP 100MG
PANCREAZE CAP 10500UNT	NONPREFERRED BRAND	ZENPEP CAP 10000UNT, CREON CAP 12000UNT
PANCREAZE CAP 16800UNT	NONPREFERRED BRAND	ZENPEP CAP 20000UNT, CREON CAP 12000UNT
PANCREAZE CAP 21000UNT	NONPREFERRED BRAND	CREON CAP 24000UNT, ZENPEP CAP 20000UNT
PANCREAZE CAP 2600UNIT	NONPREFERRED BRAND	CREON CAP 3000UNIT, ZENPEP CAP 3000UNIT
PANCREAZE CAP 37000	NONPREFERRED BRAND	CREON CAP 36000UNT, ZENPEP CAP 40000UNT
PANCREAZE CAP 4200UNIT	NONPREFERRED BRAND	ZENPEP CAP 5000UNIT, CREON CAP 6000UNIT
PANDEL CRE 0.1%	NOT COVERED	ALA-CORT CRE 1%, ALCLOMETASON CRE 0.05%, BETAMETH VAL CRE 0.1%, CLOCORTOLONE CRE 0.1%, DESONIDE CRE 0.05%
PASER GRA 4GM	NONPREFERRED BRAND	ISONIAZID SYP 50MG/5ML, RIFAMPIN CAP 150MG



<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>PENCICLOVIR CRE 1%</b>	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
<b>PERTZYE CAP 16000U</b>	NOT COVERED	ZENPEP CAP 15000UNT, CREON CAP 12000UNT
<b>PERTZYE CAP 24000U</b>	NOT COVERED	ZENPEP CAP 25000UNT, CREON CAP 24000UNT
<b>PERTZYE CAP 4000UNIT</b>	NOT COVERED	ZENPEP CAP 3000UNIT, CREON CAP 3000UNIT
<b>PERTZYE CAP 8000UNIT</b>	NOT COVERED	CREON CAP 6000UNIT, ZENPEP CAP 10000UNT
<b>PHEBURANE MIS 483/GM</b>	NONPREFERRED BRAND SPECIALTY	PHENYLBUTYRA POW SODIUM
<b>PHENER FORT SYP 25MG/5ML</b>	NOT COVERED	PROMETHAZINE SOL 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, CARBINOXAMIN SOL 4MG/5ML, CLEMASTINE TAB 2.68MG, CETIRIZINE SOL 1MG/ML
<b>PHOSLYRA SOL</b>	NONPREFERRED BRAND	CALC ACETATE TAB 667MG, SEVELAMER POW 0.8GM, LANTHANUM CHW 500MG, VELPHORO CHW 500MG
<b>PLEGRIDY INJ</b>	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
<b>PLEGRIDY INJ PEN</b>	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
<b>PLEGRIDY INJ STARTER</b>	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 14MG
<b>PLEGRIDY PEN INJ STARTER</b>	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 14MG
<b>PLENVU SOL</b>	NONPREFERRED BRAND	PEG/NASUL/C/ SOL NACL/POT, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU
<b>PLIAGLIS CRE 7-7%</b>	NOT COVERED	LIDO/PRILOCN CRE 2.5-2.5%, LIDOCAINE SOL 4%
<b>PNV TAB 20-1 TAB</b>	NOT COVERED	ATABEX OB TAB 29-1MG, VINATE II TAB
<b>POKONZA POW 10MEQ</b>	NOT COVERED	KLOR-CON PAK 20MEQ
<b>PONVORY TAB 20MG</b>	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>PONVORY TAB STARTER</b>	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
<b>PRADAXA PAK 110MG</b>	NONPREFERRED BRAND	DABIGATRAN CAP 150MG, PRADAXA CAP 150MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PRADAXA PAK 150MG	NONPREFERRED BRAND	DABIGATRAN CAP 150MG, PRADAXA CAP 150MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 5MG
PRADAXA PAK 20MG	NONPREFERRED BRAND	DABIGATRAN CAP 75MG, PRADAXA CAP 75MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 2.5MG
PRADAXA PAK 30MG	NONPREFERRED BRAND	DABIGATRAN CAP 75MG, PRADAXA CAP 75MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 2.5MG
PRADAXA PAK 40MG	NONPREFERRED BRAND	DABIGATRAN CAP 110MG, PRADAXA CAP 110MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 2.5MG
PRADAXA PAK 50MG	NONPREFERRED BRAND	DABIGATRAN CAP 110MG, PRADAXA CAP 110MG, XARELTO SUS 1MG/ML, ELIQUIS TAB 5MG
PRALUENT INJ 150MG/ML	NOT COVERED	REPATHA SURE INJ 140MG/ML, EZETIMIBE TAB 10MG, ATORVASTATIN TAB 80MG, FLUVASTATIN CAP 40MG, LOVASTATIN TAB 40MG
PRALUENT INJ 75MG/ML	NOT COVERED	REPATHA SURE INJ 140MG/ML, EZETIMIBE TAB 10MG, ATORVASTATIN TAB 80MG, FLUVASTATIN CAP 40MG, LOVASTATIN TAB 40MG
PRAMOSONE CRE 1-1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE CRE 1-2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE LOT 1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE LOT 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE OIN 1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE OIN 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%
PRED MILD SUS 0.12% OP	NOT COVERED	PRED SOD PHO SOL 1% OP, DEXAMETH PHO SOL 0.1% OP, DIFLUPREDNAT EMU 0.05%, LOTEPREDNOL GEL 0.5%, LOTEMAX SM GEL 0.38%
PRED-G S.O.P OIN OP	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
PRED-G SUS OP	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
PREDNISOLONE SUS 1%	NONPREFERRED BRAND	PREDNISOLONE SUS 1% OP
PREGENNA TAB	NOT COVERED	ATABEX OB TAB 29-1MG, VINATE II TAB
PREMARIN TAB 0.3MG	NOT COVERED	ESTRADIOL TAB 0.5MG, VIVELLE-DOT DIS 0.025MG, PREMARIN VAG CRE 0.625MG
PREMARIN TAB 0.45MG	NOT COVERED	ESTRADIOL TAB 0.5MG, VIVELLE-DOT DIS 0.0375MG, PREMARIN VAG CRE 0.625MG
PREMARIN TAB 0.625MG	NOT COVERED	ESTRADIOL TAB 1MG, VIVELLE-DOT DIS 0.05MG, PREMARIN VAG CRE 0.625MG
PREMARIN TAB 0.9MG	NOT COVERED	ESTRADIOL TAB 1MG, VIVELLE-DOT DIS 0.075MG, PREMARIN VAG CRE 0.625MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>PREMARIN TAB 1.25MG</b>	NOT COVERED	ESTRADIOL TAB 2MG, VIVELLE-DOT DIS 0.1MG, PREMARIN VAG CRE 0.625MG
<b>PREMPHASE TAB</b>	NOT COVERED	ESTRADIOL TAB 10MCG, PREMARIN VAG CRE 0.625MG
<b>PREMPRO TAB</b>	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
<b>PREMPRO TAB 0.3-1.5</b>	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
<b>PREMPRO TAB 0.45-1.5</b>	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5
<b>PREMPRO TAB 0.625-5</b>	NOT COVERED	ESTRA/NORETH TAB 1-0.5MG, FYAVOLV TAB 1-5
<b>PRENARA CAP PRENATAL</b>	NOT COVERED	PRENATAL TAB 27-1MG, NATALVIT TAB 75-1MG, TRINATAL RX TAB 1, VINATE ONE TAB, CO-NATAL FA TAB 29-1MG
<b>PRENATRIX TAB</b>	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
<b>PRENATRYL TAB</b>	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
<b>PRESTALIA TAB 14-10MG</b>	NONPREFERRED BRAND	AMLOD/BENAZP CAP 10-40MG, TRANDO/VERAP TAB 4-240 ER, AMLOD/OLMESA TAB 10-40MG, AMLOD/VALSAR TAB 10-320MG, TELMIS/AMLOD TAB 80-10MG
<b>PRESTALIA TAB 3.5-2.5</b>	NONPREFERRED BRAND	AMLOD/BENAZP CAP 2.5-10MG, TRANDO/VERAP TAB 1-240 ER, AMLOD/OLMESA TAB 5-20MG, AMLOD/VALSAR TAB 5-160MG, TELMIS/AMLOD TAB 40-5MG
<b>PRESTALIA TAB 7-5MG</b>	NONPREFERRED BRAND	AMLOD/BENAZP CAP 5-20MG, TRANDO/VERAP TAB 2-180 ER, AMLOD/OLMESA TAB 5-40MG, AMLOD/VALSAR TAB 5-320MG, TELMIS/AMLOD TAB 40-10MG
<b>PREVDNT 5000 GEL 1.1-5%</b>	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
<b>PREVDNT 5000 PST 1.1%</b>	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%
<b>PREVIDENT CRE 5000 PLS</b>	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
<b>PREVIDENT GEL 1.1%</b>	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
<b>PREVIDENT GEL 1.1% BER</b>	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
<b>PREVIDENT GEL 1.1% MIN</b>	NONPREFERRED BRAND	SF GEL 1.1%, SODIUM FLUOR GEL 1.1%, SF 5000 PLUS CRE 1.1%, SOD FLUORIDE PST 1.1%
<b>PREVIDENT PST 1.1%</b>	NONPREFERRED BRAND	SOD FLUORIDE PST 1.1%, SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PREVIDENT SOL 0.2%	NONPREFERRED BRAND	SF 5000 PLUS CRE 1.1%, SODIUM FLUOR CRE 1.1, SF GEL 1.1%, SOD FLUORIDE PST 1.1%
PRILOSEC POW 10MG	NOT COVERED	OMEPRAZOLE CAP 10MG, ESOMEPRAZOLE GRA 40MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 30MG, RABEPRAZOLE TAB 20MG
PRILOSEC POW 2.5MG	NOT COVERED	OMEPRAZOLE CAP 10MG, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, RABEPRAZOLE TAB 20MG
PROAIR DIGIH AER	NOT COVERED	ALBUTEROL AER HFA
PROAIR RESPI AER	NOT COVERED	ALBUTEROL AER HFA
PROCTOCORT SUP 30MG	NONPREFERRED BRAND	HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG, HEMMOREX-HC SUP 25MG, HYDROCORTISO CRE 2.5%, HC PRAMOXINE CRE 2.5-1%
PROCYSBI CAP 25MG	NOT COVERED	CYSTAGON CAP 50MG
PROCYSBI CAP 75MG	NOT COVERED	CYSTAGON CAP 150MG
PROCYSBI GRA 300MG	NOT COVERED	CYSTAGON CAP 150MG
PROCYSBI GRA 75MG	NOT COVERED	CYSTAGON CAP 50MG
PROGRAF GRA 0.2MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 0.5MG
PROGRAF GRA 1MG	NONPREFERRED BRAND SPECIALTY	TACROLIMUS CAP 1MG
PROLATE SOL 10/300MG	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE SOL 120-12/5, TRAMADL/APAP TAB 37.5-325
PROLATE TAB 10-300MG	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE TAB 300-60MG, TRAMADL/APAP TAB 37.5-325
PROLATE TAB 5-300MG	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 5-325MG, HYDROCOD/IBU TAB 7.5-200, APAP/CODEINE TAB 300-30MG, TRAMADL/APAP TAB 37.5-325
PROLATE TAB 7.5-300	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 7.5-200, APAP/CODEINE TAB 300-30MG, TRAMADL/APAP TAB 37.5-325
PURIXAN SUS 20MG/ML	NONPREFERRED BRAND SPECIALTY	MERCAPTOPUR TAB 50MG
PYRIDOSTIGMI TAB 30MG	NOT COVERED	PYRIDOSTIGM TAB 60MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>QBRELIS SOL 1MG/ML</b>	NOT COVERED	LISINOPRIL TAB 2.5MG, ENALAPRIL SOL 1MG/ML, BENAZEPRIL TAB 5MG, CAPTOPRIL TAB 12.5MG, FOSINOPRIL TAB 10MG
<b>QDOLO SOL 5MG/ML</b>	NOT COVERED	TRAMADOL HCL TAB 50MG
<b>QELBREE CAP 100MG ER</b>	NOT COVERED	ATOMOXETINE CAP 10MG, GUANFACINE TAB 1MG ER, CLONIDINE TAB 0.1MG ER
<b>QELBREE CAP 150MG ER</b>	NOT COVERED	ATOMOXETINE CAP 40MG, GUANFACINE TAB 2MG ER, CLONIDINE TAB 0.1MG ER
<b>QELBREE CAP 200MG ER</b>	NOT COVERED	ATOMOXETINE CAP 100MG, GUANFACINE TAB 4MG ER, CLONIDINE TAB 0.1MG ER
<b>QNASL AER 80MCG</b>	NOT COVERED	FLUNISOLIDE SPR 0.025%, FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.15%, OLOPATADINE SPR 0.6%
<b>QNASL CHILD SPR 40MCG</b>	NOT COVERED	FLUNISOLIDE SPR 0.025%, FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
<b>QSYMIA CAP 11.25-69</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 30MG
<b>QSYMIA CAP 15-92MG</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 37.5MG
<b>QSYMIA CAP 3.75-23</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 15MG
<b>QSYMIA CAP 7.5-46MG</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 75MG ER, PHENTERMINE CAP 30MG
<b>QTERN TAB 10-5MG</b>	NOT COVERED	GLYXAMBI TAB 25-5 MG
<b>QTERN TAB 5-5MG</b>	NOT COVERED	GLYXAMBI TAB 10-5 MG
<b>QUAZEPAM TAB 15MG</b>	NOT COVERED	ESTAZOLAM TAB 1MG, TRIAZOLAM TAB 0.125MG, FLURAZEPAM CAP 15MG, TEMAZEPAM CAP 7.5MG, ESZOPICLONE TAB 1MG
<b>QUILLICHEW CHW 20MG ER</b>	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
<b>QUILLICHEW CHW 30MG ER</b>	NONPREFERRED BRAND	METHYLPHENID TAB 27MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CHW 30MG, VYVANSE CHW 30MG
<b>QUILLICHEW CHW 40MG ER</b>	NONPREFERRED BRAND	METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CHW 60MG, VYVANSE CHW 60MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>QUILLIVANT SUS 25MG/5ML</b>	NONPREFERRED BRAND	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, LISDEXAMFETA CHW 10MG, VYVANSE CHW 10MG
<b>QUVIVIQ TAB 25MG</b>	NONPREFERRED BRAND	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG, DOXEPIN TAB 3MG
<b>QUVIVIQ TAB 50MG</b>	NONPREFERRED BRAND	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG, DOXEPIN TAB 6MG
<b>QVAR REDIHA AER 80MCG</b>	NOT COVERED	PULMICORT INH 180MCG, ASMANEX HFA AER 200 MCG
<b>QVAR REDIHAL AER 40MCG</b>	NOT COVERED	PULMICORT INH 90MCG, ASMANEX HFA AER 50MCG
<b>RABEPRAZOLE CAP 10MG DR</b>	NOT COVERED	RABEPRAZOLE TAB 20MG, ESOMEPRAZOLE GRA 10MG DR, PANTOPRAZOLE PAK 40MG, LANSOPRAZOLE TAB 15MG ODT, OMEPRAZOLE CAP 10MG
<b>RADICAVA ORS SUS 105/5ML</b>	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
<b>RADICAVA ORS SUS STARTER</b>	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
<b>RAGWITEK SUB</b>	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, CETIRIZINE SOL 1MG/ML, DESLORATADIN TAB 5MG, LEVOCETIRIZI TAB 5MG, AZELASTINE SPR 0.1%
<b>RAVICTI LIQ 1.1GM/ML</b>	NONPREFERRED BRAND SPECIALTY	PHENYL BUTYRA POW SODIUM
<b>RAYOS TAB 1MG</b>	NONPREFERRED BRAND	PREDNISONE TAB 1MG, METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG
<b>RAYOS TAB 2MG</b>	NONPREFERRED BRAND	PREDNISONE TAB 1MG, METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG
<b>RAYOS TAB 5MG</b>	NONPREFERRED BRAND	PREDNISONE TAB 5MG, METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG
<b>REBIF INJ 22/0.5</b>	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
<b>REBIF INJ 44/0.5</b>	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
<b>REBIF REBIDO INJ 22/0.5</b>	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
REBIF REBIDO INJ 44/0.5	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 7MG
REBIF REBIDO INJ TITRATN	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 14MG
REBIF TITRTN INJ PACK	NONPREFERRED BRAND SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, COPAXONE INJ 40MG/ML, TERIFLUNOMID TAB 14MG
RECORLEV TAB 150MG	NONPREFERRED BRAND SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.3MG/ML
RELAFEN DS TAB 1000MG	NOT COVERED	NABUMETONE TAB 750MG, ETODOLAC TAB 500MG, MELOXICAM TAB 15MG, CELECOXIB CAP 400MG, DICLOFEN POT TAB 50MG
RELENZA MIS DISKHALE	NONPREFERRED BRAND	OSELTAMIVIR CAP 30MG, XOFLUZA TAB 40MG
RELEUKO INJ 300MCG	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
RELEUKO INJ 480MCG	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
RELEXXII TAB 18MG ER	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 15MG ER, LISDEXAMFETA CAP 20MG, VYVANSE CAP 20MG
RELEXXII TAB 27MG ER	NOT COVERED	METHYLPHENID TAB 27MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 20MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
RELEXXII TAB 36MG ER	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 40MG, VYVANSE CAP 40MG
RELEXXII TAB 45MG ER	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPH CAP ER 25MG, AMPHET/DEXTR CAP 12.5 ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
RELEXXII TAB 54MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 30MG ER, AMPHET/DEXTR CAP 25MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
RELEXXII TAB 63MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP ER 35MG, AMPHET/DEXTR CAP 37.5 ER, LISDEXAMFETA CAP 60MG, VYVANSE CAP 60MG
RELEXXII TAB 72MG ER	NONPREFERRED BRAND	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 50MG ER, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG
RELISTOR INJ 12/0.6ML	NOT COVERED	SYMPROIC TAB 0.2MG, MOVANTI TAB 25MG, CONSTULOSE SOL 10GM/15, LUBIPROSTONE CAP 24MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
RELISTOR INJ 8/0.4ML	NOT COVERED	SYMPROIC TAB 0.2MG, MOVANTIK TAB 12.5MG, CONSTULOSE SOL 10GM/15, LUBIPROSTONE CAP 8MCG
RELISTOR TAB 150MG	NOT COVERED	SYMPROIC TAB 0.2MG, MOVANTIK TAB 12.5MG, LUBIPROSTONE CAP 8MCG, CONSTULOSE SOL 10GM/15
RELTONE CAP 200MG	NOT COVERED	URSODIOL CAP 300MG
RELTONE CAP 400MG	NOT COVERED	URSODIOL CAP 300MG
RETIN-A MICR GEL 0.06%	NONPREFERRED BRAND	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
REVLIMID CAP 10MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 10MG
REVLIMID CAP 15MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 15MG
REVLIMID CAP 2.5MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 2.5MG
REVLIMID CAP 20MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 20MG
REVLIMID CAP 25MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 25MG
REVLIMID CAP 5MG	NONPREFERRED BRAND SPECIALTY	LENALIDOMIDE CAP 5MG
REXULTI TAB 0.25MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 2MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, LURASIDONE TAB 20MG
REXULTI TAB 0.5MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG, OLANZAPINE TAB 5MG, LURASIDONE TAB 40MG
REXULTI TAB 1MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 10MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, OLANZAPINE TAB 7.5MG, LURASIDONE TAB 60MG
REXULTI TAB 2MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 15MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 10MG, LURASIDONE TAB 60MG
REXULTI TAB 3MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 20MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG, OLANZAPINE TAB 15MG, LURASIDONE TAB 80MG
REXULTI TAB 4MG	NONPREFERRED BRAND	ARIPIRAZOLE TAB 30MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, LURASIDONE TAB 120MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
REYVOW TAB 100MG	NONPREFERRED BRAND	UBRELVY TAB 100MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG, SUMATRIPTAN TAB 100MG, ZOLMITRIPTAN TAB 5MG
REYVOW TAB 50MG	NONPREFERRED BRAND	UBRELVY TAB 50MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, SUMATRIPTAN TAB 25MG, ZOLMITRIPTAN TAB 2.5MG
RHOPRESSA SOL 0.02%	NONPREFERRED BRAND	BIMATOPROST SOL 0.03%, LATANOPROST SOL 0.005%, TAFLUPROST SOL 0.0015%, TRAVOPROST DRO 0.004%, LUMIGAN SOL 0.01%
ROCKLATAN DRO	NONPREFERRED BRAND	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, BIMATOPROST SOL 0.03%, LATANOPROST SOL 0.005%, TAFLUPROST SOL 0.0015%
ROLVEDON INJ 13.2MG	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ROSZET TAB 10-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 10MG
ROSZET TAB 20-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 20MG
ROSZET TAB 40-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 40MG
ROSZET TAB 5-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 5MG
ROXYBOND TAB 15MG	NOT COVERED	OXYCODONE TAB 15MG, CODEINE SULF TAB 30MG, HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, OXYMORPHONE TAB HCL 5MG
ROXYBOND TAB 30MG	NOT COVERED	OXYCODONE TAB 30MG, CODEINE SULF TAB 60MG, HYDROMORPHON TAB 8MG, MORPHINE SUL TAB 30MG, OXYMORPHONE TAB HCL 10MG
ROXYBOND TAB 5MG	NOT COVERED	OXYCODONE TAB 5MG, CODEINE SULF TAB 15MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, OXYMORPHONE TAB HCL 5MG
ROZLYTREK PAK 50MG	NONPREFERRED BRAND SPECIALTY	ROZLYTREK CAP 100MG
RUBRACA	NOT COVERED	
RYALTRIS SPR 665-25	NONPREFERRED BRAND	AZEL/FLUTIC SPR 137-50, OLOPATADINE SPR 0.6%, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.1%, FLUNISOLIDE SPR 0.025%
RYCLORA SOL 2MG/5ML	NOT COVERED	CETIRIZINE SOL 1MG/ML, LEVOCETIRIZI SOL 2.5/5ML, DESLORATADIN TAB 2.5 ODT, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
RYTARY CAP 145MG	NONPREFERRED BRAND	CARB/LEVO ER TAB 25-100MG, CARB/LEVO100 TAB /ENTACAP

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>RYTARY CAP 195MG</b>	NONPREFERRED BRAND	CARB/LEVO ER TAB 50-200MG, CARB/LEVO125 TAB /ENTACAP
<b>RYTARY CAP 245MG</b>	NONPREFERRED BRAND	CARB/LEVO ER TAB 50-200MG, CARB/LEVO200 TAB /ENTACAP
<b>RYTARY CAP 95MG</b>	NONPREFERRED BRAND	CARB/LEVO ER TAB 25-100MG, CARB/LEVO 50 TAB /ENTACAP
<b>RYVENT TAB 6MG</b>	NOT COVERED	CARBINOXAMIN TAB 4MG, CLEMASTINE TAB 2.68MG, PROMETHAZINE TAB 50MG, CYPROHEPTAD TAB 4MG, DESLORATADIN TAB 5MG
<b>SAIZEN INJ 5MG</b>	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
<b>SAIZEN INJ 8.8MG</b>	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
<b>SAIZENPREP INJ 8.8MG</b>	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
<b>SAJAZIR INJ 30MG/3ML</b>	NOT COVERED	ICATIBANT INJ 30MG/3ML, RUCONEST INJ 2100UNIT
<b>SANCUSO DIS 3.1MG</b>	NONPREFERRED BRAND	GRANISETRON TAB 1MG, ONDANSETRON TAB 4MG ODT
<b>SANDIMMUNE SOL 100MG/ML</b>	NONPREFERRED BRAND SPECIALTY	CYCLOSPORINE CAP 100MG
<b>SAVAYSA TAB 15MG</b>	NOT COVERED	DABIGATRAN CAP 75MG, ELIQUIS TAB 2.5MG, XARELTO TAB 2.5MG, PRADAXA CAP 75MG
<b>SAVAYSA TAB 30MG</b>	NOT COVERED	DABIGATRAN CAP 110MG, ELIQUIS TAB 5MG, XARELTO TAB 10MG, PRADAXA CAP 110MG
<b>SAVAYSA TAB 60MG</b>	NOT COVERED	DABIGATRAN CAP 150MG, ELIQUIS TAB 5MG, XARELTO TAB 20MG, PRADAXA CAP 150MG
<b>SAVELLA MIS TITR PAK</b>	NONPREFERRED BRAND	DULOXETINE CAP 20MG, PREGABALIN CAP 25MG
<b>SAVELLA TAB 100MG</b>	NONPREFERRED BRAND	PREGABALIN CAP 300MG, DULOXETINE CAP 60MG
<b>SAVELLA TAB 12.5MG</b>	NONPREFERRED BRAND	PREGABALIN CAP 25MG, DULOXETINE CAP 20MG
<b>SAVELLA TAB 25MG</b>	NONPREFERRED BRAND	PREGABALIN CAP 75MG, DULOXETINE CAP 30MG
<b>SAVELLA TAB 50MG</b>	NONPREFERRED BRAND	PREGABALIN CAP 200MG, DULOXETINE CAP 40MG
<b>SAXA/METFOR TAB 2.5-1000</b>	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 50-500MG
<b>SAXA/METFOR TAB 5-1000MG</b>	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 100-1000

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>SAXA/METFOR TAB 5-500MG</b>	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 50-1000
<b>SAXAGLIPTIN TAB 2.5MG</b>	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 25MG
<b>SAXAGLIPTIN TAB 5MG</b>	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 100MG
<b>SAXENDA INJ 18MG/3ML</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
<b>SECUADO DIS 3.8MG</b>	NONPREFERRED BRAND	ASENAPINE SUB 2.5MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG, PALIPERIDONE TAB ER 1.5MG, RISPERIDONE TAB 0.25MG
<b>SECUADO DIS 5.7MG</b>	NONPREFERRED BRAND	ASENAPINE SUB 5MG, QUETIAPINE TAB 150MG, OLANZAPINE TAB 7.5MG, PALIPERIDONE TAB ER 3MG, RISPERIDONE TAB 1MG
<b>SECUADO DIS 7.6MG</b>	NONPREFERRED BRAND	ASENAPINE SUB 10MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG, PALIPERIDONE TAB ER 9MG, RISPERIDONE TAB 4MG
<b>SEGLENTIS TAB 56-44MG</b>	NOT COVERED	CELECOXIB CAP 50MG, TRAMADOL HCL TAB 50MG
<b>SEGLUOMET TAB 2.5-1000</b>	NOT COVERED	SYNJARDY TAB 5-1000MG, XIGDUO XR TAB 5-1000MG
<b>SEGLUOMET TAB 2.5-500</b>	NOT COVERED	SYNJARDY TAB 5-500MG, XIGDUO XR TAB 5-1000MG
<b>SEGLUOMET TAB 7.5-1000</b>	NOT COVERED	SYNJARDY TAB, XIGDUO XR TAB 10-1000
<b>SEGLUOMET TAB 7.5-500</b>	NOT COVERED	SYNJARDY TAB 12.5-500, XIGDUO XR TAB 5-1000MG
<b>SEMGLEE INJ 100U/ML</b>	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
<b>SEMGLEE SOL 100U/ML</b>	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
<b>SERNIVO SPR</b>	NOT COVERED	BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.05%, DIFLORASONE CRE 0.05%, FLUOCINONIDE CRE 0.05%
<b>SERNIVO SPR 0.05%</b>	NOT COVERED	BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, DESOXIMETAS CRE 0.05%, DIFLORASONE CRE 0.05%, FLUOCINONIDE CRE 0.05%
<b>SERTRALINE CAP 150MG</b>	NONPREFERRED BRAND	SERTRALINE TAB 25MG, FLUOXETINE CAP 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG
<b>SERTRALINE CAP 200MG</b>	NONPREFERRED BRAND	SERTRALINE TAB 100MG, FLUOXETINE CAP 40MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, PAROXETINE TAB 40MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SEYSARA TAB 100MG	NONPREFERRED BRAND	DOXYCYCLINE TAB 150MG, AVIDOXY TAB 100MG, MINOCYCLINE TAB 75MG
SEYSARA TAB 150MG	NONPREFERRED BRAND	DOXYCYCLINE TAB 150MG, AVIDOXY TAB 100MG, MINOCYCLINE TAB 100MG
SEYSARA TAB 60MG	NONPREFERRED BRAND	DOXYCYCLINE TAB 150MG, DOXYCYC MONO TAB 50MG, MINOCYCLINE TAB 50MG
SFROWASA ENE 4GM	NONPREFERRED BRAND	MESALAMINE ENE 4GM, APRISO CAP 0.375GM, BALSALAZIDE CAP 750MG, SULFASALAZIN TAB 500MG, PENTASA CAP 250MG CR
SIKLOS TAB 1000MG	NOT COVERED	DROXIA CAP 400MG
SIKLOS TAB 100MG	NOT COVERED	DROXIA CAP 200MG
SILIQ INJ 210/1.5	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
SIMBRINZA SUS 1-0.2%	NONPREFERRED BRAND	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 2-0.5%OP, BRINZOLAMIDE SUS 1% OP, BRIMONIDINE SOL 0.2% OP
SITAVIG TAB 50MG	NOT COVERED	ACYCLOVIR OIN 5%
SKYTROFA INJ 11MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 13.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG
SKYTROFA INJ 3.6MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 4.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 5.2MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 6.3MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 7.6MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 9.1MG	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SLYND TAB 4MG	NOT COVERED	CAMILA TAB 0.35MG
SOAAZ TAB 20MG	NOT COVERED	TORSEMIDE TAB 20MG, BUMETANIDE TAB 1MG, ETHACRYNIC TAB ACD 25MG, FUROSEMIDE TAB 40MG



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SOAAZ TAB 40MG	NOT COVERED	TORSEMIDE TAB 20MG, BUMETANIDE TAB 1MG, ETHACRYNIC TAB ACD 25MG, FUROSEMIDE TAB 40MG
SOAAZ TAB 60MG	NOT COVERED	TORSEMIDE TAB 100MG, BUMETANIDE TAB 2MG, ETHACRYNIC TAB ACD 25MG, FUROSEMIDE TAB 80MG
SOD OXYBATE SOL 500MG/ML	NOT COVERED	XYREM SOL 500MG/ML, DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG
SOFOS/VELPAT TAB 400-100	NOT COVERED	EPCLUSA TAB 400-100, MAVYRET TAB 100-40MG, HARVONI TAB 90-400MG
SOGROYA INJ 10MG/1.5	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SOGROYA INJ 15MG/1.5	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG
SOGROYA INJ 5MG/1.5	NONPREFERRED BRAND SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SOLTAMOX SOL 10MG/5ML	NONPREFERRED BRAND	TAMOXIFEN TAB 10MG
SORILUX AER 0.005%	NONPREFERRED BRAND	CALCIPTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, ENSTILAR AER
SOTYKTU TAB 6MG	NONPREFERRED BRAND SPECIALTY	OTEZLA TAB 30MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML
SOTYLIZE SOL 5MG/ML	NONPREFERRED BRAND	SOTALOL HCL TAB 240MG
SOVALDI PAK 150MG	NOT COVERED	MAVYRET PAK 50-20MG, EPCLUSA PAK 150-37.5
SOVALDI PAK 200MG	NOT COVERED	MAVYRET PAK 50-20MG, EPCLUSA PAK 200-50MG
SOVALDI TAB 200MG	NOT COVERED	MAVYRET TAB 100-40MG, EPCLUSA TAB 400-100
SOVALDI TAB 400MG	NOT COVERED	MAVYRET TAB 100-40MG, EPCLUSA TAB 400-100
SPRITAM TAB 1000MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 250MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 500MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 750MG	NONPREFERRED BRAND	LEVETIRACETA SOL 100MG/ML
SPRIX SPR 15.75MG	NOT COVERED	KETOROLAC TAB 10MG, ETODOLAC CAP 300MG, MELOXICAM TAB 15MG, NABUMETONE TAB 750MG, CELECOXIB CAP 400MG
SPS SUS 15GM/60	NONPREFERRED BRAND	SOD POLY SUL POW
SSKI SOL 1GM/ML	NONPREFERRED BRAND	POT IODIDE SOL 1GM/ML
STEGLATRO TAB 15MG	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
STEGLATRO TAB 5MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>STEGLUJAN TAB 15-100MG</b>	NOT COVERED	GLYXAMBI TAB 25-5 MG
<b>STEGLUJAN TAB 5-100MG</b>	NOT COVERED	GLYXAMBI TAB 10-5 MG
<b>STENDRA TAB 100MG</b>	NONPREFERRED BRAND	SILDENAFIL TAB 50MG, TADALAFIL TAB 5MG, VARDENAFIL TAB 5MG
<b>STENDRA TAB 200MG</b>	NONPREFERRED BRAND	SILDENAFIL TAB 100MG, TADALAFIL TAB 20MG, VARDENAFIL TAB 20MG
<b>STENDRA TAB 50MG</b>	NONPREFERRED BRAND	SILDENAFIL TAB 25MG, TADALAFIL TAB 2.5MG, VARDENAFIL TAB 2.5MG
<b>STIMUFEND INJ 6/0.6ML</b>	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
<b>STRIBILD TAB</b>	NOT COVERED	GENVOYA TAB
<b>STRIVERDI AER 2.5MCG</b>	NOT COVERED	SEREVENT DIS AER 50MCG, SPIRIVA CAP HANDIHLR, STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25, SYMBICORT AER 160-4.5
<b>SULCONAZOLE CRE 1%</b>	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%
<b>SULCONAZOLE SOL 1%</b>	NONPREFERRED BRAND	CLOTRIMAZOLE SOL 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, CICLOPIROX CRE 0.77%, NAFTIFINE CRE HCL 1%
<b>SULFAMYLON CRE 85MG/GM</b>	NONPREFERRED BRAND	SILVER SULFA CRE 1%, MAFENIDE ACE PAK 5%
<b>SUTAB TAB</b>	NONPREFERRED BRAND	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT
<b>SYMPAZAN MIS 10MG</b>	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE TAB 50MG ODT, RUFINAMIDE SUS 40MG/ML, TOPIRAMATE CAP 15MG
<b>SYMPAZAN MIS 20MG</b>	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE TAB 200MG, RUFINAMIDE SUS 40MG/ML, TOPIRAMATE CAP 25MG
<b>SYMPAZAN MIS 5MG</b>	NONPREFERRED BRAND	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE TAB 25MG ODT, RUFINAMIDE SUS 40MG/ML, TOPIRAMATE CAP 15MG
<b>SYNDROS SOL 5MG/ML</b>	NOT COVERED	DRONABINOL CAP 5MG
<b>TADLIQ SUS 20MG/5ML</b>	NONPREFERRED BRAND SPECIALTY	SILDENAFIL TAB 20MG, ALYQ TAB 20MG
<b>TALICIA CAP</b>	NONPREFERRED BRAND	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TALTZ INJ 80MG/ML	NONPREFERRED BRAND SPECIALTY	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, CIMZIA PREFL KIT 200MG/ML, HUMIRA PEN INJ 40MG/0.8
TAPERDEX PAK 12-DAY	NOT COVERED	DEXAMETHASON TAB 13-DAY
TAPERDEX PAK 6 DAY	NOT COVERED	DEXAMETHASON TAB 6-DAY
TAPERDEX PAK 7-DAY	NOT COVERED	DEXAMETHASON TAB 10-DAY
TASCENSO ODT TAB 0.25MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
TASCENSO ODT TAB 0.5MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 14MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
TAVABOROLE SOL 5%	NOT COVERED	CICLODAN SOL 8%, TERBINAFINE TAB 250MG, ITRACONAZOLE CAP 100MG
TAVALISSE TAB 100MG	NONPREFERRED BRAND SPECIALTY	PROMACTA TAB 12.5MG, METHYLPRED TAB 4MG, PREDNISOLONE TAB 5MG, PREDNISONE TAB 1MG, DEXAMETHASON TAB 0.5MG
TAVALISSE TAB 150MG	NONPREFERRED BRAND SPECIALTY	PROMACTA TAB 75MG, METHYLPRED TAB 32MG, PREDNISOLONE TAB 5MG, PREDNISONE TAB 50MG, DEXAMETHASON TAB 6MG
TAZAROTENE AER 0.1%	NONPREFERRED BRAND	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, TWYNEO CRE 0.1-3%
TEGLUTIK	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB
TERIPARATIDE INJ 620/2.48	NOT COVERED	TERIPARATIDE INJ 600/2.4, TYMLOS INJ, ALENDRONATE TAB 70MG, RISEDRONATE TAB 150MG, IBANDRONATE TAB 150MG
TESTOST CYP INJ 200MG/ML	NOT COVERED	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
TESTOSTERONE INJ CYPIONAT	NOT COVERED	TESTOST CYP INJ 200MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
TETRACYCLINE TAB 250MG	NOT COVERED	TETRACYCLINE CAP 250MG
TETRACYCLINE TAB 500MG	NOT COVERED	TETRACYCLINE CAP 500MG
TEXACORT SOL 2.5%	NONPREFERRED BRAND	HYDROCORT LOT 2.5%, FLUOCIN ACET SOL 0.01%, MOMETASONE SOL 0.1%, TRIAMCINOLON AER SPRAY, DESONIDE GEL 0.05%

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>THALITONE TAB 15MG</b>	NOT COVERED	CHLORTHALID TAB 25MG
<b>THEO-24 CAP 100MG CR</b>	NONPREFERRED BRAND	THEOPHYLLINE TAB 400MG ER
<b>THEO-24 CAP 200MG CR</b>	NONPREFERRED BRAND	THEOPHYLLINE TAB 400MG ER
<b>THEO-24 CAP 300MG CR</b>	NONPREFERRED BRAND	THEOPHYLLINE TAB 600MG ER
<b>THEO-24 CAP 400MG ER</b>	NONPREFERRED BRAND	THEOPHYLLINE TAB 400MG ER
<b>THYQUIDITY SOL 100MCG</b>	NOT COVERED	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
<b>TIGLUTIK SUS 50/10ML</b>	NONPREFERRED BRAND SPECIALTY	RILUZOLE TAB 50MG
<b>TIROSINT CAP 100MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
<b>TIROSINT CAP 112MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG, UNITHROID TAB 112MCG
<b>TIROSINT CAP 125MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG, UNITHROID TAB 125MCG
<b>TIROSINT CAP 137MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG
<b>TIROSINT CAP 13MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
<b>TIROSINT CAP 150MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG
<b>TIROSINT CAP 175MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG, UNITHROID TAB 175MCG
<b>TIROSINT CAP 200</b>	NONPREFERRED BRAND	EUTHYROX TAB 200MCG, LEVO-T TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG
<b>TIROSINT CAP 25MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
<b>TIROSINT CAP 37.5MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
<b>TIROSINT CAP 44MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>TIROSINT CAP 50MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG, UNITHROID TAB 50MCG
<b>TIROSINT CAP 62.5MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
<b>TIROSINT CAP 75MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
<b>TIROSINT CAP 88MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG, UNITHROID TAB 88MCG
<b>TIROSINT-SOL SOL 100MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
<b>TIROSINT-SOL SOL 112MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG, UNITHROID TAB 112MCG
<b>TIROSINT-SOL SOL 125MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG, UNITHROID TAB 125MCG
<b>TIROSINT-SOL SOL 137MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG, UNITHROID TAB 137MCG
<b>TIROSINT-SOL SOL 13MCG/ML</b>	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
<b>TIROSINT-SOL SOL 150MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG, UNITHROID TAB 150MCG
<b>TIROSINT-SOL SOL 175MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG, UNITHROID TAB 175MCG
<b>TIROSINT-SOL SOL 200MCG</b>	NONPREFERRED BRAND	EUTHYROX TAB 200MCG, LEVO-T TAB 200MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG, UNITHROID TAB 200MCG
<b>TIROSINT-SOL SOL 25MCG/ML</b>	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG, UNITHROID TAB 25MCG
<b>TIROSINT-SOL SOL 37.5/ML</b>	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>TIROSINT-SOL SOL 44MCG/ML</b>	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG, UNITHROID TAB 88MCG
<b>TIROSINT-SOL SOL 50MCG/ML</b>	NONPREFERRED BRAND	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG, UNITHROID TAB 50MCG
<b>TIROSINT-SOL SOL 62.5/ML</b>	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG, UNITHROID TAB 100MCG
<b>TIROSINT-SOL SOL 75MCG/ML</b>	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG, UNITHROID TAB 75MCG
<b>TIROSINT-SOL SOL 88MCG/ML</b>	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG, UNITHROID TAB 88MCG
<b>TLANDO CAP 112.5 MG</b>	NONPREFERRED BRAND	TESTOST CYP INJ 100MG/ML, TESTOST ENAN INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
<b>TOBRADEX ST SUS 0.3-0.05</b>	NOT COVERED	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
<b>TOBREX OIN 0.3% OP</b>	NONPREFERRED BRAND	TOBRAMYCIN SOL 0.3% OP, GENTAMICIN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, AZASITE SOL 1%, CIPROFLOXACN SOL 0.3% OP
<b>TOLAK CRE 4%</b>	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
<b>TOLSURA CAP 65MG</b>	NOT COVERED	ITRACONAZOLE CAP 100MG
<b>TOSYMRA SOL 10MG</b>	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ALMOTRIPTAN TAB 6.25MG
<b>TRACLEER TAB 32MG</b>	NONPREFERRED BRAND SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG
<b>TRAMADOL HCL CAP ER 100MG</b>	NOT COVERED	TRAMADOL HCL TAB 100MG ER
<b>TRAMADOL HCL CAP ER 200MG</b>	NOT COVERED	TRAMADOL HCL TAB 200MG ER
<b>TRAMADOL HCL CAP ER 300MG</b>	NOT COVERED	TRAMADOL HCL TAB 300MG ER
<b>TRAMADOL HCL TAB 25MG</b>	NOT COVERED	TRAMADOL HCL TAB 50MG
<b>TRAMADOL SOL 5MG/ML</b>	NOT COVERED	TRAMADOL HCL TAB 50MG
<b>TRESIBA FLEX INJ 100UNIT</b>	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TRESIBA FLEX INJ 200UNIT	NOT COVERED	LANTUS INJ 100/ML, TOUJEO MAX INJ 300/ML, BASAGLAR INJ 100UNIT, REZVOGLAR INJ 100UT/ML
TRESIBA INJ 100UNIT	NOT COVERED	LANTUS INJ 100/ML, BASAGLAR INJ 100UNIT, TOUJEO SOLO INJ 300/ML, REZVOGLAR INJ 100UT/ML
TRETINOIN GEL 0.04%	NOT COVERED	TRETINOIN GEL 0.01%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
TRETINOIN GEL 0.04%PMP	NOT COVERED	TRETINOIN GEL 0.01%, ADAPALENE GEL 0.1%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
TRETINOIN GEL 0.08%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
TRETINOIN GEL 0.1%	NOT COVERED	TRETINOIN GEL 0.05%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
TRETINOIN GEL 0.1%PUMP	NOT COVERED	TRETINOIN GEL 0.05%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, TWYNEO CRE 0.1-3%
TRETINOIN MICRO GEL 0.08%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.3%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TREXALL TAB 10MG	NONPREFERRED BRAND	METHOTREXATE TAB 2.5MG
TREXALL TAB 15MG	NONPREFERRED BRAND	METHOTREXATE TAB 2.5MG
TREXALL TAB 5MG	NONPREFERRED BRAND	METHOTREXATE TAB 2.5MG
TREXALL TAB 7.5MG	NONPREFERRED BRAND	METHOTREXATE TAB 2.5MG
TRINTELLIX TAB 10MG	NONPREFERRED BRAND	VILAZODONE TAB 20MG, MIRTAZAPINE TAB 15MG, BUPROPION TAB 75MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG
TRINTELLIX TAB 20MG	NONPREFERRED BRAND	VILAZODONE TAB 40MG, MIRTAZAPINE TAB 45MG, BUPROPION TAB 100MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
TRINTELLIX TAB 5MG	NONPREFERRED BRAND	VILAZODONE TAB 10MG, MIRTAZAPINE TAB 7.5MG, BUPROPION TAB 75MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG
TRUDHESA AER 0.725MG	NOT COVERED	DIHYDROERGOT SPR 4MG/ML, SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, ERGOT/CAFFEN TAB 1-100MG, NARATRIPTAN TAB 1MG
TRULANCE TAB 3MG	NONPREFERRED BRAND	LUBIPROSTONE CAP 8MCG, LINZESS CAP 145MCG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>TUDORZA PRES AER 400/ACT</b>	NOT COVERED	SPIRIVA CAP HANDIHLR, SYMBICORT AER 160-4.5, FLUTIC/SALME AER 250/50, BREO ELLIPTA INH 100-25, STIOLTO AER 2.5-2.5
<b>TUXARIN ER TAB 54.3- 8MG</b>	NONPREFERRED BRAND	BENZONATATE CAP 100MG, HYD POL/CPM SUS 10-8/5ML, PROMETH/COD SOL 6.25-10, BROM/PSE/DM SYP
<b>TWIRLA DIS 120-30</b>	NOT COVERED	NORELGE/ETHI DIS 150/35, APRI TAB, DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, AFIRMELLE TAB 0.1-0.02
<b>TYBLUME CHW 0.1-0.02</b>	NONPREFERRED BRAND	AFIRMELLE TAB 0.1-0.02, APRI TAB, DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, BALZIVA TAB
<b>TYRVAYA SOL 0.03MG</b>	NONPREFERRED BRAND	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
<b>UDENYCA INJ 6MG/.6ML</b>	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
<b>UDENYCA INJ 6MG/0.6</b>	NONPREFERRED BRAND SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
<b>ULTRAVATE LOT 0.05%</b>	NOT COVERED	BETA DIPROP LOT 0.05%, CLOBETASOL LOT 0.05%, DESOXIMETAS GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
<b>UPTRAVI PACK TAB 200/800</b>	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
<b>UPTRAVI TAB 1000MCG</b>	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 10MG, BOSENTAN TAB 125MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
<b>UPTRAVI TAB 1200MCG</b>	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 10MG, BOSENTAN TAB 125MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
<b>UPTRAVI TAB 1400MCG</b>	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 10MG, BOSENTAN TAB 125MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
<b>UPTRAVI TAB 1600MCG</b>	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 10MG, BOSENTAN TAB 125MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
<b>UPTRAVI TAB 200MCG</b>	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
<b>UPTRAVI TAB 400MCG</b>	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
UPTRAVI TAB 600MCG	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
UPTRAVI TAB 800MCG	NONPREFERRED BRAND SPECIALTY	AMBRISENTAN TAB 5MG, BOSENTAN TAB 62.5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG, ALYQ TAB 20MG
URSODIOL CAP 200MG	NOT COVERED	URSODIOL CAP 300MG
URSODIOL CAP 400MG	NOT COVERED	URSODIOL CAP 300MG
VALSARTAN SOL 20MG/5ML	NOT COVERED	VALSARTAN TAB 40MG, CANDESARTAN TAB 4MG, IRBESARTAN TAB 75MG, LOSARTAN POT TAB 25MG, OLMESA MEDOX TAB 5MG
VALTOCO SPR 10MG	NONPREFERRED BRAND	NAYZILAM SPR 5MG
VALTOCO SPR 15MG	NONPREFERRED BRAND	NAYZILAM SPR 5MG
VALTOCO SPR 20MG	NONPREFERRED BRAND	NAYZILAM SPR 5MG
VALTOCO SPR 5MG	NONPREFERRED BRAND	NAYZILAM SPR 5MG
VANDAZOLE GEL 0.75%	NONPREFERRED BRAND	METRONIDAZOL GEL 0.75%VAG, CLINDAMYCIN CRE 2% VAG
VARUBI TAB 90MG	NONPREFERRED BRAND	APREPITANT CAP 40MG
VECAMYL TAB 2.5MG	NONPREFERRED BRAND	AMLODIPINE TAB 2.5MG, ATENOLOL TAB 25MG, BETAXOLOL TAB 10MG, BISOPROL FUM TAB 5MG, NEBIVOLOL TAB 2.5MG
VELSIPITY TAB 2MG	NOT COVERED	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER
VELTASSA POW 16.8GM	NOT COVERED	SOD POLY SUL POW
VELTASSA POW 25.2GM	NOT COVERED	SOD POLY SUL POW
VELTASSA POW 8.4GM	NOT COVERED	SOD POLY SUL POW
VENLAFAXINE TAB 112.5MG	NOT COVERED	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
VENLAFAXINE TAB 150MG ER	NOT COVERED	VENLAFAXINE CAP 150MG ER, DESVENLAFAX TAB 50MG ER, DULOXETINE CAP 40MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 30MG
VENLAFAXINE TAB 225MG ER	NOT COVERED	VENLAFAXINE CAP 75MG ER, DESVENLAFAX TAB 100MG ER, DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG
VENLAFAXINE TAB 37.5 ER	NOT COVERED	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 7.5MG
VENLAFAXINE TAB 75MG ER	NOT COVERED	VENLAFAXINE CAP 75MG ER, DESVENLAFAX TAB 50MG ER, DULOXETINE CAP 30MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 15MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
VENTAVIS SOL 10MCG/ML	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16MCG
VENTAVIS SOL 20MCG/ML	NONPREFERRED BRAND SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16-32-48
VENTOLIN HFA AER	NOT COVERED	ALBUTEROL AER HFA
VEOZAH TAB 45MG	NONPREFERRED BRAND	ESTRADIOL TAB 0.5MG, PAROXETINE CAP 7.5MG, VIVELLE-DOT DIS 0.025MG
VEREGEN OIN 15%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, PODOFILOX GEL 0.5%
VERKAZIA EMU 0.1% OP	NONPREFERRED BRAND	DEXAMETH PHO SOL 0.1% OP, FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%, PREDNISOLONE SUS 1% OP, AZELASTINE DRO 0.05%
VERSACLOZ SUS 50MG/ML	NONPREFERRED BRAND	CLOZAPINE TAB 12.5/ODT
VESICARE LS SUS 5MG/5ML	NOT COVERED	OXYBUTYNIN SOL 5MG/5ML, FESOTERODINE TAB 4MG ER, MYRBETRIQ SUS 8MG/ML
VEVYE DRO 0.1%	NOT COVERED	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
VIEKIRA PAK TAB	NOT COVERED	MAVYRET TAB 100-40MG, HARVONI TAB 90-400MG, EPCLUSA TAB 400-100
VIGADRONE POW 500MG	NOT COVERED	VIGABATRIN PAK 500MG, VIGPODER POW 500MG
VIGADRONE TAB 500MG	NOT COVERED	VIGABATRIN PAK 500MG, VIGPODER POW 500MG
VIJOICE TAB 250MG	NOT COVERED	VIJOICE TAB 125MG
VIOKACE TAB 10440	NONPREFERRED BRAND	CREON CAP 3000UNIT, ZENPEP CAP 3000UNIT
VIOKACE TAB 20880	NONPREFERRED BRAND	ZENPEP CAP 60000UNT, CREON CAP 36000UNT
VITAFOL-NANO TAB	NOT COVERED	PRENATAL-U CAP 106.5-1
VITAFOL-OB TAB 65-1MG	NOT COVERED	PRENATAL TAB 27-1MG, TRINATAL RX TAB 1, VINATE ONE TAB, NATALVIT TAB 75-1MG, CO-NATAL FA TAB 29-1MG
VITATHELY TAB	NOT COVERED	PRENATAL TAB 27-1MG, M-NATAL PLUS TAB, NIVA-PLUS TAB, ONE VITE TAB 1MG PLUS, TRICARE TAB PRENATAL
VIVJOA	NONPREFERRED BRAND	FLUCONAZOLE ORAL
VOQUEZNA PAK DUAL PAK	NOT COVERED	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG
VOQUEZNA PAK TRIP PK	NOT COVERED	LANSOPR/AMOX PAK /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG, OMEPRAZOLE CAP 10MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
<b>VOQUEZNA TAB 10MG</b>	NONPREFERRED BRAND	PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG, DEXLANSOPRAZ CAP 30MG, ESOMEPRA MAG CAP 20MG DR, LANSOPRAZOLE CAP 15MG DR
<b>VOQUEZNA TAB 20MG</b>	NONPREFERRED BRAND	PANTOPRAZOLE TAB 40MG, RABEPRAZOLE TAB 20MG, DEXLANSOPRAZ CAP 60MG DR, ESOMEPRA MAG CAP 40MG DR, LANSOPRAZOLE CAP 30MG DR
<b>VRAYLAR CAP 1.5-3MG</b>	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, LURASIDONE TAB 20MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG
<b>VRAYLAR CAP 1.5MG</b>	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, LURASIDONE TAB 20MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, OLANZAPINE TAB 2.5MG
<b>VRAYLAR CAP 3MG</b>	NONPREFERRED BRAND	ZIPRASIDONE CAP 40MG, LURASIDONE TAB 40MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, OLANZAPINE TAB 7.5MG
<b>VRAYLAR CAP 4.5MG</b>	NONPREFERRED BRAND	ZIPRASIDONE CAP 60MG, LURASIDONE TAB 80MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, OLANZAPINE TAB 10MG
<b>VRAYLAR CAP 6MG</b>	NONPREFERRED BRAND	ZIPRASIDONE CAP 80MG, LURASIDONE TAB 120MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, OLANZAPINE TAB 20MG
<b>VTAMA CRE 1%</b>	NONPREFERRED BRAND	CALCIPTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, ENSTILAR AER, PIMECROLIMUS CRE 1%, TACROLIMUS OIN 0.03%
<b>VTOL LQ SOL</b>	NOT COVERED	BAC TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG, ASCOMP/COD CAP 30MG, IBUPROFEN SUS 100/5ML
<b>VUSION OIN</b>	NONPREFERRED BRAND	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%, NYSTATIN OIN 100000
<b>VYZULTA SOL 0.024%</b>	NONPREFERRED BRAND	BIMATOPROST SOL 0.03%, LATANOPROST SOL 0.005%, TAFLUPROST SOL 0.0015%, TRAVOPROST DRO 0.004%, LUMIGAN SOL 0.01%
<b>WAKIX TAB 17.8MG</b>	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET TAB 30MG, AMPHET/DEXTR TAB 30MG, METHYLPHENID TAB 20MG, AMPHETAMINE TAB 10MG, ARMODAFINIL TAB 250MG
<b>WAKIX TAB 4.45MG</b>	NONPREFERRED BRAND SPECIALTY	DEXTROAMPHET TAB 2.5MG, AMPHET/DEXTR TAB 5MG, METHYLPHENID TAB 5MG, AMPHETAMINE TAB 5MG, ARMODAFINIL TAB 50MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>WEGOVY INJ 0.25MG</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
<b>WEGOVY INJ 0.5MG</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
<b>WEGOVY INJ 1.7MG</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
<b>WEGOVY INJ 1MG</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
<b>WEGOVY INJ 2.4MG</b>	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 37.5MG
<b>WINLEVI CRE 1%</b>	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ADAPAL/BEN P GEL 0.1-2.5%, TAZAROTENE CRE 0.1%, TWYNEO CRE 0.1-3%
<b>WYNZORA CRE</b>	NOT COVERED	CALCIPOTRIEN OIN BETAMETH, ENSTILAR AER, TAZAROTENE CRE 0.1%
<b>XACIATO GEL 2%</b>	NOT COVERED	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
<b>XADAGO TAB 100MG</b>	NOT COVERED	RASAGILINE TAB 1MG, SELEGILINE TAB 5MG
<b>XADAGO TAB 50MG</b>	NOT COVERED	RASAGILINE TAB 0.5MG, SELEGILINE TAB 5MG
<b>XELPROS EMU 0.005%</b>	NONPREFERRED BRAND	LATANOPROST SOL 0.005%, BIMATOPROST SOL 0.03%, TAFLUPROST SOL 0.0015%, TRAVOPROST DRO 0.004%, LUMIGAN SOL 0.01%
<b>XELSTRYM PAD 13.5/9HR</b>	NONPREFERRED BRAND	METHYLPHENID PAD 20MG/9HR, AMPHET/DEXTR CAP 12.5 ER, DEXMETHYLPH CAP 30MG ER, LISDEXAMFETA CAP 50MG, VYVANSE CAP 50MG
<b>XELSTRYM PAD 18MG/9HR</b>	NONPREFERRED BRAND	METHYLPHENID PAD 30MG/9HR, AMPHET/DEXTR CAP 50MG ER, DEXMETHYLPH CAP 40MG ER, LISDEXAMFETA CAP 70MG, VYVANSE CAP 70MG
<b>XELSTRYM PAD 4.5MG/9H</b>	NONPREFERRED BRAND	METHYLPHENID PAD 10MG/9HR, AMPHET/DEXTR CAP 5MG ER, DEXMETHYLPH CAP 5MG ER, LISDEXAMFETA CAP 10MG, VYVANSE CAP 10MG
<b>XELSTRYM PAD 9MG/9HR</b>	NONPREFERRED BRAND	METHYLPHENID PAD 15MG/9HR, AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPH CAP 15MG ER, LISDEXAMFETA CAP 30MG, VYVANSE CAP 30MG
<b>XENICAL CAP 120MG</b>	NONPREFERRED BRAND	PHENTERMINE CAP 37.5MG, DIETHYLPROP TAB 25MG
<b>XEPI CRE 1%</b>	NONPREFERRED BRAND	MUPIROCIN OIN 2%
<b>XERESE CRE 5-1%</b>	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG



DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
XHANCE MIS 93MCG	NONPREFERRED BRAND	FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG
XIFAXAN TAB 200MG	NONPREFERRED BRAND	AZITHROMYCIN TAB 250MG, CIPROFLOXACIN TAB 500MG, LEVOFLOXACIN TAB 250MG, OFLOXACIN TAB 300MG
XIFAXAN TAB 550MG	NONPREFERRED BRAND	CONSTULOSE SOL 10GM/15, VIBERZI TAB 100MG, AMITRIPTYLIN TAB 150MG, DESIPRAMINE TAB 150MG, IMIPRAM HCL TAB 50MG
XIMINO CAP 135MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
XIMINO CAP 45MG ER	NOT COVERED	MINOCYCLINE TAB 55MG ER
XIMINO CAP 90MG ER	NOT COVERED	MINOCYCLINE TAB 80MG ER
XOLEGEL GEL 2%	NOT COVERED	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE SOL 1%, ECONAZOLE CRE 1%, CICLOPIROX GEL 0.77%, NAFTIFINE GEL 2%
XOPENEX HFA AER	NONPREFERRED BRAND	ALBUTEROL AER HFA
XYOSTED INJ 100/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 4MG/24HR
XYOSTED INJ 50/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML, TESTOST CYP INJ 100MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
XYOSTED INJ 75/0.5	NONPREFERRED BRAND	TESTOST ENAN INJ 200MG/ML, TESTOST CYP INJ 200MG/ML, TESTOSTERONE SOL 30MG/ACT, ANDRODERM DIS 2MG/24HR
XYWAV SOL 0.5GM/ML	NONPREFERRED BRAND SPECIALTY	XYREM SOL 500MG/ML, DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG
YUFLYMA 1PEN KIT 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
YUFLYMA 2PEN KIT 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
YUFLYMA 2SYR KIT 40/0.4ML	NOT COVERED	HUMIRA PEN INJ 40/0.4ML, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
YUFLYMA KIT 80/0.8ML	NOT COVERED	HUMIRA PEN KIT CD/UC/HS, SIMPONI INJ 100MG/ML, STELARA INJ 45MG/0.5, XELJANZ TAB 10MG, RINVOQ TAB 45MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
YUSIMRY INJ 40/0.8ML	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, CIMZIA PREFL KIT 200MG/ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML
ZAVZPRET SPR 10MG	NONPREFERRED BRAND	NURTEC TAB 75MG ODT, UBRELVY TAB 50MG
ZCORT 7-DAY TAB 1.5MG	NOT COVERED	DEXAMETHASON TAB 6-DAY
ZELAPAR TAB 1.25MG	NOT COVERED	SELEGILINE TAB 5MG, RASAGILINE TAB 0.5MG
ZELNORM TAB 6MG	NONPREFERRED BRAND	LUBIPROSTONE CAP 8MCG, LINZESS CAP 72MCG
ZEMBRACE SYM INJ 3/0.5ML	NONPREFERRED BRAND	SUMATRIPTAN INJ 4MG/0.5, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ZOLMITRIPTAN TAB 2.5MG, ALMOTRIPTAN TAB 6.25MG
ZEPATIER TAB 50-100MG	NOT COVERED	MAVYRET TAB 100-40MG, HARVONI TAB 90-400MG, EPCLUSA TAB 400-100
ZEPBOUND INJ 10/0.5ML	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
ZEPBOUND INJ 12.5MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 37.5MG
ZEPBOUND INJ 15/0.5ML	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 37.5MG
ZEPBOUND INJ 2.5MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
ZEPBOUND INJ 5/0.5ML	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 15MG
ZEPBOUND INJ 7.5MG	NONPREFERRED BRAND	DIETHYLPROP TAB 25MG, PHENTERMINE CAP 30MG
ZEPOSIA 7DAY CAP STR PACK	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZEPOSIA CAP .92MG	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZEPOSIA CAP STR KIT	NONPREFERRED BRAND SPECIALTY	FINGOLIMOD CAP 0.5MG, TERIFLUNOMID TAB 7MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZERVIAE DRO 0.24%	NOT COVERED	AZELASTINE DRO 0.05%, BEPOTASTINE DRO 1.5%, EPINASTINE DRO 0.05%, OLOPATADINE SOL 0.2%
ZETONNA AER 37MCG	NOT COVERED	FLUNISOLIDE SPR 0.025%, FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG, AZELASTINE SPR 0.1%, OLOPATADINE SPR 0.6%
ZILXI AER 1.5%	NOT COVERED	SOOLANTRA CRE 1%, METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%, FINACEA AER 15%, DOXYCYCLINE CAP 40MG
ZITUVIO TAB 100MG	NOT COVERED	JANUVIA TAB 100MG, TRAJENTA TAB 5MG

<b>DRUG NAME</b>	<b>TIER STATUS</b>	<b>COVERED PREFERRED ALTERNATIVES</b>
<b>ZITUVIO TAB 25MG</b>	NOT COVERED	JANUVIA TAB 25MG, TRADJENTA TAB 5MG
<b>ZITUVIO TAB 50MG</b>	NOT COVERED	JANUVIA TAB 50MG, TRADJENTA TAB 5MG
<b>ZOLMITRIPTAN SPR 2.5MG</b>	NONPREFERRED BRAND	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ALMOTRIPTAN TAB 6.25MG
<b>ZOLPIDEM TAR CAP 7.5MG</b>	NOT COVERED	ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, ESZOPICLONE TAB 1MG, RAMELTEON TAB 8MG, TRAZODONE TAB 50MG
<b>ZOMACTON INJ 10MG</b>	NOT COVERED	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 12MG
<b>ZOMACTON INJ 5MG</b>	NOT COVERED	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
<b>ZOMIG SPR 2.5MG</b>	NONPREFERRED BRAND	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ALMOTRIPTAN TAB 6.25MG
<b>ZONISADE SUS 100MG/5</b>	NONPREFERRED BRAND	ZONISAMIDE CAP 100MG
<b>ZONTIVITY TAB 2.08MG</b>	NONPREFERRED BRAND	CLOPIDOGREL TAB 75MG
<b>ZORYVE CRE 0.3%</b>	NONPREFERRED BRAND	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, ENSTILAR AER, PIMECROLIMUS CRE 1%, TACROLIMUS OIN 0.03%
<b>ZTLIDO PAD 1.8%</b>	NOT COVERED	LIDOCAINE PAD 5%, GABAPENTIN CAP 100MG, GABAPENT DLY TAB 300MG, PREGABALN ER TAB 82.5MG
<b>ZYCLARA PUMP CRE 2.5%</b>	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
<b>ZYFLO TAB 600MG</b>	NOT COVERED	MONTELUKAST TAB 10MG, ZAFIRLUKAST TAB 10MG
<b>ZYLET SUS 0.5-0.3%</b>	NOT COVERED	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
<b>ZYMFENTRA INJ 120MG/ML</b>	NOT COVERED	HUMIRA PEN INJ 40MG/0.8, SIMPONI INJ 50/0.5ML, STELARA INJ 45MG/0.5, XELJANZ TAB 5MG, RINVOQ TAB 15MG ER
<b>ZYPITAMAG TAB 2MG</b>	NOT COVERED	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 20MG, FLUVASTATIN CAP 40MG, PITAVASTATIN TAB 2MG
<b>ZYPITAMAG TAB 4MG</b>	NOT COVERED	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 40MG, FLUVASTATIN CAP 40MG, PITAVASTATIN TAB 4MG