

Changes to the Blue Care Network Custom Select Drug List

The following are changes to the Blue Care Network Custom Select Drug List that will be effective January 1, 2025.

Drugs that won't be covered

We'll no longer cover the following drugs. Unless noted, both the brand name and available generic equivalents won't be covered. If you fill a prescription for one of these drugs on or after January 1, 2025, you'll be responsible for the full cost.

The drugs that won't be covered are listed along with suggested covered preferred alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions with preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

Drugs that won't be covered	Common use or drug class	Preferred alternatives
Anucort-HC [®] , Anusol-HC [®] , Hemorrex-HC [®] , Proctocort [®] suppository	Topical anti-inflammatory	Generic hydrocortisone suppository
Generic metronidazole capsule	Antibacterial	Generic metronidazole tablet
Humira [®]	Immune Suppressants	Simlandi [®]
Levemir [®]	Long-acting insulin	Lantus [®] , Toujeo [®]
Renacidin [®]	Urinary tract irrigant	Discuss your treatment options with your doctor
Restasis MultiDose [®]	Dry eye disease	Generic cyclosporin ophthalmic emulsion (Restasis [®])
Vyvanse [®] (brand)	CNS stimulant/ ADHD	Generic methylphenidate (such as Ritalin [®] LA, Concerta [®]), generic dexmethylphenidate (such as Focalin [®] XR), generic amphetamine/dextroamphetamine (such as Adderall [®] XR), lisdexamphetamine (Vyvanse [®])

Drugs that will have a higher copayment

The brand-name drugs that will have a higher copayment are listed along with suggested covered preferred alternatives that have similar effectiveness, quality and safety. When pharmacies fill prescriptions with preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives.

Drugs that will have a higher copayment*	Common use or drug class	Preferred alternatives
Albuterol nebulization solution (brand)	Bronchospasm	Generic albuterol sulfate nebulization solution
Augmentin® 125mg/5mL suspension	Antibacterial	Generic amoxicillin/clavulanate suspension
Betoptic-S®	Glaucoma	Generic betaxolol ophthalmic solution
Blephamide® ointment	Ocular anti-inflammatory	Generic sulfacetamide-prednisolone solution
Capex®	Topical anti-inflammatory	Generic medium-potency topical steroid (such as betamethasone valerate, flurandrenolide, fluticasone propionate, mometasone furoate, triamcinolone acetonide)
Ciloxan®	Ocular antibacterial	Generic ciprofloxacin ophthalmic solution
Ciprofloxacin/fluocinolone PF (brand)	Otic antibacterial/anti-inflammatory	Generic otic ciprofloxacin plus fluocinolone, generic ciprofloxacin/dexamethasone
Elmiron®	Interstitial cystitis	Discuss your treatment options with your doctor
Erythrocin stearate	Antibacterial	Generic oral erythromycin
FML® ointment, FML Forte®	Ocular anti-inflammatory	Generic ophthalmic fluorometholone
Gattex®	Short bowel syndrome	Discuss your treatment options with your doctor
Generic captopril	Hypertension	Generic ACE-inhibitor (such as benazepril (Lotensin®), lisinopril (Zestril®), fosinopril, moexepiril, perindopril, quinapril (Accupril®), ramipril (generic Altace®), trandolapril
Generic captopril/hydrochlorothiazide	Hypertension	Generic ACE-inhibitor/HCTZ combination product (such as benazepril/HCTZ (Lotensin HCT®), enalapril HCTZ (Vaseretic®), fosinopril/HCTZ, lisinopril HCTZ (Zestoretic®), quinapril/HCTZ (Accuretic®)
Generic telmisartan/HCTZ (Micardis HCT®)	Hypertension	Generic angiotensin II receptor antagonist/HCTZ combination product (such as irbesartan/HCTZ (Atacand HCT®), losartan/HCTZ (Hyzaar®) olmesartan/HCTZ (Benicar HCT®), telmisartan/HCTZ (Micardis HCT®), valsartan/HCTZ (Diovan HCT®)
Generic timolol ophthalmic gel (Timoptic-XE®)	Glaucoma	Generic carteolol ophthalmic solution, levobunolol ophthalmic solution
Increlex®	Growth failure	Discuss your treatment options with your doctor
Lidocort® cream	Topical anti-inflammatory	Generic hydrocortisone/lidocaine perianal 3-0.5% cream
Mytesi®	Antidiarrheal	Generic diphenoxylate-atropine (Lomotil®), loperamide

Drugs that will have a higher copayment*	Common use or drug class	Preferred alternatives
Ocaliva®	Primary biliary cholangitis	Generic ursodiol (Urso®)
Otovel®	Otic antibacterial/anti-inflammatory	Generic otic ciprofloxacin plus fluocinolone, generic ciprofloxacin/dexamethasone
Pred Mild®	Ocular anti-inflammatory	Generic ophthalmic prednisolone
Promethegan® suppository	Anti-nausea	Generic promethazine suppository
Ridaura®	Rheumatoid arthritis	Discuss your treatment options with your doctor
Sivextro®	Antibacterial	Generic linezolid (Zyvox®)
Tazorac® 0.05% cream	Acne	Generic tazarotene (Tazorac®) cream, gel
Tobradex® ointment	Ocular antibacterial/anti-inflammatory	Generic tobramycin/ dexamethasone ophthalmic suspension

*Nonpreferred brand drugs may not be covered for members with a closed benefit.

Drug coverage updates for health care reform

Under the Affordable Care Act, also known as the national health care reform, health care plans are required to cover sufficient drugs or drug classes prescribed to treat certain chronic health conditions in tiers with lower out-of-pocket costs. In order to comply, Blue Cross will be moving select generic and preferred-brand specialty drugs into nonspecialty tiers starting January 1, 2025.

Select specialty drugs with updates	Common use or drug class	New nonspecialty drug tier starting January 1, 2025
Epclusa® tablets and pellets	Hepatitis C	Preferred brand
Generic dimethyl fumarate capsules	Multiple sclerosis	Generic
Generic fingolimod 0.5mg capsule	Multiple sclerosis	Generic
Generic teriflunomide tablets	Multiple sclerosis	Generic
Sofosbuvir 400mg/velpatasvir 100mg tablet (brand)	Hepatitis C	Preferred brand



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Your 2024 Blue Care Network Custom Select Drug List

HMO

Blue Cross® Local HMO

Blue Cross® Metro Detroit HMO

Blue Cross® Preferred HMO

Blue Cross® Preferred HMO

Virtual Primary Care

Blue Cross® Select HMO

Blue Elect Plus HSASM POS

Blue Elect PlusSM POS

BCN PCP Focus

BCN Healthy Blue LivingSM HMO

BCN HMOSM

BCN Fixed CostSMBCN

HRASM HMO

BCN HRASM PCP Focus

BCN HSASM HMO

BCN HSASM PCP Focus

BCN Routine CareSM HMO

BCN Virtual Primary CareSM HMO

Call the number on the back of your member ID card to:

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

Blue Care Network Custom Select Drug List

The Blue Care Network *Custom Select Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

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

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

About this drug list

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

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

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

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

Nonformulary (not covered) drugs

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. For the most recent list of drugs that aren't covered with suggested alternatives, refer to [Custom Select Drug List - Alternatives for nonpreferred and nonformulary \(not covered\) drugs](#). 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 BCN member ID card.

Several drugs and drug categories are excluded from coverage under this drug list and aren't shown. These include:

- Brand-name drugs when there's a generic equivalent available
- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Lifestyle drugs (such as drugs to treat erectile dysfunction or weight loss)
- Prenatal vitamins
- Drugs used to treat heartburn and acid reflux (except select generic versions)
- Drugs that treat coughs and colds, including most antihistamines
- Drugs used for experimental purposes
- Drugs prescribed for cosmetic purposes
- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
 - Note: All BCN members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

Preferred alternatives for nonpreferred and nonformulary (not covered) drugs

Refer to **Custom Select Drug List - Alternatives for nonpreferred and nonformulary (not covered) drugs** for a list of suggested covered preferred alternatives for nonpreferred and nonformulary drugs that can be dispensed with lower out-of-pocket costs. Alternatives may represent a different drug class, contain different ingredients or may be available in strengths or dosage forms that differ from the prescribed branded products. When pharmacies fill prescriptions for preferred alternatives, the generic equivalents are dispensed, if available. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

Specialty drugs

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

Preventive drug coverage

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

For a complete list of preventive drugs and coverage requirements, refer to our **Preventive Drug Coverage** list or visit bcbsm.com/pharmacy. For information specific to your prescription drug benefits, check your plan documents.

New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to Tier 1. After the generic drug is added, the original, brand-name version won't be covered.

Brand-for-generic substitution

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

Prescription coverage

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

Vaccines

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

Reading your drug list

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

Tier information

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

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

Drug Tiers	4-tier plan	6-tier plan
Not covered	Nonformulary This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs aren't covered.	
Covered \$0	No out-of-pocket cost This tier includes select products that are covered with no out-of-pocket costs.	
Preventive	No out-of-pocket cost This tier includes drugs that are covered with no out-of-pocket costs when health care reform requirements are met. When health care reform requirements aren't met, the drug isn't covered.	
Preferred generic	Generic – Lowest out-of-pocket cost This tier includes nonspecialty generic drugs and select specialty generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment.	Preferred generic – Lower generic out-of-pocket cost This tier includes common, nonspecialty generic and select brand-name drugs that treat certain chronic diseases. Offering these drugs at the lowest out-of-pocket costs makes them more accessible to members and helps ensure they take them as prescribed.
Nonpreferred generic		Nonpreferred generic – Higher generic out-of-pocket cost This tier includes nonspecialty generic drugs and select specialty generic drugs that aren't preferred generics. Nonpreferred generic out-of-pocket costs are higher than preferred generic drugs but still lower than the costs for brand-name drugs.
Preferred brand	Preferred brand – Higher out-of-pocket cost This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.	
Nonpreferred brand	Nonpreferred brand – Highest out-of-pocket cost This tier includes nonspecialty, brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.	
Preferred specialty	Specialty This tier includes brand name and select specialty generic drugs, that are used to treat difficult health conditions.	Preferred specialty – Lower out-of-pocket cost This tier includes brand-name and select specialty generic drugs that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.
Nonpreferred specialty		Nonpreferred specialty – Higher out-of-pocket cost This tier includes nonpreferred brand-name, specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.

Drug list information

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

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

How to fill a prescription

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

- **Specialty drugs**

- Local retail pharmacy

- Walgreens is our preferred specialty pharmacy. Find a location at [walgreens.com/pharmacy/](https://www.walgreens.com/pharmacy/) *.
- You can use any retail pharmacy in your applicable network.

- Limited-distribution specialty drugs

- Pharmacy options vary based on the drug. Refer to the **Specialty Drug Program Pharmacy Benefit Member Guide**, and search for the drug you take.

- Home delivery

- Walgreens Specialty Pharmacy**
- Website: [WalgreensSpecialtyRx.com](https://www.WalgreensSpecialtyRx.com)*
- Phone: 1-866-515-1355

- **All other drugs**

- Local retail pharmacy — More than 2,300 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your member ID card.

- Mail order

- Optum Home Delivery***
- Phone: 1-844-642-9087

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

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

** Walgreens Specialty Pharmacy®, a separate company, provides specialty pharmacy services to Blue Cross and BCN members.

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

How prior authorization, step therapy and quantity limits work

Prior authorization

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

Step therapy

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

For a current list of drugs requiring prior authorization or step therapy, see the **Prior authorization and step therapy coverage criteria** and refer to the column labeled *BCN, then Custom Select Drug List*.

Quantity limits

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

For a current list of drugs that have limits on the quantity that can be dispensed per fill, please see the **Quantity Limit Program**, and refer to the *BCN Custom Select Drug List*.

How to request authorization

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

To request coverage of a drug:

- Fill out the **Coverage Request Form** online at **bcbsm.com**.
- Send to: Pharmacy Services — Mail Code 512C
Blue Cross Blue Shield of Michigan
600 E. Lafayette Blvd.
Detroit, MI 48226-2998

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

Doctors can request authorization one of four ways:

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

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

This content was developed to comply with applicable federal and state regulations. To learn more about your plan, go to bcbsm.com and type ***How Health Insurance Works*** in the search field.

Send us your feedback

Please send your comments and suggestions about this list to:

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

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Drug Name	Brand Reference	Drug Tier	Notes
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
aspirin 81 oral tablet delayed release	Bayer Aspirin EC Low Dose	Preventive	PV1
aspirin adult low dose	Bayer Aspirin EC Low Dose	Preventive	PV1
aspirin adult low strength	Bayer Aspirin EC Low Dose	Preventive	PV1
aspirin childrens	Bayer Low Dose	Preventive	PV1
aspirin ec adult low dose	Bayer Aspirin EC Low Dose	Preventive	PV1
aspirin ec low dose	Bayer Aspirin EC Low Dose	Preventive	PV1
aspirin ec low strength	Bayer Aspirin EC Low Dose	Preventive	PV1
aspirin low dose	Bayer Aspirin EC Low Dose	Preventive	PV1
aspirin oral tablet chewable	Bayer Low Dose	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Bayer Aspirin EC Low Dose	Preventive	PV1
aspirin regimen	Bayer Aspirin EC Low Dose	Preventive	PV1
celecoxib oral	CeleBREX	Preferred generic	
COXANTO		Not covered	QL
DICLOFENAC PATCH 1.3%		Not covered	ABA; QL
diclofenac potassium oral capsule	Zipsor	Not covered	QL
diclofenac potassium oral tablet 25 mg	Lofena	Not covered	
diclofenac potassium oral tablet 50 mg		Nonpreferred generic	
diclofenac sodium er		Nonpreferred generic	
diclofenac sodium external gel 1 %	Aleve Arthritis Pain	Nonpreferred generic	QL
diclofenac sodium external solution 1.5 %		Nonpreferred generic	
diclofenac sodium external solution 2 %	Pennsaid	Not covered	QL
diclofenac sodium oral		Preferred generic	
diclofenac-misoprostol	Arthrotec	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
diflunisal oral		Nonpreferred generic	
DOLOBID		Not covered	
ec-naproxen	EC-Naprosyn	Preferred generic	
ELYXYB		Not covered	
etodolac	Lodine	Nonpreferred generic	
etodolac er		Nonpreferred generic	
fenoprofen calcium oral capsule 200 mg		Not covered	QL
fenoprofen calcium oral capsule 400 mg	Nalfon	Nonpreferred generic	QL
fenoprofen calcium oral tablet	Nalfon	Not covered	QL
FLECTOR		Not covered	QL
flurbiprofen oral		Nonpreferred generic	
ft aspirin low dose	Bayer Aspirin EC Low Dose	Preventive	PV1
ft aspirin oral tablet chewable	Bayer Low Dose	Preventive	PV1
goodsense aspirin low dose	Bayer Aspirin EC Low Dose	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Childrens Advil	Preferred generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBUPROFEN	Preferred generic	
ibuprofen-famotidine	Duexis	Not covered	QL
indomethacin er		Nonpreferred generic	
indomethacin oral capsule		Nonpreferred generic	
indomethacin oral suspension	Indocin	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG		Nonpreferred brand	QL
indomethacin rectal suppository 50 mg	Indocin	Nonpreferred generic	QL
ketoprofen er		Nonpreferred generic	
ketoprofen oral capsule 25 mg	Kiprofen	Nonpreferred generic	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
ketoprofen oral capsule 50 mg		Nonpreferred generic	
ketorolac tromethamine injection		Nonpreferred generic	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML		Nonpreferred brand	
ketorolac tromethamine intramuscular solution 60 mg/2ml		Nonpreferred generic	
ketorolac tromethamine oral		Nonpreferred generic	QL
LICART		Not covered	QL
meclofenamate sodium oral		Nonpreferred generic	
mefenamic acid oral		Nonpreferred generic	
meloxicam oral capsule		Not covered	QL
MELOXICAM ORAL SUSPENSION		Not covered	ABA
meloxicam oral tablet		Preferred generic	
mm aspirin	Bayer Aspirin EC Low Dose	Preventive	PV1
nabumetone oral		Nonpreferred generic	
naproxen dr	EC-Naprosyn	Preferred generic	
naproxen oral suspension	Naprosyn	Nonpreferred generic	
naproxen oral tablet	Naprosyn	Preferred generic	
naproxen oral tablet delayed release	EC-Naprosyn	Preferred generic	
naproxen sodium er	Naprelan	Not covered	
naproxen sodium oral tablet 275 mg		Preferred generic	
naproxen sodium oral tablet 550 mg	Anaprox DS	Preferred generic	
naproxen-esomeprazole mg	Vimovo	Not covered	QL
OXAPROZIN ORAL CAPSULE		Not covered	ABA; QL
oxaprozin oral tablet	Daypro	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
piroxicam oral		Nonpreferred generic	
RELAFEN DS		Not covered	
salsalate oral		Nonpreferred generic	
SPRIX		Not covered	QL
sulindac oral		Nonpreferred generic	
TOLECTIN 600		Not covered	
tolmetin sodium oral capsule		Not covered	
tolmetin sodium oral tablet 600 mg	Tolectin 600	Nonpreferred generic	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG		Not covered	QL
Opioid Analgesics, Long-acting			
BELBUCA		Not covered	QL
buprenorphine	Butrans	Nonpreferred generic	QL
CONZIP		Not covered	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		Nonpreferred generic	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr		Not covered	QL
hydrocodone bitartrate er oral capsule extended release 12 hour		Nonpreferred generic	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	Hysingla ER	Not covered	QL
hydromorphone hcl er		Not covered	QL
levorphanol tartrate oral		Nonpreferred generic	PA; QL
methadone hcl intensol	Methadone HCl Intensol	Nonpreferred generic	
methadone hcl oral concentrate	Methadone HCl Intensol	Nonpreferred generic	
methadone hcl oral solution		Nonpreferred generic	
methadone hcl oral tablet		Nonpreferred generic	
morphine sulfate er beads		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
morphine sulfate er oral capsule extended release 24 hour		Not covered	QL
morphine sulfate er oral tablet extended release	MS Contin	Nonpreferred generic	QL
NUCYNTA ER		Nonpreferred brand	PA; QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Not covered	ABA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	ABA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Not covered	ABA; QL
OXYCONTIN		Not covered	QL
oxymorphone hcl er		Nonpreferred generic	PA; QL
QDOLO		Not covered	QL
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR		Not covered	ABA
tramadol hcl (er biphasic) oral tablet extended release 24 hour		Nonpreferred generic	
tramadol hcl er		Nonpreferred generic	
TRAMADOL HCL ORAL SOLUTION		Not covered	ABA; QL
XTAMPZA ER		Preferred brand	PA; QL
Opioid Analgesics, Short-acting			
acetaminophen-codeine		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
ALLZITAL		Not covered	
APADAZ		Not covered	QL
apap-caff-dihydrocodeine	Treizix	Nonpreferred generic	
ascomp-codeine	Ascomp-Codeine	Nonpreferred generic	
bac	Bac	Nonpreferred generic	
BENZHYDROCODONE-ACETAMINOPHEN		Not covered	ABA; QL
butalbital-acetaminophen capsule 50-300 mg oral		Not covered	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL		Not covered	
butalbital-acetaminophen oral tablet 50-300 mg		Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	Nonpreferred generic	
butalbital-apap-caff-cod	Fioricet/Codeine	Nonpreferred generic	
butalbital-apap-caffeine	Bac	Nonpreferred generic	
butalbital-asa-caff-codeine	Ascomp-Codeine	Nonpreferred generic	
butalbital-aspirin-caffeine		Nonpreferred generic	
butorphanol tartrate nasal		Nonpreferred generic	
codeine sulfate		Nonpreferred generic	
endocet	Endocet	Nonpreferred generic	
fentanyl citrate buccal lozenge on a handle		Nonpreferred generic	PA; QL
FENTANYL CITRATE BUCCAL TABLET		Not covered	ABA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG		Not covered	QL
hydrocodone-acetaminophen	Xodol	Nonpreferred generic	
hydrocodone-ibuprofen		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
hydromorphone hcl oral	Dilaudid	Nonpreferred generic	
hydromorphone hcl rectal		Nonpreferred generic	
meperidine hcl oral solution		Nonpreferred generic	
meperidine hcl oral tablet		Not covered	
morphine sulfate (concentrate)		Nonpreferred generic	
morphine sulfate oral		Nonpreferred generic	
morphine sulfate rectal		Nonpreferred generic	
nalbuphine hcl injection		Nonpreferred generic	
NALOCET		Not covered	
NUCYNTA		Nonpreferred brand	PA; QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG		Not covered	QL
oxycodone hcl oral capsule		Nonpreferred generic	QL
oxycodone hcl oral concentrate		Nonpreferred generic	QL
oxycodone hcl oral solution		Nonpreferred generic	QL
oxycodone hcl oral tablet	Roxicodone	Nonpreferred generic	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 15 MG		Not covered	ABA
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG		Not covered	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION		Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG		Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Endocet	Nonpreferred generic	
oxymorphone hcl		Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
pentazocine-naloxone hcl		Nonpreferred generic	
PROLATE		Not covered	
ROXYBOND		Not covered	
SEGLENTIS		Not covered	
TENCON		Not covered	
tramadol hcl oral tablet 100 mg		Nonpreferred generic	
tramadol hcl oral tablet 25 mg		Not covered	
tramadol hcl oral tablet 50 mg		Preferred generic	
tramadol-acetaminophen		Nonpreferred generic	
Anesthetics			
Local Anesthetics			
glydo	Glydo	Nonpreferred generic	
lidocaine external ointment 5 %		Not covered	
lidocaine external patch 5 %	Lidocan	Not covered	
lidocaine hcl external solution		Nonpreferred generic	
lidocaine hcl mouth/throat		Nonpreferred generic	
lidocaine hcl urethral/mucosal	Glydo	Nonpreferred generic	
lidocaine viscous hcl		Nonpreferred generic	
lidocaine-prilocaine external cream		Nonpreferred generic	
LIDOCAN		Nonpreferred brand	
PLIAGLIS EXTERNAL CREAM		Not covered	
ZTLIDO		Not covered	QL
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
acamprosate calcium		Nonpreferred generic	
disulfiram oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
naltrexone hcl oral		Preferred generic	
Opioid Dependence Treatments			
buprenorphine hcl sublingual		Nonpreferred generic	QL
buprenorphine hcl-naloxone hcl	Suboxone	Nonpreferred generic	QL
lofexidine hcl	Lucemyra	Nonpreferred generic	QL
ZUBSOLV		Preferred brand	QL
Opioid Reversal Agents			
KLOXXADO		Preferred brand	QL
naloxone hcl injection		Preferred generic	
naloxone hcl nasal	Narcan	Preferred generic	QL
NARCAN		Preferred brand	QL
OPVEE		Preferred brand	QL
REXTOVY		Preferred brand	QL
RIVIVE		Preferred brand	QL
ZIMHI		Preferred brand	QL
Smoking Cessation Agents			
bupropion hcl er (smoking det)		Nonpreferred generic	PV2; QL; AL (Min 18 Years)
ft nicotine	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
ft nicotine mini	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat gum 2 mg	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	KLS Quit4	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine mini	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mini	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)

Drug Name	Brand Reference	Drug Tier	Notes
nicotine step 1	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 2	Nicoderm CQ	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 3	Nicoderm CQ	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal kit		Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal patch 24 hour 21 mg/24hr	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
NICOTROL		Nonpreferred brand	PV2; QL; AL (Min 18 Years)
NICOTROL NS		Nonpreferred brand	PV2; QL; AL (Min 18 Years)
varenicline tartrate	Chantix	Nonpreferred generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)		Nonpreferred generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)	Chantix	Nonpreferred generic	PV2; QL; AL (Min 18 Years)
Antibacterials			
Aminoglycosides			
ARIKAYCE		Preferred specialty	PA; SP; QL
gentamicin sulfate external		Nonpreferred generic	
HUMATIN		Nonpreferred brand	
neomycin sulfate oral		Nonpreferred generic	
Antibacterials, Other			
AEMCOLO		Not covered	QL
ALTABAX EXTERNAL OINTMENT 1 %		Not covered	
CLEOCIN VAGINAL SUPPOSITORY		Nonpreferred brand	
clindamycin hcl oral	Cleocin	Nonpreferred generic	
clindamycin palmitate hcl	Cleocin	Nonpreferred generic	
clindamycin phosphate vaginal	Cleocin	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
CLINDESSE		Nonpreferred brand	
fosfomicin tromethamine		Nonpreferred generic	
LIKMEZ		Nonpreferred brand	QL
linezolid oral	Zyvox	Nonpreferred generic	
mafenide acetate external		Not covered	
methenamine hippurate	Hiprex	Nonpreferred generic	
metronidazole oral	Flagyl	Nonpreferred generic	
metronidazole vaginal	Vandazole	Nonpreferred generic	
mupirocin cream		Not covered	
mupirocin ointment		Nonpreferred generic	
NEO-SYNALAR		Not covered	
nitrofurantoin macrocrystal	Macrochantin	Nonpreferred generic	
nitrofurantoin monohydrate macrocrystals	Macrobid	Nonpreferred generic	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml		Nonpreferred generic	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML		Not covered	
NUVESSA		Not covered	
silver sulfadiazine external	SSD	Nonpreferred generic	
SIVEXTRO ORAL		Preferred brand	QL
SOLOSEC		Not covered	QL
ssd	SSD	Nonpreferred generic	
SULFAMYLON		Nonpreferred brand	
tinidazole oral		Nonpreferred generic	QL
trimethoprim oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
vancomycin hcl oral capsule	Vancocin	Nonpreferred generic	
vancomycin hcl oral solution reconstituted	Firvanq	Nonpreferred generic	QL
VANDAZOLE		Nonpreferred brand	
XACIATO		Not covered	
XEPI EXTERNAL CREAM 1 %		Not covered	QL
XIFAXAN ORAL TABLET 200 MG		Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG		Nonpreferred brand	PA; QL
Beta-lactam, Cephalosporins			
cefaclor		Nonpreferred generic	
cefaclor er		Nonpreferred generic	
cefadroxil		Nonpreferred generic	
cefdinir		Nonpreferred generic	
cefixime		Nonpreferred generic	
cefpodoxime proxetil		Nonpreferred generic	
cefprozil		Nonpreferred generic	
cefuroxime axetil		Nonpreferred generic	
cephalexin		Nonpreferred generic	
Beta-lactam, Penicillins			
amoxicillin		Nonpreferred generic	
amoxicillin-potassium clavulanate	Augmentin	Nonpreferred generic	
amoxicillin-potassium clavulanate er		Nonpreferred generic	
ampicillin		Nonpreferred generic	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
dicloxacillin sodium		Nonpreferred generic	
penicillin v potassium		Nonpreferred generic	
Macrolides			
azithromycin oral	Zithromax	Nonpreferred generic	
clarithromycin er		Nonpreferred generic	
clarithromycin oral		Nonpreferred generic	
DIFICID		Nonpreferred brand	QL
E.E.S. 400		Not covered	
ERYTHROCIN STEARATE ORAL TABLET 250 MG		Preferred brand	
erythromycin base oral	Ery-Tab	Nonpreferred generic	
erythromycin ethylsuccinate oral	E.E.S. 400	Nonpreferred generic	
erythromycin oral	Ery-Tab	Nonpreferred generic	
Quinolones			
BAXDELA ORAL		Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED		Nonpreferred brand	
ciprofloxacin hcl oral	Cipro	Nonpreferred generic	
levofloxacin oral		Nonpreferred generic	
moxifloxacin hcl oral		Nonpreferred generic	
ofloxacin oral		Nonpreferred generic	
Sulfonamides			
sulfadiazine oral		Nonpreferred generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Sulfatrim Pediatric	Nonpreferred generic	
sulfamethoxazole-trimethoprim oral tablet	Bactrim	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
sulfatrim pediatric	Sulfatrim Pediatric	Nonpreferred generic	
Tetracyclines			
avidoxy		Preferred generic	
demeclocycline hcl		Nonpreferred generic	
DORYX MPC		Not covered	
doxycycline hyclate oral capsule		Preferred generic	
doxycycline hyclate oral tablet 100 mg, 20 mg		Preferred generic	
doxycycline hyclate oral tablet 150 mg		Not covered	QL
doxycycline hyclate oral tablet 50 mg	TargaDOX	Not covered	
doxycycline hyclate oral tablet 75 mg		Nonpreferred generic	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg		Not covered	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG		Not covered	ABA
doxycycline monohydrate oral capsule 100 mg	Mondoxyne NL	Preferred generic	
doxycycline monohydrate oral capsule 150 mg		Nonpreferred generic	ST
doxycycline monohydrate oral capsule 50 mg		Preferred generic	
doxycycline monohydrate oral capsule 75 mg		Not covered	
doxycycline monohydrate oral suspension reconstituted		Nonpreferred generic	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg		Preferred generic	
doxycycline monohydrate oral tablet 150 mg		Nonpreferred generic	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG		Not covered	
minocycline hcl er oral tablet extended release 24 hour		Not covered	
minocycline hcl oral		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
MINOLIRA		Not covered	
mondoxyne nl	Mondoxyne NL	Preferred generic	
NUZYRA ORAL		Nonpreferred brand	QL
SEYSARA		Not covered	
tetracycline hcl oral capsule		Nonpreferred generic	
TETRACYCLINE HCL ORAL TABLET		Not covered	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG		Not covered	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT ORAL		Nonpreferred brand	PA; QL
ELEPSIA XR		Not covered	QL
EPIDIOLEX		Nonpreferred specialty	PA; SP; QL
FINTEPLA		Nonpreferred specialty	PA; SP; QL
levetiracetam er	Keppra XR	Preferred generic	
levetiracetam oral	Keppra	Preferred generic	
roweepra	Roweepra	Preferred generic	
SPRITAM		Not covered	QL
Calcium Channel Modifying Agents			
ethosuximide oral	Zarontin	Nonpreferred generic	
methsuximide	Celontin	Nonpreferred generic	
ZONISADE		Nonpreferred brand	PA; QL
zonisamide oral	Zonegran	Preferred generic	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
clobazam	Onfi	Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
DIACOMIT		Nonpreferred specialty	PA; SP; QL
diazepam rectal		Nonpreferred generic	
gabapentin oral capsule	Neurontin	Preferred generic	
gabapentin oral solution	Neurontin	Preferred generic	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	Preferred generic	
LIBERVANT		Nonpreferred brand	QL
NAYZILAM		Preferred brand	QL
phenobarbital oral		Nonpreferred generic	
primidone oral	Mysoline	Nonpreferred generic	
SYMPAZAN		Not covered	QL
tiagabine hcl		Nonpreferred generic	
valproic acid oral capsule		Preferred generic	
valproic acid oral solution 250 mg/5ml		Preferred generic	
VALTOCO		Preferred brand	QL
vigabatrin		Preferred specialty	PA; SP; QL
vigadrone	Vigadrone	Not covered	SP; QL
VIGAFYDE		Not covered	SP; QL
vigpoder	Vigpoder	Preferred specialty	PA; SP; QL
XCOPRI		Nonpreferred brand	PA; QL
ZTALMY		Preferred specialty	PA; SP; QL
Glutamate Reducing Agents			
EPRONTIA		Nonpreferred brand	PA; QL
felbamate	Felbatol	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
FYCOMPA		Nonpreferred brand	QL
LAMICTAL XR ORAL KIT		Nonpreferred brand	
lamotrigine er	LaMICTal XR	Nonpreferred generic	
lamotrigine oral kit	LaMICTal ODT	Nonpreferred generic	
lamotrigine oral tablet	Subvenite	Preferred generic	
lamotrigine oral tablet chewable	LaMICTal	Preferred generic	
lamotrigine oral tablet dispersible	LaMICTal ODT	Nonpreferred generic	
lamotrigine starter kit-blue	Subvenite Starter Kit-Blue	Nonpreferred generic	
lamotrigine starter kit-green	Subvenite Starter Kit-Green	Nonpreferred generic	
lamotrigine starter kit-orange	Subvenite Starter Kit-Orange	Nonpreferred generic	
subvenite	Subvenite	Preferred generic	
subvenite starter kit-blue	Subvenite Starter Kit-Blue	Nonpreferred generic	
subvenite starter kit-green	Subvenite Starter Kit-Green	Nonpreferred generic	
subvenite starter kit-orange	Subvenite Starter Kit-Orange	Nonpreferred generic	
topiramate er oral capsule er 24 hour sprinkle	Qudexy XR	Nonpreferred generic	PA; QL
topiramate er oral capsule extended release 24 hour	Trokendi XR	Not covered	QL
topiramate oral	Topamax	Preferred generic	
Sodium Channel Agents			
APTIOM		Not covered	QL
carbamazepine er	Carbatrol	Nonpreferred generic	
carbamazepine oral suspension 100 mg/5ml	TEGretol	Preferred generic	
carbamazepine oral tablet	Epitol	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
carbamazepine oral tablet chewable 100 mg		Preferred generic	
DILANTIN ORAL CAPSULE 30 MG		Preferred brand	
epitol	Epitol	Preferred generic	
lacosamide oral solution 10 mg/ml	Vimpat	Nonpreferred generic	
lacosamide oral tablet	Vimpat	Nonpreferred generic	QL
MOTPOLY XR		Not covered	QL
oxcarbazepine er	Oxtellar XR	Not covered	QL
oxcarbazepine oral suspension	Trileptal	Nonpreferred generic	
oxcarbazepine oral tablet	Trileptal	Preferred generic	
phenytek	Phenytek	Preferred generic	
phenytoin infatabs	Phenytoin Infatabs	Preferred generic	
phenytoin oral	Dilantin	Preferred generic	
phenytoin sodium extended	Dilantin	Preferred generic	
rufinamide oral suspension	Banzel	Nonpreferred generic	
rufinamide oral tablet	Banzel	Nonpreferred generic	PA; QL
Antidementia Agents			
Antidementia Agents, Other			
NAMZARIC		Not covered	QL
Cholinesterase Inhibitors			
ADLARITY		Nonpreferred brand	PA; QL
donepezil hcl oral tablet 10 mg, 5 mg	Aricept	Preferred generic	
donepezil hcl oral tablet 23 mg	Aricept	Not covered	QL
donepezil hcl oral tablet dispersible		Preferred generic	
galantamine hydrobromide		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
galantamine hydrobromide er		Nonpreferred generic	
rivastigmine	Exelon	Nonpreferred generic	
rivastigmine tartrate		Preferred generic	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
memantine hcl er		Preferred generic	QL
memantine hcl oral solution		Preferred generic	
memantine hcl oral tablet 10 mg, 5 mg		Preferred generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Namenda Titration Pak	Preferred generic	QL
Antidepressants			
Antidepressants, Other			
APLENZIN		Not covered	
AUVELITY		Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Wellbutrin SR	Preferred generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	Preferred generic	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG		Not covered	ABA; QL
bupropion hcl oral		Preferred generic	
chlordiazepoxide-amitriptyline		Nonpreferred generic	
FORFIVO XL		Not covered	QL
mirtazapine oral	Remeron	Preferred generic	
olanzapine-fluoxetine hcl	Symbyax	Nonpreferred generic	
perphenazine-amitriptyline		Nonpreferred generic	
ZURZUVAE		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
Monoamine Oxidase Inhibitors			
EMSAM		Nonpreferred brand	PA; QL
MARPLAN		Nonpreferred brand	
phenelzine sulfate oral	Nardil	Nonpreferred generic	
tranylcypromine sulfate	Parnate	Nonpreferred generic	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
CITALOPRAM HYDROBROMIDE ORAL CAPSULE		Not covered	QL
citalopram hydrobromide oral solution		Preferred generic	
citalopram hydrobromide oral tablet	CeleXA	Preferred generic	
DESVENLAFAXINE ER		Not covered	QL
desvenlafaxine succinate er	Pristiq	Preferred generic	QL
DRIZALMA SPRINKLE		Not covered	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Cymbalta	Preferred generic	
duloxetine hcl oral capsule delayed release particles 40 mg		Not covered	
escitalopram oxalate oral	Lexapro	Preferred generic	
FETZIMA		Not covered	QL
FETZIMA TITRATION		Not covered	QL
fluoxetine hcl (pmdd)		Nonpreferred generic	
fluoxetine hcl oral	PROzac	Preferred generic	
fluvoxamine maleate		Preferred generic	
fluvoxamine maleate er		Nonpreferred generic	
nefazodone hcl		Nonpreferred generic	
paroxetine hcl er	Paxil CR	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
paroxetine hcl oral suspension	Paxil	Nonpreferred generic	
paroxetine hcl oral tablet	Paxil	Preferred generic	
paroxetine mesylate		Not covered	QL
SERTRALINE HCL ORAL CAPSULE		Not covered	QL
sertraline hcl oral concentrate	Zoloft	Preferred generic	
sertraline hcl oral tablet	Zoloft	Preferred generic	
trazodone hcl oral		Preferred generic	
TRINTELLIX		Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER		Not covered	QL
venlafaxine hcl		Preferred generic	
venlafaxine hcl er oral capsule extended release 24 hour	Effexor XR	Preferred generic	
venlafaxine hcl er oral tablet extended release 24 hour		Not covered	
vilazodone hcl	Viibryd	Preferred generic	QL
Tricyclics			
amitriptyline hcl oral		Preferred generic	
amoxapine		Preferred generic	
clomipramine hcl oral	Anafranil	Nonpreferred generic	
desipramine hcl oral	Norpramin	Nonpreferred generic	
doxepin hcl oral capsule		Preferred generic	
doxepin hcl oral concentrate		Preferred generic	
imipramine hcl oral		Preferred generic	
imipramine pamoate		Nonpreferred generic	
nortriptyline hcl oral	Pamelor	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
protriptyline hcl		Nonpreferred generic	
trimipramine maleate oral		Nonpreferred generic	
Antiemetics			
Antiemetics, Other			
ANTIVERT ORAL TABLET CHEWABLE		Not covered	
BONJESTA		Not covered	QL
compro	Compro	Nonpreferred generic	
doxylamine-pyridoxine	Diclegis	Not covered	QL
GIMOTI		Not covered	QL
meclizine hcl oral tablet	Antivert	Not covered	
metoclopramide hcl oral solution		Nonpreferred generic	
metoclopramide hcl oral tablet	Reglan	Nonpreferred generic	
metoclopramide hcl oral tablet dispersible		Not covered	
perphenazine oral		Preferred generic	
prochlorperazine	Compro	Nonpreferred generic	
prochlorperazine maleate oral		Nonpreferred generic	
promethazine hcl oral		Nonpreferred generic	
promethazine hcl rectal	Promethegan	Nonpreferred generic	
promethegan	Promethegan	Nonpreferred generic	
scopolamine	Transderm-Scop	Nonpreferred generic	
trimethobenzamide hcl oral		Nonpreferred generic	
Emetogenic Therapy Adjuncts			
AKYNZEO ORAL		Nonpreferred brand	PA; QL
ANZEMET		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
aprepitant	Emend	Nonpreferred generic	QL
dronabinol	Marinol	Nonpreferred generic	
EMEND ORAL SUSPENSION RECONSTITUTED		Preferred brand	QL
granisetron hcl oral		Nonpreferred generic	QL
ondansetron hcl oral solution		Nonpreferred generic	
ondansetron hcl oral tablet		Nonpreferred generic	QL
ondansetron odt oral tablet dispersible 16 mg		Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg		Nonpreferred generic	QL
SANCUSO		Nonpreferred brand	PA; QL
SYNDROS		Not covered	QL
VARUBI (180 MG DOSE)		Nonpreferred brand	PA; QL
Antifungals			
BREXAFEMME		Nonpreferred brand	PA; QL
ciclodan	Ciclodan	Nonpreferred generic	
ciclopirox external	Ciclodan	Nonpreferred generic	
ciclopirox olamine external		Nonpreferred generic	
clotrimazole external	Desenex	Nonpreferred generic	
clotrimazole mouth/throat		Nonpreferred generic	
clotrimazole-betamethasone		Nonpreferred generic	
CRESEMBA ORAL		Preferred brand	QL
econazole nitrate external		Nonpreferred generic	
ECOZA		Not covered	QL
ERTACZO		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
EXELDERM		Not covered	
fluconazole oral	Diflucan	Nonpreferred generic	
flucytosine oral	Ancobon	Nonpreferred generic	
griseofulvin microsize oral		Nonpreferred generic	
griseofulvin ultramicrosize		Nonpreferred generic	
GYNAZOLE-1		Nonpreferred brand	
itraconazole oral	Sporanox	Nonpreferred generic	
JUBLIA		Not covered	QL
ketoconazole external	Ketodan	Nonpreferred generic	
ketoconazole oral		Nonpreferred generic	
ketodan	Ketodan	Nonpreferred generic	
klayesta	Klayesta	Nonpreferred generic	
LULICONAZOLE		Nonpreferred brand	PA; ABA; QL
LUZU		Not covered	QL
miconazole 3		Nonpreferred generic	
MICONAZOLE-ZINC OXIDE-PETROLAT		Not covered	ABA; QL
naftifine hcl external cream		Nonpreferred generic	QL
naftifine hcl external gel	Naftin	Not covered	QL
NAFTIN EXTERNAL GEL 1 %		Not covered	QL
NOXAFIL ORAL PACKET		Nonpreferred brand	QL
nyamyc	Klayesta	Nonpreferred generic	
nystatin external	Klayesta	Nonpreferred generic	
nystatin mouth/throat		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
nystatin oral		Nonpreferred generic	
nystatin-triamcinolone		Nonpreferred generic	
nystop	Klayesta	Nonpreferred generic	
ORAVIG		Not covered	QL
oxiconazole nitrate		Nonpreferred generic	PA; QL
OXISTAT		Not covered	QL
posaconazole oral	Noxafil	Nonpreferred generic	QL
SULCONAZOLE NITRATE		Nonpreferred brand	ABA
tavaborole		Not covered	QL
terbinafine hcl oral		Nonpreferred generic	
terconazole		Nonpreferred generic	
TOLSURA		Not covered	
VIVJOA		Not covered	QL
voriconazole oral	Vfend	Nonpreferred generic	
VUSION		Not covered	QL
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg		Nonpreferred generic	
allopurinol tablet 200 mg oral		Not covered	
allopurinol tablet 200 mg oral		Not covered	ABA
colchicine oral capsule	Mitigare	Not covered	
colchicine oral tablet		Nonpreferred generic	
colchicine-probenecid		Nonpreferred generic	
febuxostat	Uloric	Nonpreferred generic	QL
GLOPERBA		Not covered	QL
probenecid		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Antimigraine Agents			
diclofenac potassium(migraine)	Cambia	Not covered	QL
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Preferred brand	PA; QL
AJOVY		Nonpreferred brand	PA; QL
EMGALITY		Preferred brand	PA; QL
NURTEC		Preferred brand	PA; QL
QULIPTA		Preferred brand	PA; QL
UBRELVY		Preferred brand	PA; QL
ZAVZPRET		Not covered	QL
Ergot Alkaloids			
dihydroergotamine mesylate injection		Nonpreferred generic	QL
dihydroergotamine mesylate nasal	Migranal	Not covered	QL
ERGOMAR		Not covered	QL
ergotamine-caffeine		Nonpreferred generic	QL
MIGERGOT		Not covered	QL
TRUDHESA		Not covered	QL
Serotonin (5-HT) Receptor Agonists			
almotriptan malate		Nonpreferred generic	ST; QL
eletriptan hydrobromide	Relpax	Nonpreferred generic	ST; QL
frovatriptan succinate	Frova	Nonpreferred generic	ST; QL
naratriptan hcl		Nonpreferred generic	QL
ONZETRA XSAIL		Not covered	QL
REYVOW		Nonpreferred brand	PA; QL
rizatriptan benzoate	Maxalt	Nonpreferred generic	QL
sumatriptan nasal		Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
sumatriptan succinate oral	Imitrex	Nonpreferred generic	QL
sumatriptan succinate refill subcutaneous solution cartridge	Imitrex STATdose Refill	Nonpreferred generic	QL
sumatriptan succinate subcutaneous	Imitrex STATdose System	Nonpreferred generic	QL
sumatriptan-naproxen sodium	Treximet	Not covered	QL
TOSYMRA		Not covered	QL
ZEMBRACE SYMTOUCH		Not covered	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG		Nonpreferred brand	ST; QL
zolmitriptan nasal solution 5 mg	Zomig	Nonpreferred generic	ST; QL
zolmitriptan oral	Zomig	Nonpreferred generic	QL
ZOMIG NASAL SOLUTION 2.5 MG		Nonpreferred brand	ST; QL
Antimyasthenic Agents			
Parasympathomimetics			
pyridostigmine bromide er	Mestinon	Nonpreferred generic	
pyridostigmine bromide oral solution	Mestinon	Nonpreferred generic	
pyridostigmine bromide oral tablet 30 mg		Not covered	
pyridostigmine bromide oral tablet 60 mg	Mestinon	Nonpreferred generic	
Antimycobacterials			
Antimycobacterials, Other			
dapsone oral		Nonpreferred generic	
rifabutin		Nonpreferred generic	
Antituberculars			
cycloserine oral		Nonpreferred generic	
ethambutol hcl oral		Nonpreferred generic	
isoniazid oral		Nonpreferred generic	
PRETOMANID		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
PRIFTIN		Nonpreferred brand	
pyrazinamide oral		Nonpreferred generic	
rifampin oral		Nonpreferred generic	
SIRTURO		Preferred brand	PA; QL
TRECTOR		Nonpreferred brand	
Antineoplastics			
Alkylating Agents			
cyclophosphamide oral capsule		Nonpreferred generic	
CYCLOPHOSPHAMIDE ORAL TABLET		Nonpreferred brand	ABA
GLEOSTINE		Preferred brand	
LEUKERAN		Nonpreferred brand	
MATULANE		Preferred specialty	SP
melphalan oral tablet 2 mg		Nonpreferred generic	
MYLERAN		Nonpreferred brand	
temozolomide		Preferred specialty	SP
VALCHLOR		Nonpreferred specialty	PA; SP; QL
Antiandrogens			
abiraterone acetate oral tablet 250 mg	Zytiga	Preferred specialty	SP; QL
abiraterone acetate oral tablet 500 mg	Zytiga	Not covered	SP; QL
bicalutamide	Casodex	Nonpreferred generic	
ERLEADA		Preferred specialty	PA; SP; QL
EULEXIN		Nonpreferred specialty	PA; 15DS; SP; QL
nilutamide	Nilandron	Nonpreferred generic	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
NUBEQA		Preferred specialty	PA; 15DS; SP; QL
ORGOVYX		Nonpreferred specialty	PA; SP; QL
XTANDI		Preferred specialty	PA; 15DS; SP; QL
YONSA		Not covered	SP; QL
Antiangiogenic Agents			
lenalidomide	Revlimid	Preferred specialty	SP; QL
POMALYST		Nonpreferred specialty	PA; SP; QL
REVLIMID		Nonpreferred specialty	SP; QL
THALOMID		Preferred specialty	SP
Antiestrogens/Modifiers			
EMCYT ORAL CAPSULE 140 MG		Preferred brand	
fulvestrant	Faslodex	Nonpreferred generic	
ORSERDU		Preferred specialty	PA; 15DS; SP; QL
SOLTAMOX		Nonpreferred brand	
tamoxifen citrate oral		Preferred generic	PV3; QL
toremifene citrate	Fareston	Nonpreferred generic	
Antimetabolites			
capecitabine	Xeloda	Preferred specialty	SP
DROXIA		Preferred brand	
hydroxyurea oral	Hydrea	Preferred generic	
mercaptopurine oral		Nonpreferred generic	
PURIXAN		Nonpreferred specialty	SP
SIKLOS		Nonpreferred brand	PA

Drug Name	Brand Reference	Drug Tier	Notes
TABLOID		Nonpreferred brand	
Antineoplastics, Other			
AKEEGA		Preferred specialty	PA; 15DS; SP; QL
AUGTYRO		Nonpreferred specialty	PA; 15DS; SP; QL
BESREMI		Preferred specialty	PA; 15DS; SP; QL
CARAC		Not covered	QL
COPIKTRA		Preferred specialty	PA; SP; QL
diclofenac sodium external gel 3 %		Nonpreferred generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %		Not covered	ABA; QL
fluorouracil external cream 5 %	Efudex	Nonpreferred generic	
fluorouracil external solution		Nonpreferred generic	
INREBIC		Nonpreferred specialty	PA; 15DS; SP; QL
KISQALI (200 MG DOSE)		Preferred specialty	PA; SP; QL
KISQALI (400 MG DOSE)		Preferred specialty	PA; SP; QL
KISQALI (600 MG DOSE)		Preferred specialty	PA; SP; QL
KLISYRI		Nonpreferred brand	PA; QL
KRAZATI		Preferred specialty	PA; 15DS; SP; QL
leucovorin calcium oral		Nonpreferred generic	
LONSURF		Preferred specialty	PA; SP; QL
LUMAKRAS		Preferred specialty	PA; 15DS; SP; QL
NINLARO		Preferred specialty	PA; SP; QL
OJJAARA		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ONUREG		Preferred specialty	PA; SP; QL
PIQRAY		Preferred specialty	PA; SP; QL
ROZLYTREK ORAL CAPSULE		Preferred specialty	PA; 15DS; SP; QL
ROZLYTREK ORAL PACKET		Nonpreferred specialty	PA; SP; QL
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG		Preferred specialty	PA; SP; QL
TAZVERIK		Preferred specialty	PA; 15DS; SP; QL
TOLAK		Nonpreferred brand	QL
VERZENIO		Preferred specialty	PA; 15DS; SP; QL
VONJO		Preferred specialty	PA; SP; QL
WELIREG		Preferred specialty	PA; 15DS; SP; QL
XPOVIO (100 MG ONCE WEEKLY)		Preferred specialty	PA; SP; QL
XPOVIO (40 MG ONCE WEEKLY)		Preferred specialty	PA; SP; QL
XPOVIO (40 MG TWICE WEEKLY)		Preferred specialty	PA; SP; QL
XPOVIO (60 MG ONCE WEEKLY)		Preferred specialty	PA; SP; QL
XPOVIO (60 MG TWICE WEEKLY)		Preferred specialty	PA; SP; QL
XPOVIO (80 MG ONCE WEEKLY)		Preferred specialty	PA; SP; QL
XPOVIO (80 MG TWICE WEEKLY)		Preferred specialty	PA; SP; QL
ZOLINZA		Preferred specialty	PA; 15DS; SP
Aromatase Inhibitors, 3rd Generation			
anastrozole oral	Arimidex	Preferred generic	PV3; QL
exemestane	Aromasin	Nonpreferred generic	PV3; QL

Drug Name	Brand Reference	Drug Tier	Notes
letrozole oral	Femara	Preferred generic	
Enzyme Inhibitors			
BALVERSA		Preferred specialty	PA; 15DS; SP; QL
etoposide oral		Nonpreferred generic	
HYCAMTIN ORAL		Preferred specialty	SP
LYTGOBI (12 MG DAILY DOSE)		Preferred specialty	PA; 15DS; SP; QL
LYTGOBI (16 MG DAILY DOSE)		Preferred specialty	PA; 15DS; SP; QL
LYTGOBI (20 MG DAILY DOSE)		Preferred specialty	PA; 15DS; SP; QL
OJEMDA ORAL SUSPENSION RECONSTITUTED		Preferred specialty	PA; 15DS; SP; QL
OJEMDA ORAL TABLET		Preferred specialty	PA; SP; QL
PEMAZYRE		Preferred specialty	PA; SP; QL
RUBRACA		Not covered	SP; QL
TALZENNA		Preferred specialty	PA; 15DS; SP; QL
VORANIGO		Preferred specialty	PA; 15DS; SP; QL
ZEJULA		Preferred specialty	PA; SP; QL
Molecular Target Inhibitors			
ALECENSA		Preferred specialty	PA; SP; QL
ALUNBRIG		Preferred specialty	PA; SP; QL
AYVAKIT		Preferred specialty	PA; 15DS; SP; QL
BOSULIF ORAL CAPSULE		Preferred specialty	PA; SP; QL
BOSULIF ORAL TABLET		Preferred specialty	PA; 15DS; SP; QL
BRAFTOVI		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
BRUKINSA		Nonpreferred specialty	PA; 15DS; SP; QL
CABOMETYX		Preferred specialty	PA; 15DS; SP; QL
CALQUENCE		Preferred specialty	PA; 15DS; SP; QL
CAPRELSA		Preferred specialty	PA; 15DS; SP; QL
COMETRIQ		Preferred specialty	PA; 15DS; SP; QL
COTELLIC		Preferred specialty	PA; SP; QL
dasatinib	Sprycel	Preferred specialty	PA; 15DS; SP
DAURISMO		Preferred specialty	PA; 15DS; SP; QL
ERIVEDGE		Preferred specialty	PA; 15DS; SP; QL
erlotinib hcl	Tarceva	Preferred specialty	PA; 15DS; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Torpenz	Preferred specialty	PA; 15DS; SP; QL
everolimus oral tablet soluble	Afinitor Disperz	Preferred specialty	PA; 15DS; SP; QL
FOTIVDA		Preferred specialty	PA; SP; QL
FRUZAQLA		Preferred specialty	PA; SP; QL
GAVRETO		Preferred specialty	PA; 15DS; SP; QL
gefitinib	Iressa	Preferred specialty	PA; SP; QL
GILOTRIF		Preferred specialty	PA; SP; QL
IBRANCE		Preferred specialty	PA; SP; QL
ICLUSIG		Preferred specialty	PA; 15DS; SP; QL
IDHIFA		Preferred specialty	PA; SP; QL
imatinib mesylate	Gleevec	Preferred specialty	SP

Drug Name	Brand Reference	Drug Tier	Notes
IMBRUVICA ORAL CAPSULE		Preferred specialty	PA; 15DS; SP; QL
IMBRUVICA ORAL SUSPENSION		Preferred specialty	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG		Not covered	SP; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG		Preferred specialty	PA; SP; QL
INLYTA		Preferred specialty	PA; 15DS; SP; QL
INQOVI		Preferred specialty	PA; SP; QL
JAKAFI		Preferred specialty	PA; 15DS; SP; QL
JAYPIRCA		Preferred specialty	PA; 15DS; SP; QL
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG		Preferred specialty	PA; SP; QL
KOSELUGO		Preferred specialty	PA; SP; QL
lapatinib ditosylate	Tykerb	Preferred specialty	PA; SP
LAZCLUZE		Preferred specialty	PA; 15DS; SP; QL
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG		Preferred specialty	PA; 15DS; SP; QL
LORBRENA		Preferred specialty	PA; 15DS; SP; QL
LYNPARZA		Preferred specialty	PA; SP; QL
MEKINIST		Preferred specialty	PA; SP; QL
MEKTOVI		Preferred specialty	PA; SP; QL
NERLYNX		Preferred specialty	PA; 15DS; SP; QL
ODOMZO		Preferred specialty	PA; 15DS; SP; QL
OGSIVEO		Preferred specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
pazopanib hcl	Votrient	Preferred specialty	PA; 15DS; SP
QINLOCK		Preferred specialty	PA; SP; QL
RETEVMO		Preferred specialty	PA; 15DS; SP; QL
REZLIDHIA		Preferred specialty	PA; 15DS; SP; QL
RYDAPT		Preferred specialty	PA; SP; QL
SCSEMBLIX		Preferred specialty	PA; SP; QL
sorafenib tosylate	NexAVAR	Preferred specialty	PA; 15DS; SP; QL
STIVARGA		Preferred specialty	PA; SP; QL
sunitinib malate	Sutent	Preferred specialty	PA; 15DS; SP; QL
TABRECTA		Preferred specialty	PA; 15DS; SP; QL
TAFINLAR		Preferred specialty	PA; SP; QL
TAGRISO		Preferred specialty	PA; 15DS; SP; QL
TASIGNA		Preferred specialty	PA; 15DS; SP; QL
TEPMETKO		Preferred specialty	PA; 15DS; SP; QL
TIBSOVO		Preferred specialty	PA; 15DS; SP; QL
torpenz	Torpenz	Preferred specialty	PA; 15DS; SP; QL
TRUQAP ORAL TABLET		Preferred specialty	PA; SP; QL
TRUQAP ORAL TABLET THERAPY PACK		Preferred specialty	PA; SP; QL
TUKYSA		Preferred specialty	PA; SP; QL
TURALIO		Preferred specialty	PA; SP; QL
VANFLYTA		Preferred specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
VENCLEXTA		Preferred specialty	PA; SP; QL
VENCLEXTA STARTING PACK		Preferred specialty	PA; SP; QL
VIJOICE ORAL PACKET		Preferred specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG		Preferred specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG		Not covered	SP; QL
VITRAKVI ORAL CAPSULE		Preferred specialty	PA; 15DS; SP; QL
VITRAKVI ORAL SOLUTION		Preferred specialty	PA; SP; QL
VIZIMPRO		Preferred specialty	PA; 15DS; SP; QL
XALKORI		Preferred specialty	PA; 15DS; SP; QL
XOSPATA		Preferred specialty	PA; SP; QL
ZELBORAF		Preferred specialty	PA; 15DS; SP; QL
ZYDELIG		Preferred specialty	PA; SP; QL
ZYKADIA		Preferred specialty	PA; 15DS; SP; QL
Retinoids			
bexarotene external	Targretin	Preferred specialty	PA; SP
bexarotene oral	Targretin	Preferred specialty	PA; 15DS; SP
PANRETIN		Preferred brand	
tretinoin oral		Nonpreferred generic	
Treatment Adjuncts			
MESNEX ORAL		Preferred brand	
Antiparasitics			
Anthelmintics			
albendazole oral		Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
BILTRICIDE		Nonpreferred brand	
EMVERM		Not covered	QL
ivermectin oral	Stromectol	Nonpreferred generic	QL
praziquantel oral	Biltricide	Nonpreferred generic	
Antiprotozoals			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Preferred brand	
ARAKODA		Nonpreferred brand	QL
atovaquone	Mepron	Nonpreferred generic	
atovaquone-proguanil hcl	Malarone	Nonpreferred generic	
BENZNIDAZOLE		Preferred brand	QL
chloroquine phosphate oral		Nonpreferred generic	
COARTEM		Preferred brand	QL
hydroxychloroquine sulfate oral		Nonpreferred generic	
IMPAVIDO		Preferred brand	QL
KRINTAFEL		Preferred brand	QL
LAMPIT		Nonpreferred brand	QL
mefloquine hcl		Nonpreferred generic	
nitazoxanide oral		Nonpreferred generic	
pentamidine isethionate inhalation	Nebupent	Nonpreferred generic	
primaquine phosphate		Nonpreferred generic	
pyrimethamine oral	Daraprim	Preferred specialty	PA; SP
quinine sulfate	Qualaquin	Nonpreferred generic	
SOVUNA		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
Pediculicides/Scabicides			
CROTAN		Nonpreferred brand	
malathion	Ovide	Nonpreferred generic	
permethrin external		Nonpreferred generic	
spinosad	Natroba	Nonpreferred generic	
Antiparkinson Agents			
Anticholinergics			
benztropine mesylate oral		Preferred generic	
trihexyphenidyl hcl		Preferred generic	
Antiparkinson Agents, Other			
amantadine hcl oral		Nonpreferred generic	
carbidopa-levodopa-entacapone		Nonpreferred generic	
entacapone		Nonpreferred generic	
GOCOVRI		Not covered	QL
NOURIANZ		Nonpreferred brand	PA; QL
ONGENTYS		Nonpreferred brand	PA; QL
OSMOLEX ER		Not covered	
tolcapone	Tasmar	Nonpreferred generic	
Dopamine Agonists			
apomorphine hcl subcutaneous	Apokyn	Not covered	SP; QL
bromocriptine mesylate oral	Parlodel	Nonpreferred generic	
INBRIJA		Nonpreferred brand	PA; QL
NEUPRO		Not covered	QL
pramipexole dihydrochloride		Preferred generic	
pramipexole dihydrochloride er	Mirapex ER	Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
ropinirole hcl		Preferred generic	
ropinirole hcl er		Nonpreferred generic	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			
carbidopa oral	Lodosyn	Nonpreferred generic	
carbidopa-levodopa er		Preferred generic	
carbidopa-levodopa oral tablet		Preferred generic	
carbidopa-levodopa oral tablet dispersible		Nonpreferred generic	
CREXONT		Nonpreferred brand	ST; QL
DHIVY		Not covered	QL
DUOPA		Preferred specialty	PA; SP; QL
RYTARY		Not covered	QL
Monoamine Oxidase B (MAO-B) Inhibitors			
rasagiline mesylate oral	Azilect	Nonpreferred generic	
selegiline hcl oral		Nonpreferred generic	
XADAGO		Nonpreferred brand	QL
ZELAPAR		Not covered	QL
Antipsychotics			
1st Generation/Typical			
chlorpromazine hcl oral tablet		Nonpreferred generic	
fluphenazine decanoate injection		Nonpreferred generic	
fluphenazine hcl oral		Preferred generic	
haloperidol decanoate intramuscular	Haldol Decanoate	Nonpreferred generic	
haloperidol lactate oral concentrate 2 mg/ml		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
haloperidol oral		Preferred generic	
loxapine succinate		Preferred generic	
molindone hcl		Nonpreferred generic	QL
pimozide		Nonpreferred generic	
thioridazine hcl oral		Preferred generic	
thiothixene		Nonpreferred generic	
trifluoperazine hcl		Preferred generic	
2nd Generation/Atypical			
ABILIFY ASIMTUFII		Preferred brand	QL
ABILIFY MAINTENA		Preferred brand	
aripiprazole oral solution		Nonpreferred generic	
aripiprazole oral tablet	Abilify	Preferred generic	
aripiprazole oral tablet dispersible		Nonpreferred generic	
ARISTADA		Preferred brand	QL
ARISTADA INITIO		Preferred brand	
asenapine maleate	Saphris	Nonpreferred generic	QL
CAPLYTA		Nonpreferred brand	ST; QL
FANAPT		Nonpreferred brand	ST
FANAPT TITRATION PACK		Nonpreferred brand	ST
INVEGA HAFYERA		Preferred brand	QL
INVEGA SUSTENNA		Preferred brand	
INVEGA TRINZA		Preferred brand	QL
lurasidone hcl	Latuda	Preferred generic	
LYBALVI		Nonpreferred brand	ST; QL

Drug Name	Brand Reference	Drug Tier	Notes
NUPLAZID		Nonpreferred brand	PA; QL
olanzapine oral	ZyPREXA	Preferred generic	
paliperidone er	Invega	Nonpreferred generic	QL
PERSERIS		Preferred brand	QL
quetiapine fumarate	SEROquel	Preferred generic	
quetiapine fumarate er	SEROquel XR	Preferred generic	QL
REXULTI		Nonpreferred brand	PA; QL
risperidone	RisperDAL	Preferred generic	
risperidone microspheres er	RisperDAL Consta	Nonpreferred generic	
RYKINDO		Preferred brand	QL
SECUADO		Nonpreferred brand	ST; QL
UZEDY		Preferred brand	QL
VRAYLAR		Nonpreferred brand	ST; QL
ziprasidone hcl	Geodon	Preferred generic	
ZYPREXA RELPREVV		Preferred brand	
Treatment-Resistant			
clozapine oral tablet	Clozaril	Preferred generic	
clozapine oral tablet dispersible		Nonpreferred generic	
VERSACLOZ		Not covered	
Antivirals			
LAGEVRIO CAPSULE 200 MG ORAL (govt supply)		Covered \$0	QL; AL (Min 18 Years)
LAGEVRIO CAPSULE 200 MG ORAL		Preferred brand	QL; AL (Min 18 Years)
PAXLOVID (150/100)		Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100)		Preferred brand	QL; AL (Min 12 Years)
Anti-cytomegalovirus (CMV) Agents			
LIVTENCITY		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
PREVYMIS ORAL		Nonpreferred brand	QL
valganciclovir hcl	Valcyte	Nonpreferred generic	
Anti-hepatitis B (HBV) Agents			
adefovir dipivoxil		Preferred specialty	SP
BARACLUDE ORAL SOLUTION		Preferred specialty	SP
entecavir	Baraclude	Preferred specialty	SP
lamivudine oral tablet 100 mg		Nonpreferred generic	
VEMLIDY		Preferred specialty	SP; QL
Anti-hepatitis C (HCV) Agents			
EPCLUSA		Preferred specialty	PA; SP; QL
HARVONI ORAL PACKET		Nonpreferred specialty	PA; SP; QL
HARVONI ORAL TABLET		Not covered	SP; QL
LEDIPASVIR-SOFOSBUVIR		Not covered	ABA; SP; QL
MAVYRET		Nonpreferred specialty	PA; SP; QL
PEGASYS		Preferred specialty	SP; QL
ribavirin oral		Preferred specialty	SP
SOFOSBUVIR-VELPATASVIR		Preferred specialty	PA; ABA; SP; QL
SOVALDI ORAL PACKET		Nonpreferred specialty	PA; SP; QL
SOVALDI ORAL TABLET		Not covered	SP; QL
VOSEVI		Nonpreferred specialty	PA; SP; QL
ZEPATIER		Preferred specialty	PA; SP; QL
Antitherpetic Agents			
acyclovir external cream	Zovirax	Not covered	
acyclovir external ointment	Zovirax	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
acyclovir oral		Nonpreferred generic	
famciclovir oral		Nonpreferred generic	
penciclovir	Denavir	Not covered	
SITAVIG		Not covered	QL
valacyclovir hcl oral	Valtrex	Nonpreferred generic	
XERESE		Not covered	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
BIKTARVY		Preferred brand	QL
DOVATO		Preferred brand	QL
GENVOYA		Preferred brand	QL
ISENTRESS		Preferred brand	
ISENTRESS HD		Preferred brand	
JULUCA		Preferred brand	QL
STRIBILD		Preferred brand	QL
TIVICAY		Preferred brand	
TIVICAY PD		Preferred brand	QL
TYBOST		Preferred brand	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
COMPLERA		Preferred brand	QL
DELSTRIGO		Preferred brand	QL
EDURANT		Preferred brand	QL
efavirenz	Sustiva	Nonpreferred generic	
efavirenz oral capsule 200 mg, 50 mg		Nonpreferred generic	
efavirenz-emtricitab-tenofo df	Atripla	Nonpreferred generic	
efavirenz-lamivudine-tenofovir	Symfi	Nonpreferred generic	QL
etravirine	Intelence	Nonpreferred generic	
INTELENCE ORAL TABLET 25 MG		Preferred brand	
nevirapine		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
nevirapine er		Nonpreferred generic	
PIFELTRO		Preferred brand	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
abacavir sulfate	Ziagen	Nonpreferred generic	
abacavir sulfate-lamivudine		Nonpreferred generic	
CIMDUO		Preferred brand	QL
DESCOVY		Preferred brand	PA; QL
emtricitabine	Emtriva	Nonpreferred generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Truvada	Nonpreferred generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	Nonpreferred generic	PV2; QL
EMTRIVA ORAL SOLUTION		Preferred brand	
lamivudine oral solution	Epivir	Nonpreferred generic	
lamivudine oral tablet 150 mg, 300 mg	Epivir	Nonpreferred generic	
lamivudine-zidovudine		Nonpreferred generic	
ODEFSEY		Preferred brand	QL
tenofovir disoproxil fumarate	Viread	Nonpreferred generic	
TRIUMEQ		Preferred brand	QL
TRIUMEQ PD		Preferred brand	QL
VIREAD ORAL POWDER		Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Preferred brand	
zidovudine	Retrovir	Nonpreferred generic	
Anti-HIV Agents, Other			
FUZEON		Preferred brand	
maraviroc	Selzentry	Nonpreferred generic	
RUKOBIA		Preferred brand	QL
SELZENTRY ORAL SOLUTION		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
SELZENTRY ORAL TABLET 25 MG, 75 MG		Preferred brand	
SUNLENCA ORAL		Preferred specialty	SP; QL
Anti-HIV Agents, Protease Inhibitors			
APTIVUS		Preferred brand	
atazanavir sulfate	Reyataz	Nonpreferred generic	
darunavir	Prezista	Nonpreferred generic	
EVOTAZ		Preferred brand	QL
fosamprenavir calcium	Lexiva	Nonpreferred generic	
LEXIVA ORAL SUSPENSION 50 MG/ML		Preferred brand	
lopinavir-ritonavir	Kaletra	Nonpreferred generic	
NORVIR ORAL CAPSULE 100 MG		Preferred brand	
NORVIR ORAL PACKET		Preferred brand	
PREZCOBIX		Preferred brand	QL
PREZISTA ORAL SUSPENSION		Preferred brand	
PREZISTA ORAL TABLET 150 MG, 75 MG		Preferred brand	
REYATAZ ORAL PACKET		Preferred brand	
ritonavir	Norvir	Nonpreferred generic	
SYMTUZA		Preferred brand	QL
VIRACEPT		Not covered	
Anti-influenza Agents			
oseltamivir phosphate oral	Tamiflu	Nonpreferred generic	QL
RELENZA DISKHALER		Preferred brand	QL
rimantadine hcl		Nonpreferred generic	
XOFLUZA (40 MG DOSE)		Preferred brand	QL
XOFLUZA (80 MG DOSE)		Preferred brand	QL
Anxiolytics			
Anxiolytics, Other			
bupirone hcl oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
hydroxyzine hcl oral		Nonpreferred generic	
hydroxyzine pamoate oral		Nonpreferred generic	
meprobamate		Nonpreferred generic	
Benzodiazepines			
alprazolam er	Xanax XR	Nonpreferred generic	
alprazolam intensol		Nonpreferred generic	
alprazolam oral	Xanax	Nonpreferred generic	
alprazolam xr	Xanax XR	Nonpreferred generic	
chlordiazepoxide hcl		Nonpreferred generic	
clonazepam oral	KlonoPIN	Nonpreferred generic	
clorazepate dipotassium		Nonpreferred generic	
diazepam intensol	diazePAM Intensol	Nonpreferred generic	
diazepam oral	diazePAM Intensol	Nonpreferred generic	
estazolam		Nonpreferred generic	QL
lorazepam intensol	LORazepam Intensol	Nonpreferred generic	
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	Nonpreferred generic	
lorazepam oral tablet	Ativan	Nonpreferred generic	
LOREEV XR		Not covered	QL
midazolam hcl oral		Nonpreferred generic	
oxazepam		Nonpreferred generic	
quazepam		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
Bipolar Agents			
Mood Stabilizers			
divalproex sodium er	Depakote ER	Preferred generic	
divalproex sodium oral	Depakote	Preferred generic	
EQUETRO		Nonpreferred brand	
lithium		Nonpreferred generic	
lithium carbonate er	Lithobid	Preferred generic	
lithium carbonate oral		Preferred generic	
Blood Glucose Monitoring			
ACCU-CHEK AVIVA PLUS TEST STRIPS		Preferred brand	QL
ACCU-CHEK GUIDE TEST		Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS		Preferred brand	QL
AGAMATRIX PRESTO TEST		Preferred brand	QL
ASSURE PLATINUM		Preferred brand	QL
BLOOD GLUCOSE TEST		Preferred brand	QL
CARESENS LANCETS 30G		Preferred brand	QL
CARETOUCH TEST		Preferred brand	QL
CEQUR SIMPLICITY 2U 10PK		Preferred brand	QL
CEQUR SIMPLICITY INSERTER		Preferred brand	QL
CHOSEN LANCETS 30G		Preferred brand	QL
CHOSEN SAFETY LANCETS 28G		Preferred brand	QL
CLEVER CHOICE COMFORT EZ		Preferred brand	QL
COMFORT TOUCH TWIST LANCET 30G		Preferred brand	QL
CONTOUR MONITOR DEVICE		Covered \$0	QL
CONTOUR NEXT EZ KIT W/DEVICE		Covered \$0	QL
CONTOUR NEXT GEN MONITOR		Covered \$0	QL
CONTOUR NEXT MONITOR KIT W/DEVICE		Covered \$0	QL
CONTOUR NEXT ONE KIT		Covered \$0	QL
CONTOUR NEXT GEN TEST STRIPS		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
CONTOUR PLUS TEST		Preferred brand	QL
CONTOUR TEST STRIPS		Preferred brand	QL
DEXCOM G6 RECEIVER		Covered \$0	PA; QL
DEXCOM G6 SENSOR		Preferred brand	PA; QL
DEXCOM G6 TRANSMITTER		Covered \$0	PA; QL
DEXCOM G7 RECEIVER		Covered \$0	PA; QL
DEXCOM G7 SENSOR		Preferred brand	PA; QL
DIATHRIVE BLOOD GLUCOSE TEST		Preferred brand	QL
DIATHRIVE GLUCOSE TEST		Preferred brand	QL
DIATHRIVE+ GLUCOSE TEST		Preferred brand	QL
EASY MAX BLOOD GLUCOSE TEST		Preferred brand	QL
EASY TALK PLUS II TEST STRIPS		Preferred brand	QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO		Preferred brand	QL
EASY TRAK II GLUCOSE TEST		Preferred brand	QL
EMBRACE TALK GLUCOSE TEST		Preferred brand	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO		Preferred brand	QL
FORA 6 CONNECT IN VITRO		Preferred brand	QL
FORA 6 CONNECT/GTEL TEST		Preferred brand	QL
FORA GTEL BLOOD GLUCOSE TEST		Preferred brand	QL
FORA TN'G ADVANCE PRO IN VITRO		Preferred brand	QL
FREESTYLE INSULINX TEST		Preferred brand	QL
FREESTYLE LIBRE 14 DAY READER		Preferred brand	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE 2 READER		Preferred brand	PA; QL
FREESTYLE LIBRE 2 SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE 3 READER		Preferred brand	PA; QL
FREESTYLE LIBRE 3 SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE READER		Preferred brand	PA; QL
FREESTYLE LITE TEST		Preferred brand	QL
FREESTYLE PRECISION NEO TEST		Preferred brand	QL
FREESTYLE TEST		Preferred brand	QL
GLUCOCARD 01 SENSOR PLUS		Preferred brand	QL
GLUCOCARD EXPRESSION TEST		Preferred brand	QL
GLUCOCARD SHINE TEST		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
GLUCOCARD VITAL TEST		Preferred brand	QL
GOJJI BLOOD GLUCOSE TEST		Nonpreferred brand	QL
HW EMBRACE PRO GLUCOSE TEST		Preferred brand	QL
HW EMBRACE TALK GLUCOSE TEST		Preferred brand	QL
IHEALTH BLOOD GLUCOSE TEST STR		Preferred brand	QL
INFINITY BLOOD GLUCOSE TEST		Preferred brand	QL
KROGER HEALTHPRO GLUCOSE TEST		Preferred brand	QL
LANCETS		Preferred brand	QL
LANCETS IN VITRO STRIP		Nonpreferred brand	QL
LANCETS SUPER THIN		Preferred brand	QL
MICRODOT TEST		Preferred brand	QL
ONE DROP TEST		Preferred brand	QL
ONETOUCH DELICA LANCETS 30G		Preferred brand	QL
ONETOUCH DELICA LANCETS 33G		Preferred brand	QL
ONETOUCH DELICA SAFETY LANCING		Preferred brand	QL
ONETOUCH FINEPOINT LANCETS		Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS		Preferred brand	QL
ONETOUCH ULTRA 2 KIT W/DEVICE		Covered \$0	QL
ONETOUCH ULTRA BLUE TEST		Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS		Preferred brand	QL
ONETOUCH VERIO FLEX SYSTEM KIT		Covered \$0	QL
ONETOUCH VERIO TEST STRIPS		Preferred brand	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE		Covered \$0	QL
PERFECT POINT SAFETY LANCETS		Preferred brand	QL
PRECISION XTRA BLOOD GLUCOSE		Preferred brand	QL
RELION GLUCOSE TEST STRIPS		Preferred brand	QL
RELION PREMIER TEST		Preferred brand	QL
TECHLITE LANCETS 26G		Preferred brand	QL
TRUE METRIX BLOOD GLUCOSE TEST		Preferred brand	QL
TRUETRACK TEST		Preferred brand	QL
VERIFINE SAFE LANCET MINI 21G		Preferred brand	QL
VERIFINE SAFE LANCET MINI 23G		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
VERIFINE SAFE LANCET MINI 28G		Preferred brand	QL
VERIFINE SAFE LANCET MINI 30G		Preferred brand	QL
VIVAGUARD INO TEST STRIPS		Preferred brand	QL
VIVAGUARD LANCETS 30G		Preferred brand	QL
VIVAGUARD SAFETY LANCETS 28G		Preferred brand	QL
Blood Glucose Regulators			
Antidiabetic Agents			
acarbose oral		Nonpreferred generic	
ALOGLIPTIN BENZOATE		Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL		Not covered	QL
ALOGLIPTIN-PIOGLITAZONE		Not covered	ABA; QL
BEXAGLIFLOZIN TABLET 20 MG ORAL		Not covered	QL
BEXAGLIFLOZIN TABLET 20 MG ORAL		Not covered	ABA; QL
BRENZAVVY		Not covered	QL
BYDUREON BCISE AUTOINJECTOR		Not covered	QL
BYETTA 10 MCG PEN		Not covered	QL
BYETTA 5 MCG PEN		Not covered	QL
CYCLOSET		Nonpreferred brand	QL
DAPAGLIFLOZIN PRO-METFORMIN ER		Not covered	ABA; QL
DAPAGLIFLOZIN PROPANEDIOL		Not covered	ABA; QL
FARXIGA		Preferred brand	QL
glimepiride		Preferred generic	
glipizide er	Glucotrol XL	Preferred generic	
glipizide ir		Preferred generic	
glipizide xl	Glucotrol XL	Preferred generic	
glipizide-metformin hcl		Preferred generic	
glyburide micronized		Preferred generic	
glyburide oral		Preferred generic	
glyburide-metformin		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
GLYXAMBI		Preferred brand	QL
INVOKAMET		Not covered	QL
INVOKAMET XR		Not covered	QL
INVOKANA		Not covered	QL
JANUMET		Preferred brand	QL
JANUMET XR		Preferred brand	QL
JANUVIA		Preferred brand	QL
JARDIANCE		Preferred brand	QL
JENTADUETO		Preferred brand	QL
JENTADUETO XR		Preferred brand	QL
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG		Not covered	QL
LIRAGLUTIDE		Not covered	ABA; QL
metformin hcl er		Preferred generic	
metformin hcl er (mod)	Glumetza	Not covered	
metformin hcl er (osm)		Not covered	
metformin hcl oral solution	Riomet	Not covered	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg		Preferred generic	
metformin hcl oral tablet 625 mg		Not covered	
miglitol		Nonpreferred generic	
MOUNJARO		Preferred brand	ST; QL
nateglinide		Nonpreferred generic	
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG		Not covered	QL
OSENI ORAL TABLET 12.5-30 MG, 25- 15 MG, 25-30 MG, 25-45 MG		Not covered	QL
OZEMPIC		Preferred brand	ST; QL
pioglitazone hcl	Actos	Preferred generic	
pioglitazone hcl-glimepiride	Duetact	Nonpreferred generic	
pioglitazone hcl-metformin hcl	Actoplus Met	Nonpreferred generic	
QTERN		Not covered	QL
repaglinide		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
RYBELSUS		Preferred brand	ST; QL
saxagliptin hcl	Onglyza	Not covered	QL
saxagliptin-metformin er		Not covered	
SEGLUROMET		Not covered	QL
SITAGLIPTIN		Not covered	ABA; QL
SITAGLIPTIN BASE-METFORMIN HCL		Not covered	ABA
SOLIQUA		Preferred brand	QL
STEGLATRO		Not covered	QL
STEGLUJAN		Not covered	QL
SYMLINPEN 120		Nonpreferred brand	
SYMLINPEN 60		Nonpreferred brand	
SYNJARDY		Preferred brand	QL
SYNJARDY XR		Preferred brand	QL
TRADJENTA		Preferred brand	QL
TRIJARDY XR		Preferred brand	QL
TRULICITY		Preferred brand	ST; QL
VICTOZA		Preferred brand	ST; QL
XIGDUO XR		Preferred brand	QL
XULTOPHY		Preferred brand	QL
ZITUVIMET		Not covered	
ZITUVIMET XR		Not covered	QL
ZITUVIO		Not covered	QL
Glycemic Agents			
BAQSIMI ONE PACK		Preferred brand	QL
BAQSIMI TWO PACK		Preferred brand	QL
diazoxide oral	Proglycem	Nonpreferred generic	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		Not covered	
glucagon emergency kit		Nonpreferred generic	
GLUCAGON EMERGENCY KIT		Not covered	
GVOKE HYOPEN 1-PACK		Preferred brand	QL
GVOKE HYOPEN 2-PACK		Preferred brand	QL
GVOKE KIT		Preferred brand	QL
GVOKE PFS		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
ZEGALOGUE		Preferred brand	QL
Insulins			
ADMELOG		Not covered	
ADMELOG SOLOSTAR		Not covered	
AFREZZA		Not covered	
APIDRA SOLOSTAR		Not covered	
APIDRA VIAL		Not covered	
BASAGLAR KWIKPEN		Preferred generic	
FIASP		Preferred brand	
FIASP FLEXTOUCH		Preferred brand	
FIASP PENFILL		Preferred brand	
FIASP PUMPCART		Preferred brand	
HUMALOG		Not covered	
HUMALOG KWIKPEN		Not covered	
HUMALOG MIX 50/50 KWIKPEN		Not covered	
HUMALOG MIX 50/50 VIAL		Not covered	
HUMALOG MIX 75/25 KWIKPEN		Not covered	
HUMALOG MIX 75/25 VIAL		Not covered	
HUMALOG U-100 JUNIOR KWIKPEN		Not covered	
HUMULIN 70/30 KWIKPEN		Not covered	
HUMULIN 70/30 VIAL		Not covered	
HUMULIN N KWIKPEN		Not covered	
HUMULIN N VIAL		Not covered	
HUMULIN R U-500 KWIKPEN		Preferred generic	
HUMULIN R U-500 VIAL		Preferred generic	
HUMULIN R VIAL		Not covered	
INSULIN ASP PROT & ASP FLEXPEN		Not covered	ABA
INSULIN ASPART		Not covered	ABA
INSULIN ASPART FLEXPEN		Not covered	ABA
INSULIN ASPART PENFILL		Not covered	ABA
INSULIN ASPART PROT & ASPART		Not covered	ABA
INSULIN DEGLUDEC		Not covered	ABA
INSULIN DEGLUDEC FLEXTOUCH		Not covered	ABA
INSULIN GLARGINE		Not covered	ABA
INSULIN GLARGINE MAX SOLOSTAR		Not covered	ABA

Drug Name	Brand Reference	Drug Tier	Notes
INSULIN GLARGINE SOLOSTAR		Not covered	ABA
INSULIN GLARGINE-YFGN		Not covered	ABA
INSULIN LISPRO		Not covered	ABA
INSULIN LISPRO (1 UNIT DIAL)		Not covered	ABA
INSULIN LISPRO JUNIOR KWIKPEN		Nonpreferred brand	ABA
INSULIN LISPRO PROT & LISPRO		Not covered	ABA
LANTUS SOLOSTAR		Preferred generic	
LANTUS U-100 VIAL		Preferred generic	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		Preferred generic	
LEVEMIR U-100 VIAL		Preferred generic	
LYUMJEV KWIKPEN		Not covered	
LYUMJEV VIAL		Not covered	
NOVOLIN 70/30 FLEXPEN		Preferred generic	
NOVOLIN 70/30 RELION		Not covered	
NOVOLIN 70/30 VIAL		Preferred generic	
NOVOLIN N FLEXPEN		Preferred generic	
NOVOLIN N RELION		Not covered	
NOVOLIN N VIAL		Preferred generic	
NOVOLIN R FLEXPEN		Preferred generic	
NOVOLIN R RELION		Not covered	
NOVOLIN R VIAL		Preferred generic	
NOVOLOG 70/30 FLEXPEN RELION		Not covered	
NOVOLOG FLEXPEN		Preferred generic	
NOVOLOG FLEXPEN RELION		Not covered	
NOVOLOG MIX 70/30 FLEXPEN		Preferred generic	
NOVOLOG MIX 70/30 RELION		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
NOVOLOG MIX 70/30 VIAL		Preferred generic	
NOVOLOG PENFILL		Preferred generic	
NOVOLOG RELION		Not covered	
NOVOLOG U-100 VIAL		Preferred generic	
REZVOGLAR KWIKPEN		Preferred generic	
SEMGLEE (YFGN)		Not covered	
TOUJEO MAX SOLOSTAR		Preferred generic	
TOUJEO SOLOSTAR		Preferred generic	
TRESIBA		Preferred generic	
TRESIBA FLEXTOUCH		Preferred generic	
Blood Products and Modifiers			
EMPAVELI		Preferred specialty	PA; SP; QL
FABHALTA		Nonpreferred specialty	PA; SP; QL
VOYDEYA		Nonpreferred specialty	PA; SP; QL
Anticoagulants			
dabigatran etexilate mesylate	Pradaxa	Nonpreferred generic	QL
ELIQUIS		Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK		Preferred brand	QL
enoxaparin sodium	Lovenox	Nonpreferred generic	
fondaparinux sodium	Arixtra	Nonpreferred generic	
FRAGMIN		Nonpreferred brand	
heparin sodium (porcine)		Nonpreferred generic	
heparin sodium (porcine) pf		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
jantoven	Jantoven	Preferred generic	
PRADAXA ORAL CAPSULE		Preferred brand	QL
PRADAXA ORAL PACKET		Nonpreferred brand	QL
SAVAYSA		Nonpreferred brand	QL
warfarin sodium oral	Jantoven	Preferred generic	
XARELTO		Preferred brand	QL
XARELTO STARTER PACK		Preferred brand	QL
ZONTIVITY		Nonpreferred brand	QL
Blood Formation Modifiers			
ALVAIZ		Not covered	SP; QL
anagrelide hcl	Agrylin	Nonpreferred generic	
ARANESP (ALBUMIN FREE)		Not covered	SP
DOPTELET		Preferred specialty	PA; SP; QL
EPOGEN		Not covered	SP
FULPHILA		Nonpreferred specialty	ST; SP; QL
FYLNETRA		Not covered	SP
GRANIX		Not covered	SP
JESDUVROQ		Nonpreferred specialty	SP; QL
LEUKINE		Nonpreferred specialty	SP
MIRCERA		Not covered	SP; QL
MULPLETA		Not covered	SP; QL
NEULASTA		Preferred specialty	SP; QL
NEUPOGEN		Not covered	SP
NIVESTYM		Preferred specialty	SP; QL
NYVEPRIA		Nonpreferred specialty	ST; SP; QL
PROCRIT		Preferred specialty	SP

Drug Name	Brand Reference	Drug Tier	Notes
PROMACTA		Preferred specialty	PA; SP
PYRUKYND		Preferred specialty	PA; SP; QL
PYRUKYND TAPER PACK		Preferred specialty	PA; SP; QL
RELEUKO		Not covered	SP; QL
RELEUKO INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML		Not covered	SP; QL
RETACRIT		Preferred specialty	SP
ROLVEDON		Nonpreferred specialty	PA; SP; QL
STIMUFEND		Nonpreferred specialty	ST; SP; QL
UDENYCA		Nonpreferred specialty	ST; SP; QL
VAFSEO		Nonpreferred specialty	SP; QL
XOLREMDI		Preferred specialty	PA; SP; QL
ZARXIO		Preferred specialty	SP
ZIEXTENZO		Preferred specialty	SP; QL
Hemostasis Agents			
ADVATE		Preferred brand	
ADYNOVATE		Preferred brand	
AFSTYLA		Preferred brand	
ALPHANATE		Preferred brand	
ALPHANINE SD		Preferred brand	
ALPROLIX		Preferred brand	
ALTUVIIIO		Preferred brand	
aminocaproic acid oral		Nonpreferred generic	
BENEFIX		Preferred brand	
COAGADEX		Preferred brand	
CORIFACT		Preferred brand	
ELOCTATE		Preferred brand	
ESPEROCT		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
FEIBA		Preferred brand	
HEMLIBRA		Preferred brand	PA; QL
HEMOFIL M		Preferred brand	
HUMATE-P		Preferred brand	
IDELVION		Preferred brand	
IXINITY		Preferred brand	
JIVI		Preferred brand	
KOATE		Preferred brand	
KOATE-DVI		Preferred brand	
KOGENATE FS		Preferred brand	
KOVALTRY		Preferred brand	
NOVOEIGHT		Preferred brand	
NOVOSEVEN RT		Preferred brand	
NUWIQ		Preferred brand	
OBIZUR		Preferred brand	
PROFILNINE		Preferred brand	
REBINYN		Preferred brand	
RECOMBINATE		Preferred brand	
RIXUBIS		Preferred brand	
SEVENFACT		Preferred brand	
TAVALISSE		Nonpreferred specialty	PA; SP; QL
tranexamic acid oral		Nonpreferred generic	QL
TRETTEN		Preferred brand	
VONVENDI		Preferred brand	
WILATE		Preferred brand	
XYNTHA		Preferred brand	
XYNTHA SOLOFUSE		Preferred brand	
Platelet Modifying Agents			
aspirin-dipyridamole er		Nonpreferred generic	
BRILINTA		Preferred brand	QL
CABLIVI		Preferred specialty	PA; SP; QL
cilostazol		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
clopidogrel bisulfate oral	Plavix	Preferred generic	
dipyridamole oral		Nonpreferred generic	
prasugrel hcl	Effient	Preferred generic	QL
YOSPRALA		Not covered	
Cardiovascular Agents			
Alpha-adrenergic Agonists			
clonidine	Catapres-TTS-1	Nonpreferred generic	
CLONIDINE ER		Not covered	ABA
clonidine hcl oral		Preferred generic	
guanfacine hcl		Nonpreferred generic	
METHYLDOPA		Nonpreferred brand	
midodrine hcl		Nonpreferred generic	
NEXICLON XR		Not covered	
Alpha-adrenergic Blocking Agents			
doxazosin mesylate oral	Cardura	Nonpreferred generic	
phenoxybenzamine hcl oral	Dibenzyline	Nonpreferred generic	PA; QL
prazosin hcl oral		Nonpreferred generic	
Angiotensin II Receptor Antagonists			
candesartan cilexetil	Atacand	Nonpreferred generic	
EDARBI		Nonpreferred brand	ST; QL
irbesartan	Avapro	Preferred generic	
losartan potassium oral	Cozaar	Preferred generic	
olmesartan medoxomil oral	Benicar	Preferred generic	
telmisartan	Micardis	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
VALSARTAN ORAL SOLUTION		Not covered	
valsartan oral tablet	Diovan	Preferred generic	
Angiotensin-converting Enzyme (ACE) Inhibitors			
benazepril hcl oral	Lotensin	Preferred generic	
captopril oral		Preferred generic	
enalapril maleate oral solution	Epaned	Not covered	
enalapril maleate oral tablet	Vasotec	Preferred generic	
fosinopril sodium		Preferred generic	
lisinopril oral	Zestril	Preferred generic	
moexipril hcl		Preferred generic	
perindopril erbumine		Preferred generic	
QBRELIS		Not covered	QL
quinapril hcl	Accupril	Preferred generic	
ramipril	Altace	Preferred generic	
trandolapril		Preferred generic	
Antiarrhythmics			
amiodarone hcl oral	Pacerone	Nonpreferred generic	
disopyramide phosphate	Norpace	Nonpreferred generic	
dofetilide	Tikosyn	Nonpreferred generic	
flecainide acetate		Nonpreferred generic	
mexiletine hcl oral		Nonpreferred generic	
MULTAQ		Preferred brand	QL
NORPACE CR		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
propafenone hcl		Nonpreferred generic	
propafenone hcl er		Nonpreferred generic	
quinidine gluconate er		Nonpreferred generic	
quinidine sulfate		Nonpreferred generic	
sotalol hcl (af)	Betapace AF	Preferred generic	
sotalol hcl oral	Betapace	Preferred generic	
SOTYLIZE		Not covered	
Beta-adrenergic Blocking Agents			
acebutolol hcl oral		Preferred generic	
atenolol oral	Tenormin	Preferred generic	
betaxolol hcl oral		Preferred generic	
bisoprolol fumarate oral		Preferred generic	
carvedilol	Coreg	Preferred generic	
carvedilol phosphate er	Coreg CR	Not covered	QL
HEMANGEOL		Not covered	QL
INDERAL XL		Not covered	
INNOPRAN XL		Not covered	
KAPSPARGO SPRINKLE		Not covered	
labetalol hcl oral		Preferred generic	
metoprolol succinate er	Toprol XL	Preferred generic	
metoprolol tartrate oral	Lopressor	Preferred generic	
nadolol oral		Preferred generic	
nebivolol hcl	Bystolic	Preferred generic	QL
pindolol		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
propranolol hcl er	Inderal LA	Preferred generic	
propranolol hcl oral		Preferred generic	
timolol maleate oral		Nonpreferred generic	
Calcium Channel Blocking Agents			
amlodipine besylate oral	Norvasc	Preferred generic	
cartia xt	Cartia XT	Nonpreferred generic	
CONJUPRI		Not covered	
diltiazem hcl er	Cardizem LA	Nonpreferred generic	
diltiazem hcl er beads	Tiadyt ER	Nonpreferred generic	
diltiazem hcl er coated beads	Cardizem CD	Nonpreferred generic	
diltiazem hcl oral	Cardizem	Nonpreferred generic	
dilt-xr		Nonpreferred generic	
felodipine er		Preferred generic	
isradipine		Nonpreferred generic	
KATERZIA		Not covered	QL
LEVAMLODIPINE MALEATE		Not covered	ABA
matzim la	Matzim LA	Nonpreferred generic	
nicardipine hcl oral		Nonpreferred generic	
nifedipine er		Nonpreferred generic	
nifedipine er osmotic release	Procardia XL	Nonpreferred generic	
nifedipine oral		Nonpreferred generic	
nimodipine oral		Nonpreferred generic	
nisoldipine er	Sular	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
NORLIQVA		Not covered	QL
NYMALIZE		Nonpreferred brand	QL
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Tiadylt ER	Nonpreferred generic	
tiadylt er	Tiadylt ER	Nonpreferred generic	
verapamil hcl er	Verelan	Nonpreferred generic	
verapamil hcl oral		Nonpreferred generic	
Cardiovascular Agents, Other			
aliskiren fumarate	Tekturna	Nonpreferred generic	
amiloride-hydrochlorothiazide		Preferred generic	
amlodipine besylate-benazepril hcl	Lotrel	Preferred generic	
amlodipine besylate-valsartan	Exforge	Preferred generic	
amlodipine-atorvastatin	Caduet	Nonpreferred generic	QL
amlodipine-olmesartan	Azor	Preferred generic	
amlodipine-valsartan-hctz	Exforge HCT	Nonpreferred generic	
ASPRUZYO SPRINKLE		Nonpreferred brand	QL
atenolol-chlorthalidone	Tenoretic 100	Preferred generic	
benazepril-hydrochlorothiazide	Lotensin HCT	Preferred generic	
bisoprolol-hydrochlorothiazide		Preferred generic	
CAMZYOS		Preferred specialty	PA; SP; QL
candesartan cilexetil-hctz	Atacand HCT	Nonpreferred generic	
captopril-hydrochlorothiazide		Preferred generic	
CORLANOR ORAL SOLUTION		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
digoxin oral solution		Nonpreferred generic	
digoxin oral tablet 125 mcg, 250 mcg	Digox	Nonpreferred generic	
digoxin oral tablet 62.5 mcg	Lanoxin	Not covered	
droxidopa	Northera	Preferred specialty	SP; QL
EDARBYCLOR		Nonpreferred brand	ST; QL
enalapril-hydrochlorothiazide	Vaseretic	Preferred generic	
ENTRESTO		Preferred brand	QL
fosinopril sodium-hctz		Preferred generic	
INPEFA		Not covered	QL
irbesartan-hydrochlorothiazide	Avalide	Preferred generic	
isosorb dinitrate-hydralazine	BiDil	Nonpreferred generic	
ivabradine hcl	Corlanor	Nonpreferred generic	QL
lisinopril-hydrochlorothiazide	Zestoretic	Preferred generic	
LODOCO		Not covered	QL
losartan potassium-hctz	Hyzaar	Preferred generic	
metoprolol-hydrochlorothiazide		Preferred generic	
metyrosine	Demser	Nonpreferred generic	
olmesartan medoxomil-hctz	Benicar HCT	Preferred generic	
olmesartan-amlodipine-hctz	Tribenzor	Nonpreferred generic	QL
pentoxifylline er		Nonpreferred generic	
PRESTALIA		Not covered	QL
quinapril-hydrochlorothiazide	Accuretic	Preferred generic	
ranolazine er		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
spironolactone-hctz		Preferred generic	
telmisartan-amlodipine		Nonpreferred generic	
telmisartan-hctz	Micardis HCT	Preferred generic	
trandolapril-verapamil hcl er		Nonpreferred generic	
triamterene-hctz		Preferred generic	
TRYVIO		Not covered	QL
valsartan-hydrochlorothiazide	Diovan HCT	Preferred generic	
VECAMYL		Not covered	QL
VERQUVO		Nonpreferred brand	PA; QL
VYNDAMAX		Preferred specialty	PA; SP; QL
VYNDAQEL		Preferred specialty	PA; SP; QL
Diuretics, Carbonic Anhydrase Inhibitors			
acetazolamide er		Nonpreferred generic	
acetazolamide oral		Nonpreferred generic	
dichlorphenamide	Keveyis	Preferred specialty	PA; SP; QL
methazolamide oral		Nonpreferred generic	
Diuretics, Loop			
bumetanide oral	Bumex	Preferred generic	
ethacrynic acid	Edecrin	Nonpreferred generic	
FUROSCIX		Nonpreferred specialty	PA; SP; QL
furosemide oral	Lasix	Preferred generic	
SOAANZ		Not covered	
torseamide		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Diuretics, Potassium-sparing			
amiloride hcl oral		Preferred generic	
eplerenone	Inspra	Preferred generic	
spironolactone oral suspension	CaroSpir	Not covered	
spironolactone oral tablet	Aldactone	Preferred generic	
triamterene oral	Dyrenium	Nonpreferred generic	
Diuretics, Thiazide			
chlorthalidone		Preferred generic	
DIURIL		Nonpreferred brand	
hydrochlorothiazide oral		Preferred generic	
indapamide		Preferred generic	
metolazone		Preferred generic	
THALITONE		Not covered	
Dyslipidemics, Fibric Acid Derivatives			
fenofibrate micronized oral capsule 130 mg, 43 mg		Nonpreferred generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Preferred generic	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg		Preferred generic	
fenofibrate oral capsule 150 mg, 50 mg	Lipofen	Not covered	
fenofibrate oral tablet 120 mg, 40 mg	Fenoglide	Not covered	
fenofibrate oral tablet 145 mg, 48 mg	Tricor	Preferred generic	
fenofibrate oral tablet 160 mg, 54 mg		Preferred generic	
fenofibric acid oral capsule delayed release	Trilipix	Nonpreferred generic	
fenofibric acid oral tablet	Fibricor	Not covered	
FIBRICOR		Not covered	
gemfibrozil oral	Lopid	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Dyslipidemics, HMG CoA Reductase Inhibitors			
ALTOPREV		Not covered	QL
ATORVALIQ		Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	Lipitor	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Lipitor	Preferred generic	QL
EZALLOR SPRINKLE		Not covered	
FLOLIPID		Not covered	
fluvastatin sodium		Nonpreferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	Lescol XL	Nonpreferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
lovastatin oral		Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pitavastatin calcium	Livalo	Nonpreferred generic	ST; QL
pravastatin sodium		Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Crestor	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Crestor	Preferred generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg	Zocor	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 5 mg		Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg		Preferred generic	QL
ZYPITAMAG		Not covered	
Dyslipidemics, Other			
cholestyramine light	Prevalite	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
cholestyramine oral	Questran	Nonpreferred generic	
colesevelam hcl	Welchol	Nonpreferred generic	
colestipol hcl	Colestid	Nonpreferred generic	
ezetimibe	Zetia	Preferred generic	QL
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG		Not covered	ABA
ezetimibe-simvastatin	Vytorin	Nonpreferred generic	QL
icosapent ethyl	Vascepa	Nonpreferred generic	QL
JUXTAPID		Not covered	SP; QL
NEXLETOL		Preferred brand	PA; QL
NEXLIZET		Preferred brand	PA; QL
niacin (antihyperlipidemic)	Niacor	Not covered	
niacin er (antihyperlipidemic)		Nonpreferred generic	
niacor	Niacor	Not covered	
omega-3-acid ethyl esters	Lovaza	Nonpreferred generic	QL
PRALUENT		Not covered	QL
prevalite	Prevalite	Nonpreferred generic	
REPATHA		Preferred brand	PA; QL
REPATHA PUSHTRONEX SYSTEM		Preferred brand	PA; QL
REPATHA SURECLICK		Preferred brand	PA; QL
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG		Not covered	
Vasodilators, Direct-acting Arterial/Venous			
isosorbide dinitrate	Isordil Titradose	Nonpreferred generic	
isosorbide mononitrate		Preferred generic	
isosorbide mononitrate er		Preferred generic	
NITRO-BID		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
NITRO-DUR		Not covered	
nitroglycerin rectal	Rectiv	Nonpreferred generic	QL
nitroglycerin sublingual	Nitrostat	Nonpreferred generic	
nitroglycerin transdermal	Nitro-Dur	Nonpreferred generic	
nitroglycerin translingual	Nitrolingual	Nonpreferred generic	
NITRO-TIME		Preferred brand	
Vasodilators, Direct-acting Arterial			
hydralazine hcl oral		Nonpreferred generic	
minoxidil oral		Nonpreferred generic	
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
ADDERALL XR		Nonpreferred brand	QL
ADZENYS XR-ODT		Not covered	QL
amphetamine sulfate	Evekeo	Nonpreferred generic	PA; QL
amphetamine-dextroamphetamine	Adderall	Nonpreferred generic	QL
amphetamine-dextroamphetamine er	Adderall XR	Nonpreferred generic	QL
amphet-dextroamphet 3-bead er	Mydayis	Nonpreferred generic	QL
dextroamphetamine sulfate	ProCentra	Nonpreferred generic	QL
dextroamphetamine sulfate er	Dexedrine	Nonpreferred generic	QL
DYANAVEL XR		Not covered	QL
lisdexamfetamine dimesylate	Vyvanse	Nonpreferred generic	QL
methamphetamine hcl	Desoxyn	Nonpreferred generic	QL
VYVANSE		Preferred brand	QL
XELSTRYM		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
atomoxetine hcl	Strattera	Nonpreferred generic	QL
AZSTARYS		Nonpreferred brand	PA; QL
clonidine hcl er		Nonpreferred generic	QL
CONCERTA		Nonpreferred brand	QL
COTEMPLA XR-ODT		Not covered	QL
dexmethylphenidate hcl	Focalin	Nonpreferred generic	QL
dexmethylphenidate hcl er	Focalin XR	Nonpreferred generic	QL
guanfacine hcl er	Intuniv	Nonpreferred generic	QL
JORNAY PM		Nonpreferred brand	PA; QL
methylphenidate	Daytrana	Nonpreferred generic	QL
methylphenidate hcl er		Nonpreferred generic	QL
methylphenidate hcl er (cd)	Metadate CD	Nonpreferred generic	QL
methylphenidate hcl er (la)	Ritalin LA	Nonpreferred generic	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Concerta	Nonpreferred generic	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG		Not covered	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	Relexxii	Not covered	QL
methylphenidate hcl er (xr)	Aptensio XR	Not covered	QL
methylphenidate hcl oral	Methylin	Nonpreferred generic	QL
ONYDA XR		Not covered	QL
QELBREE		Nonpreferred brand	PA; QL
QUILLICHEW ER		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
QUILLIVANT XR		Not covered	QL
RELEXXII		Not covered	QL
Central Nervous System, Other			
AUSTEDO		Preferred specialty	PA; SP; QL
AUSTEDO XR		Nonpreferred specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION		Nonpreferred specialty	PA; SP; QL
caffeine citrate oral		Nonpreferred generic	
DAYBUE		Preferred specialty	PA; SP; QL
EXSERVAN ORAL FILM 50 MG		Nonpreferred specialty	PA; SP; QL
gabapentin (once-daily)	Gralise	Not covered	QL
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG		Not covered	QL
HORIZANT		Not covered	QL
IMCIVREE		Preferred specialty	PA; SP; QL
INGREZZA		Nonpreferred specialty	PA; SP; QL
NUDEXTA		Preferred brand	PA; QL
RADICAVA ORS		Nonpreferred specialty	PA; SP; QL
RADICAVA ORS STARTER KIT		Nonpreferred specialty	PA; SP; QL
riluzole		Nonpreferred generic	
SKYCLARYS		Preferred specialty	PA; SP; QL
TEGLUTIK		Nonpreferred specialty	PA; SP; QL
tetrabenazine	Xenazine	Preferred specialty	PA; SP; QL
TIGLUTIK ORAL SUSPENSION 50 MG/10ML		Nonpreferred specialty	PA; SP; QL
Fibromyalgia Agents			
pregabalin er	Lyrica CR	Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
pregabalin oral	Lyrica	Preferred generic	QL
SAVELLA		Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK		Nonpreferred brand	PA; QL
Multiple Sclerosis Agents			
AVONEX PEN		Preferred specialty	SP; QL
AVONEX PREFILLED		Preferred specialty	SP; QL
BAFIERTAM		Preferred specialty	SP; QL
BETASERON		Preferred specialty	SP; QL
dalfampridine er	Ampyra	Preferred specialty	SP; QL
dimethyl fumarate oral	Tecfidera	Preferred specialty	SP; QL
dimethyl fumarate starter pack	Tecfidera	Preferred specialty	SP; QL
EXTAVIA		Not covered	SP; QL
fingolimod hcl	Gilenya	Preferred specialty	SP; QL
GILENYA ORAL CAPSULE 0.25 MG		Nonpreferred specialty	SP; QL
glatiramer acetate	Glatopa	Preferred specialty	SP; QL
glatopa	Glatopa	Preferred specialty	SP; QL
KESIMPTA		Preferred specialty	SP; QL
MAVENCLAD		Nonpreferred specialty	ST; SP; QL
MAYZENT		Nonpreferred specialty	SP; QL
MAYZENT STARTER PACK		Nonpreferred specialty	SP; QL
PLEGRIDY		Not covered	SP; QL
PLEGRIDY STARTER PACK		Not covered	SP; QL
PONVORY		Nonpreferred specialty	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
PONVORY STARTER PACK		Nonpreferred specialty	SP; QL
REBIF		Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE		Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE TITRATION PACK		Nonpreferred specialty	ST; SP; QL
REBIF TITRATION PACK		Nonpreferred specialty	ST; SP; QL
TASCENSO ODT		Nonpreferred specialty	PA; SP; QL
teriflunomide	Aubagio	Preferred specialty	SP; QL
VUMERITY		Preferred specialty	SP; QL
ZEPOSIA		Nonpreferred specialty	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK		Nonpreferred specialty	PA; SP; QL
ZEPOSIA STARTER KIT		Nonpreferred specialty	PA; SP; QL
Cholestatic Pruritus Agent			
Ileal Bile Acid Transporter Inhibitor			
BYLVAY		Preferred specialty	PA; SP; QL
BYLVAY (PELLETS)		Preferred specialty	PA; SP; QL
LIVMARLI		Preferred specialty	PA; SP; QL
Dental and Oral Agents			
cevimeline hcl	Evoxac	Nonpreferred generic	
chlorhexidine gluconate mouth/throat	Periogard	Not covered	
kourzeq	Kourzeq	Nonpreferred generic	
oralone	Kourzeq	Nonpreferred generic	
periogard	Periogard	Not covered	
pilocarpine hcl oral	Salagen	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
triamcinolone acetonide mouth/throat	Kourzeq	Nonpreferred generic	
Dermatological Agents			
ABSORICA LD		Not covered	QL
acutane	Accutane	Nonpreferred generic	QL
acitretin		Nonpreferred generic	
adapalene external cream	Differin	Nonpreferred generic	
adapalene external gel	Differin	Nonpreferred generic	
ADAPALENE EXTERNAL PAD		Not covered	
ADAPALENE EXTERNAL SOLUTION		Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	Nonpreferred generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Epiduo Forte	Not covered	QL
ADBRY		Preferred specialty	PA; SP; QL
AKLIEF		Not covered	QL
ALTRENO		Nonpreferred brand	QL
ammonium lactate external	AL12	Nonpreferred generic	
amnesteam	Accutane	Nonpreferred generic	QL
AMZEEQ		Not covered	QL
ARAZLO		Not covered	QL
azelaic acid external	Finacea	Nonpreferred generic	
AZELEX		Not covered	
benzoyl peroxide-erythromycin	Benzamycin	Nonpreferred generic	
BIMZELX		Not covered	SP; QL
CABTREO		Not covered	QL
calcipotriene external cream		Nonpreferred generic	
CALCIPOTRIENE EXTERNAL FOAM		Not covered	ABA
calcipotriene external ointment	Calcitrene	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
calcipotriene external solution		Nonpreferred generic	
calcipotriene-betameth diprop	Taclonex	Nonpreferred generic	
calcitriol external	Vectical	Nonpreferred generic	
CIBINQO		Preferred specialty	PA; SP; QL
claravis	Accutane	Nonpreferred generic	QL
clindacin	Clindacin	Not covered	
clindacin etz external swab	Clindacin ETZ	Nonpreferred generic	
clindacin-p	Clindacin ETZ	Nonpreferred generic	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Acanya	Not covered	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Onexton	Not covered	QL
clindamycin phos-benzoyl perox external gel 1.2-5 %	Neuac	Nonpreferred generic	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %		Nonpreferred generic	
clindamycin phosphate external foam	Clindacin	Not covered	
clindamycin phosphate external gel	Clindagel	Nonpreferred generic	
clindamycin phosphate external lotion	Cleocin-T	Nonpreferred generic	
clindamycin phosphate external solution		Nonpreferred generic	
clindamycin phosphate external swab	Clindacin ETZ	Nonpreferred generic	
clindamycin-tretinoin	Ziana	Not covered	
COSENTYX (300 MG DOSE)		Not covered	SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS		Not covered	SP; QL
COSENTYX SENSOREADY (300 MG)		Not covered	SP; QL
COSENTYX SENSOREADY PEN		Not covered	SP; QL
COSENTYX UNOREADY		Not covered	SP; QL
dapsone external gel 5 %	Aczone	Not covered	QL
dapsone external gel 7.5 %	Aczone	Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
DIFFERIN EXTERNAL LOTION		Not covered	
doxepin hcl external	Prudoxin	Nonpreferred generic	PA; QL
doxycycline	Oracea	Not covered	
DRYSOL		Preferred brand	
DUOBRII		Nonpreferred brand	QL
DUPIXENT		Preferred specialty	PA; SP; QL
EBGLYSS		Not covered	SP; QL
ENSTILAR		Not covered	QL
EPIFOAM		Preferred brand	
EPSOLAY		Not covered	QL
ery pad 2%		Nonpreferred generic	
erythromycin external	Erygel	Nonpreferred generic	
EUCRISA		Preferred brand	ST; QL
FABIOR		Not covered	QL
FILSUVEZ		Preferred specialty	PA; SP; QL
FINACEA EXTERNAL FOAM		Not covered	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %		Nonpreferred generic	
HYFTOR		Preferred specialty	PA; SP; QL
imiquimod external cream 3.75 %	Zyclara	Not covered	QL
imiquimod external cream 5 %		Nonpreferred generic	QL
imiquimod pump	Zyclara	Not covered	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Accutane	Nonpreferred generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Absorica	Not covered	QL
ivermectin external cream	Soolantra	Not covered	QL
LITFULO		Nonpreferred specialty	PA; SP; QL
methoxsalen rapid		Nonpreferred generic	
metronidazole external	MetroCream	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
NEMLUVIO		Not covered	SP; QL
neuac	Neuac	Nonpreferred generic	
NORITATE		Not covered	
OPZELURA		Nonpreferred brand	PA; QL
pimecrolimus	Elidel	Nonpreferred generic	
podofilox external	Condylox	Nonpreferred generic	
PRAMOSONE		Not covered	
QBREXZA		Not covered	QL
REGRANEX		Nonpreferred brand	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %		Not covered	
SANTYL		Preferred brand	
selenium sulfide external lotion		Nonpreferred generic	
SILIQ		Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE		Preferred specialty	PA; SP; QL
sodium sulfacetamide wash	Ovace Plus Wash	Nonpreferred generic	
SORILUX		Not covered	
SOTYKTU		Nonpreferred specialty	PA; SP; QL
SPEVIGO SUBCUTANEOUS		Nonpreferred specialty	PA; SP; QL
sss 10-5 external cream	Avar-e Emollient	Nonpreferred generic	
STELARA SUBCUTANEOUS		Preferred specialty	PA; SP; QL
sulfacetamide sodium (acne)	Klaron	Nonpreferred generic	
sulfacetamide sodium external	Ovace Plus Wash	Nonpreferred generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Avar-e Emollient	Nonpreferred generic	
sulfacetamide sodium-sulfur external liquid 10-5 %	Avar Cleanser	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Sumadan Wash	Nonpreferred generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	SulfaCleanse 8/4	Nonpreferred generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Sumadan Wash	Nonpreferred generic	
tacrolimus external		Nonpreferred generic	
TALTZ		Nonpreferred specialty	PA; SP; QL
tazarotene external cream	Tazorac	Nonpreferred generic	
TAZAROTENE EXTERNAL FOAM		Not covered	ABA; QL
tazarotene external gel	Tazorac	Nonpreferred generic	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred specialty	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred specialty	PA; SP; QL
tretinoin external cream	Retin-A	Nonpreferred generic	
tretinoin external gel 0.01 %, 0.025 %	Retin-A	Nonpreferred generic	
tretinoin external gel 0.05 %	Atralin	Not covered	
tretinoin microsphere	RETIN-A MICRO GEL 0.04 %, 0.1 %	Not covered	
tretinoin microsphere pump	RETIN-A MICRO GEL 0.04 %, 0.1 %	Not covered	
TWYNEO		Not covered	QL
VEREGEN		Nonpreferred brand	
VTAMA		Nonpreferred brand	PA; QL
WINLEVI		Not covered	QL
WYNZORA		Not covered	QL
zenatane	Accutane	Nonpreferred generic	QL
ZILXI		Not covered	QL
ZORYVE EXTERNAL CREAM 0.15 %		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
ZORYVE EXTERNAL CREAM 0.3 %		Nonpreferred brand	PA; QL
ZORYVE EXTERNAL FOAM		Nonpreferred brand	PA; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %		Not covered	QL
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
ACCRUFER		Nonpreferred brand	PA; QL
carglumic acid	Carbaglu	Preferred specialty	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ		Not covered	
effer-k oral tablet effervescent 25 meq		Nonpreferred generic	
GALZIN		Nonpreferred brand	
iodine strong oral		Nonpreferred generic	
klor-con	Klor-Con	Nonpreferred generic	
klor-con 10	Klor-Con 10	Nonpreferred generic	
klor-con m10	Klor-Con M10	Nonpreferred generic	
klor-con m15	Klor-Con M15	Nonpreferred generic	
klor-con m20	Klor-Con M20	Nonpreferred generic	
klor-con/ef		Nonpreferred generic	
K-PHOS		Nonpreferred brand	
K-PHOS NO 2		Not covered	
k-prime		Nonpreferred generic	
levocarnitine oral solution	Carnitor	Nonpreferred generic	
levocarnitine oral tablet	Carnitor	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
levocarnitine sf	Carnitor	Nonpreferred generic	
PHOSPHO-TRIN K500		Nonpreferred brand	
POKONZA		Not covered	
potassium chloride crys er	Klor-Con M10	Nonpreferred generic	
potassium chloride er	K-Tab	Nonpreferred generic	
potassium chloride oral	Klor-Con	Nonpreferred generic	
potassium citrate er	Urocit-K 10	Nonpreferred generic	
sodium fluoride oral	SoluVita	Nonpreferred generic	PV2; AL (Min 6 Months and Max 16 Years)
Electrolyte/Mineral/Metal Modifiers			
CHEMET		Preferred brand	
CUVRIOR		Not covered	SP; QL
deferasirox granules	Jadenu Sprinkle	Not covered	15DS; SP
deferasirox oral packet	Jadenu Sprinkle	Not covered	15DS; SP
deferasirox oral tablet	Jadenu	Preferred specialty	15DS; SP
deferasirox oral tablet soluble	Exjade	Preferred specialty	15DS; SP
deferiprone	Ferriprox	Preferred specialty	PA; SP; QL
FERRIPROX ORAL SOLUTION		Nonpreferred specialty	PA; SP; QL
FERRIPROX TWICE-A-DAY		Nonpreferred specialty	PA; SP; QL
JYNARQUE		Preferred specialty	PA; SP; QL
KIONEX		Nonpreferred brand	
LOKELMA		Preferred brand	QL
sodium polystyrene sulfonate		Nonpreferred generic	
SPS (SODIUM POLYSTYRENE SULF)		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
tolvaptan		Preferred specialty	PA; SP; QL
trientine hcl	Syprine	Preferred specialty	PA; SP; QL
VELTASSA		Preferred brand	QL
Phosphate Binders			
AURYXIA		Nonpreferred brand	
calcium acetate (phos binder)	Calphron	Nonpreferred generic	
calcium acetate oral tablet 667 mg	Calphron	Nonpreferred generic	
FOSRENOL ORAL PACKET		Not covered	
lanthanum carbonate	Fosrenol	Nonpreferred generic	
sevelamer carbonate	Renvela	Nonpreferred generic	
sevelamer hcl	Renagel	Nonpreferred generic	
VELPHORO		Not covered	
Vitamins			
cyanocobalamin injection solution 1000 mcg/ml	Dodex	Nonpreferred generic	
cyanocobalamin nasal	Nascobal	Not covered	
DODEX		Nonpreferred brand	
ergocalciferol oral capsule	Drisdol	Nonpreferred generic	
folate		Preventive	PV1
folic acid oral tablet 1 mg		Nonpreferred generic	
folic acid oral tablet 400 mcg, 800 mcg		Preventive	PV1
ft folic acid		Preventive	PV1
hydroxocobalamin acetate		Nonpreferred generic	
phytonadione injection solution 10 mg/ml		Nonpreferred generic	
phytonadione oral		Nonpreferred generic	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Drisdol	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
vitamin k1 injection		Nonpreferred generic	
yl folic acid		Preventive	PV1
Gastrointestinal Agents			
Antispasmodics, Gastrointestinal			
belladonna alkaloids-opium		Nonpreferred generic	
dicyclomine hcl oral		Nonpreferred generic	
GLYCATE		Not covered	
glycopyrrolate oral solution	Cuvposa	Nonpreferred generic	
glycopyrrolate oral tablet 1 mg	Robinul	Nonpreferred generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG		Not covered	
glycopyrrolate oral tablet 2 mg	Robinul-Forte	Nonpreferred generic	
hyoscyamine sulfate er	Levbid	Nonpreferred generic	
hyoscyamine sulfate oral	Levsin	Nonpreferred generic	
hyoscyamine sulfate sublingual	Levsin/SL	Nonpreferred generic	
hyosyne		Nonpreferred generic	
LEVVID		Not covered	
LEVSIN		Not covered	
LEVSIN/SL		Not covered	
methscopolamine bromide oral		Nonpreferred generic	
NULEV		Not covered	
OSCIMIN		Not covered	
Gastrointestinal Agents, Other			
amoxicill-clarithro-lansopraz		Nonpreferred generic	
bis subcit-metronid-tetracyc	Pylera	Not covered	
bismuth/metronidaz/tetracyclin	Pylera	Not covered	
CHENODAL		Nonpreferred specialty	PA; SP

Drug Name	Brand Reference	Drug Tier	Notes
chlordiazepoxide-clidinium	Librax	Nonpreferred generic	
cromolyn sodium oral	Gastrocrom	Nonpreferred generic	
diphenoxylate-atropine	Lomotil	Nonpreferred generic	
GATTEX		Preferred specialty	PA; SP; QL
HELIDAC THERAPY		Not covered	
IQIRVO		Nonpreferred specialty	PA; SP; QL
LIVDELZI		Not covered	SP; QL
loperamide hcl oral capsule	Imodium A-D	Not covered	
MOTEGRITY		Nonpreferred brand	ST; QL
MOTOFEN		Not covered	
MOVANTIK		Not covered	QL
MYTESI		Preferred brand	PA; QL
OMECLAMOX-PAK		Not covered	
RELISTOR		Not covered	QL
RELTONE		Not covered	
REZDIFFRA		Preferred specialty	PA; 15DS; SP; QL
SEROSTIM		Nonpreferred specialty	PA; SP
SYMPROIC		Preferred brand	QL
TALICIA		Not covered	QL
TRULANCE		Not covered	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG		Not covered	
ursodiol oral capsule 300 mg		Nonpreferred generic	
ursodiol oral tablet	Urso Forte	Nonpreferred generic	
VOQUEZNA		Not covered	QL
VOQUEZNA DUAL PAK		Not covered	QL
VOQUEZNA TRIPLE PAK		Not covered	QL
VOWST		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
XERMELO		Preferred specialty	PA; SP; QL
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG		Nonpreferred specialty	PA; SP
Histamine2 (H2) Receptor Antagonists			
cimetidine hcl		Nonpreferred generic	
cimetidine oral	Tagamet HB	Nonpreferred generic	
famotidine oral suspension reconstituted		Nonpreferred generic	
famotidine oral tablet 20 mg	MM Acid-Pep Maximum Strength	Nonpreferred generic	
famotidine oral tablet 40 mg	Pepcid	Nonpreferred generic	
nizatidine		Nonpreferred generic	
Irritable Bowel Syndrome Agents			
alosetron hcl	Lotronex	Nonpreferred generic	QL
IBSRELA		Not covered	QL
LINZESS		Preferred brand	QL
lubiprostone	Amitiza	Nonpreferred generic	QL
VIBERZI		Not covered	QL
Laxatives			
bisacodyl ec	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl oral	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
citroma	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ		Nonpreferred brand	QL
constulose		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
enulose		Nonpreferred generic	
ft clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilax oral powder	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-c		Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	GaviLyte-G	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	GaviLyte-N with Flavor Pack	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac		Nonpreferred generic	
gentle laxative oral	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gentlelax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
lactulose encephalopathy oral solution 10 gm/15ml		Nonpreferred generic	
lactulose oral packet	Kristalose	Not covered	
lactulose oral solution		Nonpreferred generic	
magnesium citrate oral solution	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia concentrate		Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
na sulfate-k sulfate-mg sulf	Suprep Bowel Prep Kit	Nonpreferred generic	QL
peg 3350 oral packet	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl	GaviLyte-N with Flavor Pack	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	GaviLyte-G	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	MoviPrep	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	MoviPrep	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU		Nonpreferred brand	QL
polyethylene glycol 3350 oral	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
qc magnesium citrate	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Brand Reference	Drug Tier	Notes
sm milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
SUFLAVE		Nonpreferred brand	QL
SUTAB		Nonpreferred brand	QL
true laxative	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
Protectants			
misoprostol oral	Cytotec	Nonpreferred generic	
sucralfate oral	Carafate	Nonpreferred generic	
Proton Pump Inhibitors			
dexlansoprazole	Dexilant	Not covered	
esomeprazole magnesium oral capsule delayed release		Nonpreferred generic	
esomeprazole magnesium oral packet	NexIUM	Nonpreferred generic	
KONVOMEF		Not covered	
lansoprazole oral capsule delayed release	Prevacid	Nonpreferred generic	QL
lansoprazole oral tablet delayed release dispersible	Prevacid SoluTab	Not covered	
NEXIUM ORAL PACKET 2.5 MG, 5 MG		Not covered	
omeprazole oral capsule delayed release		Nonpreferred generic	QL
omeprazole-sodium bicarbonate oral capsule	Zegerid	Nonpreferred generic	QL
omeprazole-sodium bicarbonate oral packet	Zegerid	Not covered	QL
pantoprazole sodium oral packet	Protonix	Not covered	
pantoprazole sodium oral tablet delayed release	Protonix	Nonpreferred generic	QL
PRILOSEC		Not covered	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE		Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Aciphex	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			
betaine	Cystadane	Preferred specialty	SP
CERDELGA		Preferred specialty	PA; SP; QL
CHOLBAM		Preferred specialty	PA; SP; QL
CREON		Preferred brand	
CYSTAGON		Preferred specialty	SP
DUVYZAT		Nonpreferred specialty	PA; SP; QL
EVRYSDI		Preferred specialty	PA; SP; QL
GALAFOLD		Preferred specialty	PA; SP; QL
GLASSIA		Preferred specialty	PA; SP; QL
miglustat	Yargesa	Preferred specialty	PA; SP; QL
MYALEPT		Nonpreferred specialty	PA; SP; QL
nitisinone	Orfadin	Preferred specialty	PA; SP
NITYR		Nonpreferred specialty	PA; SP
OCALIVA		Preferred specialty	PA; SP; QL
OLPRUVA (2 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (3 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (4 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (5 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (6 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (6.67 GM DOSE)		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
OPFOLDA		Nonpreferred specialty	SP; QL
ORFADIN ORAL SUSPENSION		Preferred specialty	PA; SP
PALYNZIQ		Preferred specialty	PA; SP; QL
PANCREAZE		Not covered	
PERTZYE		Not covered	
PHEBURANE		Nonpreferred specialty	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG		Not covered	SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG		Not covered	SP
PROCYSBI ORAL PACKET		Not covered	SP; QL
RAVICTI		Nonpreferred specialty	PA; SP; QL
REVCOVI		Preferred specialty	PA; SP; QL
sapropterin dihydrochloride	Javygtor	Preferred specialty	PA; SP
sodium phenylbutyrate oral powder	Buphenyl	Nonpreferred generic	
sodium phenylbutyrate oral tablet	Buphenyl	Nonpreferred generic	QL
STRENSIQ		Preferred specialty	PA; SP; QL
SUCRAID		Nonpreferred specialty	PA; SP; QL
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML		Preferred specialty	PA; SP; QL
VIKACE		Not covered	
VOXZOGO		Preferred specialty	PA; SP; QL
WAINUA		Nonpreferred specialty	PA; SP; QL
XURIDEN		Preferred specialty	PA; SP; QL
yargesa	Yargesa	Preferred specialty	PA; SP; QL
ZENPEP		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
Genitourinary Agents			
Antispasmodics, Urinary			
darifenacin hydrobromide er		Not covered	QL
fesoterodine fumarate er	Toviaz	Nonpreferred generic	QL
flavoxate hcl		Nonpreferred generic	
GELNIQUE		Not covered	QL
GEMTESA		Not covered	QL
mirabegron er	Myrbetriq	Nonpreferred generic	PA; QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER		Nonpreferred brand	PA; QL
oxybutynin chloride er		Preferred generic	
oxybutynin chloride oral		Preferred generic	
OXYTROL		Not covered	QL
solifenacin succinate	VESIcare	Preferred generic	QL
tolterodine tartrate	Detrol	Nonpreferred generic	
tolterodine tartrate er	Detrol LA	Nonpreferred generic	
tropium chloride		Nonpreferred generic	QL
tropium chloride er		Nonpreferred generic	QL
VESICARE LS		Nonpreferred brand	PA; QL
Benign Prostatic Hypertrophy Agents			
alfuzosin hcl er	Uroxatral	Nonpreferred generic	
CARDURA XL		Nonpreferred brand	
dutasteride oral	Avodart	Nonpreferred generic	
dutasteride-tamsulosin hcl		Nonpreferred generic	QL
ENTADFI		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
finasteride oral tablet 5 mg	Proscar	Nonpreferred generic	
silodosin	Rapaflo	Nonpreferred generic	QL
tamsulosin hcl	Flomax	Nonpreferred generic	
terazosin hcl		Nonpreferred generic	
Genitourinary Agents, Other			
acetic acid irrigation		Nonpreferred generic	
ARGYLE STERILE SALINE		Nonpreferred brand	
bethanechol chloride oral		Nonpreferred generic	
CURITY STERILE SALINE		Nonpreferred brand	
ELMIRON		Preferred brand	
FILSPARI		Preferred specialty	PA; 15DS; SP; QL
LITHOSTAT		Nonpreferred brand	
OPTIONS GYNOL II CONTRACEPTIVE		Preventive	PV1; QL
penicillamine oral	Cuprimine	Nonpreferred generic	QL
RENACIDIN		Preferred brand	
RIVFLOZA		Nonpreferred specialty	PA; SP; QL
sodium chloride irrigation	Argyle Sterile Saline	Nonpreferred generic	
tiopronin	Thiola	Nonpreferred generic	PA
TODAY SPONGE		Preventive	PV1; QL
VCF VAGINAL CONTRACEPTIVE		Preventive	PV1; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
AGAMREE		Nonpreferred specialty	PA; SP; QL
ALA SCALP		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
ala-cort	Aveeno Anti-Itch Max St	Nonpreferred generic	
alclometasone dipropionate		Nonpreferred generic	
ALKINDI SPRINKLE		Nonpreferred brand	PA; QL
amcinonide		Not covered	
amcinonide external lotion 0.1 %		Not covered	
APEXICON E		Not covered	
betamethasone dipropionate aug	Diprolene	Nonpreferred generic	
betamethasone dipropionate external		Nonpreferred generic	
betamethasone valerate external		Nonpreferred generic	
BLT-25		Not covered	
BRYHALI		Nonpreferred brand	QL
CAPEX EXTERNAL SHAMPOO 0.01 %		Preferred brand	
clobetasol prop emollient base external cream 0.05 %		Nonpreferred generic	
clobetasol propionate e		Nonpreferred generic	
clobetasol propionate emulsion	Tovet	Nonpreferred generic	
clobetasol propionate external	Clobex	Nonpreferred generic	
clocortolone pivalate	Cloderm	Not covered	
clodan	Clodan	Nonpreferred generic	
CORDRAN		Not covered	
CORTISONE ACETATE ORAL		Not covered	
deflazacort	Emflaza	Preferred specialty	PA; SP
desonide external cream	DesOwen	Nonpreferred generic	
desonide external gel		Not covered	
desonide external lotion		Nonpreferred generic	
desonide external ointment		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
desoximetasone external	Topicort	Nonpreferred generic	
DEXABLISS		Not covered	
dexamethasone intensol		Preferred generic	
dexamethasone oral elixir		Preferred generic	
dexamethasone oral solution		Preferred generic	
dexamethasone oral tablet		Preferred generic	
dexamethasone oral tablet therapy pack		Nonpreferred generic	
diflorasone diacetate		Not covered	
fludrocortisone acetate oral		Nonpreferred generic	
fluocinolone acetonide body	Derma-Smooth/FS Body	Nonpreferred generic	
fluocinolone acetonide external	Synalar	Nonpreferred generic	
fluocinolone acetonide scalp	Derma-Smooth/FS Scalp	Nonpreferred generic	
fluocinonide emulsified base		Nonpreferred generic	
fluocinonide external cream 0.05 %		Nonpreferred generic	
fluocinonide external cream 0.1 %	Vanos	Nonpreferred generic	QL
fluocinonide external gel		Nonpreferred generic	
fluocinonide external ointment		Nonpreferred generic	
fluocinonide external solution		Nonpreferred generic	
flurandrenolide		Not covered	
fluticasone propionate external		Nonpreferred generic	
halcinonide	Halog	Not covered	
halobetasol propionate external cream		Nonpreferred generic	
halobetasol propionate external foam	Lexette	Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
halobetasol propionate external ointment		Nonpreferred generic	
HALOG EXTERNAL OINTMENT		Not covered	
HALOG EXTERNAL SOLUTION		Not covered	
HEMADY		Not covered	
HIDEX 6-DAY		Not covered	
hydrocortisone butyr lipo base external cream 0.1 %		Nonpreferred generic	
hydrocortisone butyrate	Locoid	Nonpreferred generic	
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	Nonpreferred generic	
hydrocortisone external cream 2.5 %		Nonpreferred generic	
hydrocortisone external lotion 2 %	Ala Scalp	Not covered	
hydrocortisone external lotion 2.5 %		Nonpreferred generic	
hydrocortisone external ointment 1 %	Aquaphor Itch Relief Children	Nonpreferred generic	
hydrocortisone external ointment 2.5 %		Nonpreferred generic	
hydrocortisone oral	Cortef	Preferred generic	
hydrocortisone sod suc (pf)	Solu-CORTEF	Nonpreferred generic	
hydrocortisone valerate		Nonpreferred generic	
HYDROXYM EXTERNAL CREAM		Not covered	
IMPOYZ		Not covered	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %		Nonpreferred brand	
MEDROL ORAL TABLET 2 MG		Nonpreferred brand	
methylprednisolone oral	Medrol	Preferred generic	
mometasone furoate external		Nonpreferred generic	
PANDEL		Not covered	
prednisolone oral solution		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
prednisolone oral tablet		Nonpreferred generic	
prednisolone sodium phosphate oral solution	Pediapred	Preferred generic	
prednisolone sodium phosphate oral tablet dispersible	Orapred ODT	Not covered	
prednisone intensol		Preferred generic	
prednisone oral		Preferred generic	
RAYOS		Not covered	QL
SERNIVO		Not covered	QL
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG		Not covered	
TAPERDEX 12-DAY		Not covered	
TAPERDEX 6-DAY		Not covered	
TAPERDEX 7-DAY		Not covered	
TEXACORT		Nonpreferred brand	
tovet	Tovet	Nonpreferred generic	
triamcinolone acetonide external aerosol solution	Kenalog	Nonpreferred generic	QL
triamcinolone acetonide external cream	Triderm	Nonpreferred generic	
triamcinolone acetonide external lotion		Nonpreferred generic	
triamcinolone acetonide external ointment		Nonpreferred generic	
triamcinolone in absorbbase		Nonpreferred generic	
triderm	Triderm	Nonpreferred generic	
ULTRAVATE		Not covered	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
ACTHAR		Not covered	SP; QL
ACTHAR GEL		Not covered	SP; QL
cabergoline		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
CHORIONIC GONADOTROPIN INTRAMUSCULAR		Not covered	SP; QL
CORTROPHIN		Not covered	SP; QL
desmopressin ace spray refrig		Nonpreferred generic	
desmopressin acetate injection	DDAVP	Nonpreferred generic	
desmopressin acetate oral	DDAVP	Nonpreferred generic	
desmopressin acetate pf	DDAVP PF	Nonpreferred generic	
desmopressin acetate spray		Nonpreferred generic	
EGRIFTA SV		Not covered	SP; QL
FOLLISTIM AQ		Nonpreferred specialty	PA; SP; QL
GENOTROPIN		Preferred specialty	PA; SP
GENOTROPIN MINIQUICK		Preferred specialty	PA; SP
GONAL-F		Preferred specialty	PA; SP; QL
GONAL-F RFF		Preferred specialty	PA; SP; QL
GONAL-F RFF REDIJECT		Preferred specialty	PA; SP; QL
HUMATROPE		Nonpreferred specialty	PA; SP
INCRELEX		Preferred specialty	PA; SP
ISTURISA		Nonpreferred specialty	PA; SP; QL
MENOPUR		Not covered	SP
NGENLA		Nonpreferred specialty	PA; SP
NOCDURNA		Not covered	QL
NORDITROPIN FLEXPRO		Preferred specialty	PA; SP
NOVAREL		Not covered	SP; QL
NUTROPIN AQ NUSPIN 10		Nonpreferred specialty	PA; SP

Drug Name	Brand Reference	Drug Tier	Notes
NUTROPIN AQ NUSPIN 20		Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 5		Nonpreferred specialty	PA; SP
OMNITROPE		Nonpreferred specialty	PA; SP
OVIDREL		Preferred specialty	PA; SP; QL
PREGNYL		Preferred specialty	PA; SP; QL
RECORLEV		Not covered	SP; QL
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG		Nonpreferred specialty	PA; SP
SKYTROFA		Nonpreferred specialty	PA; SP
SOGROYA		Nonpreferred specialty	PA; SP; QL
ZOMACTON		Nonpreferred specialty	PA; SP
Selective Estrogen Receptor Modifying Agents			
CLOMID		Nonpreferred brand	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
mifepristone oral tablet 300 mg	Korlym	Preferred specialty	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
danazol oral		Nonpreferred generic	
INTRAROSA		Nonpreferred brand	
JATENZO		Not covered	QL
KYZATREX		Not covered	QL
METHITEST		Nonpreferred brand	QL
methyltestosterone oral		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
NATESTO		Not covered	QL
testosterone cypionate intramuscular	Depo-Testosterone	Nonpreferred generic	
testosterone enanthate intramuscular		Nonpreferred generic	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	AndroGel Pump	Nonpreferred generic	PA; QL
testosterone transdermal gel 10 mg/act (2%)		Not covered	QL
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	Nonpreferred generic	PA; QL
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)		Nonpreferred generic	PA; QL
testosterone transdermal gel 50 mg/5gm (1%)	Testim	Nonpreferred generic	PA; QL
testosterone transdermal solution		Not covered	QL
TLANDO		Not covered	QL
UNDECATREX		Not covered	QL
XYOSTED		Not covered	QL
Estrogens			
afirmelle	Afirmelle	Preferred generic	PV2
ALORA		Preferred brand	
altavera	Altavera	Preferred generic	PV2
alyacen 1/35	Dasetta 1/35	Preferred generic	PV2
alyacen 7/7/7	Dasetta 7/7/7	Preferred generic	PV2
amabelz oral tablet 0.5-0.1 mg		Nonpreferred generic	
amabelz oral tablet 1-0.5 mg	Mimvey	Nonpreferred generic	
amethia oral tablet 0.15-0.03 &0.01 mg	Ashlyna	Preferred generic	PV2; QL
amethyst	Amethyst	Preferred generic	PV2
ANGELIQ		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
ANNOVERA		Nonpreferred brand	QL
apri		Preferred generic	PV2
aranelle		Preferred generic	PV2
ashlyna	Ashlyna	Preferred generic	PV2; QL
aubra eq	Afirmelle	Preferred generic	PV2
aurovela 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
aurovela 1/20	Aurovela 1/20	Preferred generic	PV2
aurovela 24 fe		Preferred generic	PV2
aurovela fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
aurovela fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
aviane	Afirmelle	Preferred generic	PV2
ayuna	Altavera	Preferred generic	PV2
azurette	Azurette	Preferred generic	PV2
balziva	Balziva	Preferred generic	PV2
BIJUVA		Not covered	QL
blisovi 24 fe		Preferred generic	PV2
blisovi fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
blisovi fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
briellyn	Balziva	Preferred generic	PV2
camrese	Ashlyna	Preferred generic	PV2; QL
camrese lo	Camrese Lo	Preferred generic	PV2; QL

Drug Name	Brand Reference	Drug Tier	Notes
charlotte 24 fe	Charlotte 24 Fe	Preferred generic	PV2
chateal eq	Altavera	Preferred generic	PV2
CLIMARA PRO		Nonpreferred brand	
COMBIPATCH		Nonpreferred brand	
COVARYX		Not covered	
COVARYX HS		Not covered	
cryselle-28		Preferred generic	PV2
cyred eq		Preferred generic	PV2
dasetta 1/35	Dasetta 1/35	Preferred generic	PV2
dasetta 7/7/7	Dasetta 7/7/7	Preferred generic	PV2
daysee	Ashlyna	Preferred generic	PV2; QL
delyla	Afirmelle	Preferred generic	PV2
DEPO-ESTRADIOL		Nonpreferred brand	
desogestrel-ethinyl estradiol	Azurette	Preferred generic	PV2
dolishale	Amethyst	Preferred generic	PV2
dotti	Dotti	Nonpreferred generic	
drospiren-eth estrad-levomefol	Beyaz	Preferred generic	PV2
drospirenone-ethinyl estradiol	Jasmiel	Preferred generic	PV2
DUAVEE		Nonpreferred brand	
EEMT		Not covered	
EEMT HS		Not covered	
ELESTRIN		Nonpreferred brand	
elinest		Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
eluryng	EluRyng	Preferred generic	PV2; QL
enilloring	EluRyng	Preferred generic	PV2; QL
enpresse-28	Enpresse-28	Preferred generic	PV2
enskyce		Preferred generic	PV2
est estrogens-methyltest	Estratest F.S.	Nonpreferred generic	
est estrogens-methyltest ds	Estratest F.S.	Nonpreferred generic	
est estrogens-methyltest hs	Covaryx HS	Nonpreferred generic	
estarylla	Estarylla	Preferred generic	PV2
estradiol oral	Estrace	Nonpreferred generic	
estradiol transdermal	Climara	Nonpreferred generic	
estradiol vaginal	Estrace	Nonpreferred generic	
estradiol valerate intramuscular	Delestrogen	Nonpreferred generic	
estradiol-norethindrone acet	Mimvey	Nonpreferred generic	
estratest f.s.	Estratest F.S.	Nonpreferred generic	
ESTRING		Preferred brand	
ethynodiol diac-eth estradiol	Kelnor 1/35	Preferred generic	PV2
etonogestrel-ethinyl estradiol	EluRyng	Preferred generic	PV2; QL
EVAMIST		Nonpreferred brand	
falmina	Afirmelle	Preferred generic	PV2
FEMLYV		Nonpreferred brand	QL
FEMRING		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
finzala	Charlotte 24 Fe	Preferred generic	PV2
fyavolv	Fyavolv	Nonpreferred generic	
gemmily	Gemmily	Preferred generic	PV2
hailey 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
hailey 24 fe		Preferred generic	PV2
hailey fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
hailey fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
haloette	EluRyng	Preferred generic	PV2; QL
iclevia	Iclevia	Preferred generic	PV2; QL
IMVEXXY MAINTENANCE PACK		Nonpreferred brand	
IMVEXXY STARTER PACK		Nonpreferred brand	
introvale	Iclevia	Preferred generic	PV2; QL
isibloom		Preferred generic	PV2
jaimiess	Ashlyna	Preferred generic	PV2; QL
jasmiel	Jasmiel	Preferred generic	PV2
jinteli	Fyavolv	Nonpreferred generic	
jolessa	Iclevia	Preferred generic	PV2; QL
joyeaux	Joyeaux	Preferred generic	PV2
juleber		Preferred generic	PV2
junel 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
junel 1/20	Aurovela 1/20	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
junel fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
junel fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
junel fe 24		Preferred generic	PV2
kaitlib fe	Kaitlib Fe	Preferred generic	PV2
kalliga		Preferred generic	PV2
kariva	Azurette	Preferred generic	PV2
kelnor 1/35	Kelnor 1/35	Preferred generic	PV2
kelnor 1/50	Kelnor 1/50	Preferred generic	PV2
kurvelo	Altavera	Preferred generic	PV2
larin 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
larin 1/20	Aurovela 1/20	Preferred generic	PV2
larin 24 fe		Preferred generic	PV2
larin fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
larin fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
layolis fe	Kaitlib Fe	Preferred generic	PV2
leena		Preferred generic	PV2
lessina	Afirmelle	Preferred generic	PV2
levonest	Enpresse-28	Preferred generic	PV2
levonorgest-eth est & eth est	Rivelsa	Preferred generic	PV2; QL
levonorgest-eth estrad 91-day	Ashlyna	Preferred generic	PV2; QL
levonorgest-eth estradiol-iron	Joyeaux	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
levonorgestrel-ethinyl estrad	Afirmelle	Preferred generic	PV2
levonorg-eth estrad triphasic	Enpresse-28	Preferred generic	PV2
levora 0.15/30 (28)	Altavera	Preferred generic	PV2
LO LOESTRIN FE		Nonpreferred brand	
lojaimiess	Camrese Lo	Preferred generic	PV2; QL
loryna	Jasmiel	Preferred generic	PV2
low-ogestrel		Preferred generic	PV2
lo-zumandimine	Jasmiel	Preferred generic	PV2
lutra	Afirmelle	Preferred generic	PV2
lyllana	Dotti	Nonpreferred generic	
marlissa	Altavera	Preferred generic	PV2
MENEST		Nonpreferred brand	
MENOSTAR		Nonpreferred brand	
merzee	Gemmily	Preferred generic	PV2
mibelas 24 fe	Charlotte 24 Fe	Preferred generic	PV2
microgestin 1.5/30	Aurovela 1.5/30	Preferred generic	PV2
microgestin 1/20	Aurovela 1/20	Preferred generic	PV2
microgestin fe 1.5/30	Aurovela Fe 1.5/30	Preferred generic	PV2
microgestin fe 1/20	Aurovela FE 1/20	Preferred generic	PV2
mili	Estarylla	Preferred generic	PV2
mimvey	Mimvey	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
mono-linyah	Estarylla	Preferred generic	PV2
MYFEMBREE		Nonpreferred brand	PA; QL
NATAZIA		Nonpreferred brand	
necon 0.5/35 (28)		Preferred generic	PV2
NEXTSTELLIS		Nonpreferred brand	
nikki	Jasmiel	Preferred generic	PV2
norelgestromin-eth estradiol	Xulane	Preferred generic	PV2; QL
norethin ace-eth estrad-fe	Aurovela Fe 1.5/30	Preferred generic	PV2
norethindrone acet-ethinyl est	Aurovela 1.5/30	Preferred generic	PV2
norethindrone-eth estradiol	Fyavolv	Nonpreferred generic	
norethindron-ethinyl estrad-fe	Tilia Fe	Preferred generic	PV2
norethin-eth estradiol-fe	Kaitlib Fe	Preferred generic	PV2
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Estarylla	Preferred generic	PV2
norgestimate-ethinyl estradiol triphasic	Tri-Estarylla	Preferred generic	PV2
nortrel 0.5/35 (28)		Preferred generic	PV2
nortrel 1/35 (21)	Dasetta 1/35	Preferred generic	PV2
nortrel 1/35 (28)	Dasetta 1/35	Preferred generic	PV2
nortrel 7/7/7	Dasetta 7/7/7	Preferred generic	PV2
nylia 1/35	Dasetta 1/35	Preferred generic	PV2
nylia 7/7/7	Dasetta 7/7/7	Preferred generic	PV2
ocella	Ocella	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
ORIAHNN		Nonpreferred brand	PA; QL
philith	Balziva	Preferred generic	PV2
pimtrea	Azurette	Preferred generic	PV2
portia-28	Altavera	Preferred generic	PV2
PREMARIN ORAL		Preferred brand	
PREMARIN VAGINAL		Preferred brand	
PREMPHASE		Preferred brand	
PREMPRO		Preferred brand	
reclipsen		Preferred generic	PV2
rivelsa	Rivelsa	Preferred generic	PV2; QL
setlakin	Iclevia	Preferred generic	PV2; QL
simliya	Azurette	Preferred generic	PV2
simpesse	Ashlyna	Preferred generic	PV2; QL
sprintec 28	Estasylla	Preferred generic	PV2
sronyx	Afirmelle	Preferred generic	PV2
syeda	Ocella	Preferred generic	PV2
tarina 24 fe		Preferred generic	PV2
tarina fe 1/20 eq	Aurovela FE 1/20	Preferred generic	PV2
taysofy	Gemmily	Preferred generic	PV2
tilia fe	Tilia Fe	Preferred generic	PV2
tri-estarylla	Tri-Estasylla	Preferred generic	PV2
tri-legest fe	Tilia Fe	Preferred generic	PV2
tri-linyah	Tri-Estasylla	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
tri-lo-estarylla	Tri-Lo-Estarylla	Preferred generic	PV2
tri-lo-marzia	Tri-Lo-Estarylla	Preferred generic	PV2
tri-lo-mili	Tri-Lo-Estarylla	Preferred generic	PV2
tri-lo-sprintec	Tri-Lo-Estarylla	Preferred generic	PV2
tri-mili	Tri-Estarylla	Preferred generic	PV2
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	Tri-Estarylla	Preferred generic	PV2
tri-sprintec	Tri-Estarylla	Preferred generic	PV2
trivora (28)	Enpresse-28	Preferred generic	PV2
tri-vylibra	Tri-Estarylla	Preferred generic	PV2
tri-vylibra lo	Tri-Lo-Estarylla	Preferred generic	PV2
turqoz		Preferred generic	PV2
TWIRLA		Not covered	QL
TYBLUME		Nonpreferred brand	
tydemy	Tydemy	Preferred generic	PV2
velivet		Preferred generic	PV2
vestura	Jasmiel	Preferred generic	PV2
vienva	Afirmelle	Preferred generic	PV2
viorele	Azurette	Preferred generic	PV2
volnea	Azurette	Preferred generic	PV2
vyfemla	Balziva	Preferred generic	PV2
vylibra	Estarylla	Preferred generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
wera		Preferred generic	PV2
wymzya fe	Wymzya Fe	Preferred generic	PV2
xulane	Xulane	Preferred generic	PV2; QL
yuvafem	Yuvafem	Nonpreferred generic	
zafemy	Xulane	Preferred generic	PV2; QL
zovia 1/35 (28)	Kelnor 1/35	Preferred generic	PV2
zumandimine	Ocella	Preferred generic	PV2
Progestins			
aftera	Aftera	Preventive	PV1; QL
camila	Camila	Preferred generic	PV2
CRINONE VAGINAL GEL 8 %		Not covered	
curae	Aftera	Preventive	PV1; QL
deblitane	Camila	Preferred generic	PV2
DEPO-SUBQ PROVERA 104		Preferred brand	
econtra one-step	Aftera	Preventive	PV1; QL
ELLA		Nonpreferred brand	PV2; QL
emzahh	Camila	Preferred generic	PV2
ENDOMETRIN		Not covered	
errin	Camila	Preferred generic	PV2
gallifrey	Gallifrey	Nonpreferred generic	
heather	Camila	Preferred generic	PV2
her style	Aftera	Preventive	PV1; QL
incassia	Camila	Preferred generic	PV2
jencycla	Camila	Preferred generic	PV2
levonorgestrel	Aftera	Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
lyleq	Camila	Preferred generic	PV2
lyza	Camila	Preferred generic	PV2
medroxyprogesterone acetate intramuscular	Depo-Provera	Preferred generic	PV2
medroxyprogesterone acetate oral	Provera	Nonpreferred generic	
megestrol acetate oral		Nonpreferred generic	
my choice	Aftera	Preventive	PV1; QL
my way	Aftera	Preventive	PV1; QL
new day	Aftera	Preventive	PV1; QL
nora-be	Camila	Preferred generic	PV2
norethindrone acetate oral	Gallifrey	Nonpreferred generic	
norethindrone oral	Camila	Preferred generic	PV2
norlyroc	Camila	Preferred generic	PV2
opcicon one-step	Aftera	Preventive	PV1; QL
option 2	Aftera	Preventive	PV1; QL
progesterone intramuscular		Nonpreferred generic	
progesterone oral	Prometrium	Nonpreferred generic	
react	Aftera	Preventive	PV1; QL
sharobel	Camila	Preferred generic	PV2
SLYND		Nonpreferred brand	QL
take action	Aftera	Preventive	PV1; QL
Selective Estrogen Receptor Modifying Agents			
OSPHENA		Nonpreferred brand	
raloxifene hcl	Evista	Nonpreferred generic	PV3; QL

Drug Name	Brand Reference	Drug Tier	Notes
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
ADTHYZA		Nonpreferred brand	
ARMOUR THYROID		Nonpreferred brand	
ERMEZA		Not covered	
euthyrox	Euthyrox	Preferred generic	
levo-t	Euthyrox	Preferred generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE		Nonpreferred brand	ABA
levothyroxine sodium oral tablet	Euthyrox	Preferred generic	
levoxyl	Euthyrox	Preferred generic	
liothyronine sodium oral	Cytomel	Preferred generic	
NIVA THYROID		Nonpreferred brand	
np thyroid	NP Thyroid	Preferred generic	
THYQUIDITY		Not covered	
thyroid oral	NP Thyroid	Preferred generic	
TIROSINT		Nonpreferred brand	
TIROSINT-SOL		Nonpreferred brand	
unithroid	Euthyrox	Preferred generic	
Hormonal Agents, Suppressant (Adrenal)			
LYSODREN		Preferred brand	
Hormonal Agents, Suppressant (Pituitary)			
cetorelix acetate	Cetrotide	Not covered	SP
fyremadel	Fyremadel	Not covered	SP
ganirelix acetate	Fyremadel	Not covered	SP

Drug Name	Brand Reference	Drug Tier	Notes
leuprolide acetate injection		Preferred specialty	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG		Preferred specialty	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		Preferred specialty	SP
LUPRON DEPOT-PED (1-MONTH)		Preferred specialty	SP
LUPRON DEPOT-PED (3-MONTH)		Preferred specialty	SP
LUPRON DEPOT-PED (6-MONTH)		Preferred specialty	SP
MYCAPSSA		Not covered	SP; QL
octreotide acetate injection	SandoSTATIN	Preferred specialty	SP
octreotide acetate subcutaneous		Preferred specialty	SP
ORLISSA		Preferred brand	PA; QL
SIGNIFOR		Preferred specialty	PA; SP; QL
SOMAVERT		Preferred specialty	PA; SP
SYNAREL		Nonpreferred brand	
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
methimazole oral		Nonpreferred generic	
propylthiouracil oral		Nonpreferred generic	
Immunological Agents			
Angioedema Agents			
HAEGARDA		Preferred specialty	PA; SP; QL
icatibant acetate		Preferred specialty	PA; SP; QL
ORLADEYO		Nonpreferred specialty	PA; SP; QL
RUCONEST		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
sajazir	Sajazir	Not covered	SP; QL
TAKHZYRO		Preferred specialty	PA; SP; QL
Immune Suppressants			
ABRILADA (1 PEN)		Not covered	SP; QL
ABRILADA (2 PEN)		Not covered	SP; QL
ABRILADA (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-AACF (2 PEN)		Not covered	SP; QL
ADALIMUMAB-AACF (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-AACF(CD/UC/HS STRT)		Not covered	SP; QL
ADALIMUMAB-AACF(PS/UV STARTER)		Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)		Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)		Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-ADAZ		Not covered	SP
ADALIMUMAB-ADBM (2 PEN)		Not covered	SP
ADALIMUMAB-ADBM (2 SYRINGE)		Not covered	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)		Not covered	SP
ADALIMUMAB-ADBM(PS/UV STARTER)		Not covered	SP
ADALIMUMAB-FKJP (2 PEN)		Not covered	SP
ADALIMUMAB-FKJP (2 SYRINGE)		Not covered	SP
ADALIMUMAB-RYVK (2 PEN)		Not covered	SP; QL
ADALIMUMAB-RYVK (2 SYRINGE)		Not covered	SP; QL
AMJEVITA		Not covered	SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML		Not covered	SP
AMJEVITA-PED 15KG TO <30KG		Not covered	SP
ASTAGRAF XL		Nonpreferred specialty	SP
azathioprine oral	Azasan	Nonpreferred generic	
CIMZIA (2 SYRINGE)		Preferred specialty	PA; SP; QL
CIMZIA-STARTER		Preferred specialty	PA; SP; QL
cyclosporine modified	Gengraf	Preferred specialty	SP

Drug Name	Brand Reference	Drug Tier	Notes
cyclosporine oral	SandIMMUNE	Preferred specialty	SP
CYLTEZO (2 PEN)		Not covered	SP
CYLTEZO (2 SYRINGE)		Not covered	SP
CYLTEZO-CD/UC/HS STARTER		Not covered	SP
CYLTEZO-PSORIASIS/UV STARTER		Not covered	SP
ENBREL		Preferred specialty	PA; SP; QL
ENBREL MINI		Preferred specialty	PA; SP; QL
ENBREL SURECLICK		Preferred specialty	PA; SP; QL
ENVARUSUS XR		Nonpreferred specialty	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	Preferred specialty	SP
gengraf	Gengraf	Preferred specialty	SP
HADLIMA		Not covered	SP
HADLIMA PUSH TOUCH		Not covered	SP
HULIO (2 PEN)		Not covered	SP
HULIO (2 SYRINGE)		Not covered	SP
HUMIRA (2 PEN)		Preferred specialty	PA; SP; QL
HUMIRA (2 SYRINGE)		Preferred specialty	PA; SP; QL
HUMIRA-CD/UC/HS STARTER		Preferred specialty	PA; SP; QL
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		Preferred specialty	PA; SP; QL
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		Preferred specialty	PA; SP; QL
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML		Preferred specialty	PA; SP; QL
HUMIRA-PSORIASIS/VEIT STARTER		Preferred specialty	PA; SP; QL
HYRIMOZ		Not covered	SP

Drug Name	Brand Reference	Drug Tier	Notes
HYRIMOZ-CROHNS/UC STARTER		Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER		Not covered	SP
HYRIMOZ-PED>=40KG CROHN START		Not covered	SP
HYRIMOZ-PLAQ PSOR/UEVIT START		Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START		Not covered	SP
IDACIO (2 PEN)		Not covered	SP; QL
IDACIO (2 SYRINGE)		Not covered	SP; QL
IDACIO-CROHNS/UC STARTER		Not covered	SP; QL
IDACIO-PSORIASIS STARTER		Not covered	SP; QL
JYLAMVO		Nonpreferred specialty	SP
KINERET		Nonpreferred specialty	PA; SP; QL
LUPKYNIS		Nonpreferred specialty	PA; SP; QL
methotrexate sodium (pf)		Nonpreferred generic	
methotrexate sodium injection solution		Nonpreferred generic	
methotrexate sodium oral		Nonpreferred generic	
mycophenolate mofetil oral	CellCept	Preferred specialty	SP
mycophenolate sodium	Myfortic	Preferred specialty	SP
mycophenolic acid	Myfortic	Preferred specialty	SP
MYHIBBIN		Not covered	SP; QL
OLUMIANT		Nonpreferred specialty	PA; SP; QL
OMVOH SUBCUTANEOUS		Not covered	SP; QL
ORENCIA CLICKJECT		Nonpreferred specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS		Nonpreferred specialty	PA; SP; QL
OTREXUP		Not covered	SP; QL
PROGRAF ORAL PACKET		Nonpreferred specialty	SP
RASUVO		Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
REZUROCK		Preferred specialty	PA; SP; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML		Nonpreferred specialty	SP
SIMLANDI (1 PEN)		Not covered	SP; QL
SIMLANDI (2 PEN)		Not covered	SP; QL
SIMPONI		Preferred specialty	PA; SP; QL
sirolimus oral	Rapamune	Preferred specialty	SP
SKYRIZI PEN		Preferred specialty	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred specialty	PA; SP; QL
tacrolimus oral	Prograf	Preferred specialty	SP
TREXALL		Preferred brand	
XATMEP		Nonpreferred specialty	SP
XELJANZ		Preferred specialty	PA; SP; QL
XELJANZ XR		Preferred specialty	PA; SP; QL
YUFLYMA (1 PEN)		Not covered	SP; QL
YUFLYMA (2 PEN)		Not covered	SP; QL
YUFLYMA (2 SYRINGE)		Not covered	SP; QL
YUFLYMA-CD/UC/HS STARTER		Not covered	SP; QL
YUSIMRY		Not covered	SP
ZYMFENTRA (1 PEN)		Not covered	SP; QL
ZYMFENTRA (2 PEN)		Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)		Not covered	SP; QL
Immunoglobulins			
CUTAQUIG		Nonpreferred specialty	PA; SP
CUVITRU		Not covered	SP
GAMMAGARD		Preferred specialty	PA; SP
GAMMAKED		Nonpreferred specialty	PA; SP

Drug Name	Brand Reference	Drug Tier	Notes
GAMUNEX-C		Nonpreferred specialty	PA; SP
HIZENTRA		Preferred specialty	PA; SP
HYQVIA		Nonpreferred specialty	PA; SP
XEMBIFY		Nonpreferred specialty	PA; SP
Immunomodulators			
ACTEMRA ACTPEN		Nonpreferred specialty	PA; SP; QL
ACTEMRA SUBCUTANEOUS		Nonpreferred specialty	PA; SP; QL
ACTIMMUNE		Preferred specialty	SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML		Preferred brand	
ARCALYST		Nonpreferred specialty	PA; SP; QL
BENLYSTA SUBCUTANEOUS		Preferred specialty	PA; SP; QL
BEYFORTUS		Preventive	PV1; QL
ENSPRYNG		Preferred specialty	PA; SP; QL
ENTYVIO PEN		Not covered	SP; QL
KEVZARA		Nonpreferred specialty	PA; SP; QL
leflunomide oral	Arava	Nonpreferred generic	
OTEZLA		Preferred specialty	PA; SP; QL
RIDAURA		Preferred brand	
RINVOQ		Preferred specialty	PA; SP; QL
RINVOQ LQ		Preferred specialty	PA; SP; QL
TYENNE SUBCUTANEOUS		Not covered	SP; QL
VELSIPITY		Not covered	SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred specialty	PA; SP; QL
Immunosuppressants			
JOENJA		Preferred specialty	PA; SP; QL
Vaccines			
ABRYSVO		Preventive	PV1; QL
ACTHIB		Preventive	PV1; QL
ADACEL		Preventive	PV1; QL
AFLURIA		Preventive	PV1; QL
AFLURIA PRESERVATIVE FREE		Preventive	PV1; QL
AREXVY		Preventive	PV1; QL
AUDENZ		Not covered	
BEXSERO		Preventive	PV1; QL
BOOSTRIX		Preventive	PV1; QL
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5		Preventive	PV1; QL
CAPVAXIVE		Preventive	PV1; QL
COMIRNATY		Preventive	PV1; QL
DAPTACEL		Preventive	PV1; QL
DENGVAXIA		Preventive	PV1; QL
ENGERIX-B		Preventive	PV1; QL
FLUAD		Preventive	PV1; QL
FLUARIX		Preventive	PV1; QL
FLUBLOK		Preventive	PV1; QL
FLUCELVAX		Preventive	PV1; QL
FLULAVAL		Preventive	PV1; QL
FLUMIST		Preventive	PV1; QL
FLUZONE HIGH-DOSE		Preventive	PV1; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		Preventive	PV1; QL
GARDASIL 9		Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX		Preventive	PV1; QL
HEPLISAV-B		Preventive	PV1; QL
HIBERIX		Preventive	PV1; QL
INFANRIX		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
IPOL		Preventive	PV1; QL
JYNNEOS		Preventive	PV1; QL
KINRIX		Preventive	PV1; QL
MENQUADFI		Preventive	PV1; QL
MENVEO		Preventive	PV1; QL
M-M-R II		Preventive	PV1; QL
MODERNA COVID-19 VAC 6M-11Y		Preventive	PV1; QL
MRESVIA		Preventive	PV1; QL
NOVAVAX COVID-19 VACCINE		Preventive	PV1; QL
PEDIARIX		Preventive	PV1; QL
PEDVAX HIB		Preventive	PV1; QL
PENBRAYA		Preventive	PV1; QL
PENTACEL		Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 5-11Y		Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y		Preventive	PV1; QL
PNEUMOVAX 23		Preventive	PV1; QL
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML		Preventive	PV1; QL
PREHEVBRIO		Preventive	PV1; QL
PREVNAR 20		Preventive	PV1; QL
PRIORIX		Preventive	PV1; QL
PROQUAD		Preventive	PV1; QL
QUADRACEL		Preventive	PV1; QL
RECOMBIVAX HB		Preventive	PV1; QL
ROTARIX		Preventive	PV1; QL
ROTATEQ		Preventive	PV1; QL
SHINGRIX		Preventive	PV1; QL
SPIKEVAX		Preventive	PV1; QL
TDVAX		Preventive	PV1; QL
TENIVAC		Preventive	PV1; QL
TRUMENBA		Preventive	PV1; QL
TWINRIX		Preventive	PV1; QL
VAQTA		Preventive	PV1; QL
VARIVAX		Preventive	PV1; QL
VAXELIS		Preventive	PV1; QL
VAXNEUVANCE		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
Inflammatory Bowel Disease Agents			
Aminosalicylates			
balsalazide disodium	Colazal	Nonpreferred generic	
DIPENTUM		Nonpreferred brand	
mesalamine er	Apriso	Nonpreferred generic	
mesalamine oral capsule delayed release 400 mg	Delzicol	Nonpreferred generic	
mesalamine oral tablet delayed release 1.2 gm	Lialda	Nonpreferred generic	QL
mesalamine oral tablet delayed release 800 mg		Nonpreferred generic	
mesalamine rectal	Canasa	Nonpreferred generic	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG		Preferred brand	
SFROWASA		Not covered	
Glucocorticoids			
ANALPRAM HC		Nonpreferred brand	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %		Nonpreferred brand	
ANALPRAM-HC EXTERNAL LOTION		Nonpreferred brand	
anucort-hc	Hemmorex-HC	Nonpreferred generic	
ANUSOL-HC RECTAL		Nonpreferred brand	
budesonide er	Uceris	Nonpreferred generic	QL
budesonide oral		Nonpreferred generic	
budesonide rectal	Uceris	Not covered	
CORTIFOAM		Nonpreferred brand	
EOHILIA		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG		Preferred brand	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG		Nonpreferred brand	
hydrocortisone (perianal)		Nonpreferred generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Analpram-HC	Nonpreferred generic	
hydrocortisone acetate rectal	Hemmorex-HC	Nonpreferred generic	
hydrocortisone rectal	Cortenema	Nonpreferred generic	
hydrocort-pramoxine (perianal)	Analpram HC	Nonpreferred generic	
lidocaine-hydrocort (perianal)	Lidocort	Nonpreferred generic	
LIDOCORT		Preferred brand	
PROCTOCORT RECTAL		Nonpreferred brand	
PROCTOFOAM HC		Preferred brand	
procto-med hc	Procto-Med HC	Nonpreferred generic	
proctosol hc	Procto-Med HC	Nonpreferred generic	
proctozone-hc	Procto-Med HC	Nonpreferred generic	
TARPEYO		Nonpreferred brand	PA; QL
Sulfonamides			
sulfasalazine oral	Azulfidine	Preferred generic	
Metabolic Bone Disease Agents			
alendronate sodium	Fosamax	Preferred generic	QL
BINOSTO		Not covered	QL
calcitonin (salmon)	Miacalcin	Nonpreferred generic	
calcitriol oral	Rocaltrol	Nonpreferred generic	
cinacalcet hcl	Sensipar	Preferred specialty	SP

Drug Name	Brand Reference	Drug Tier	Notes
doxercalciferol oral		Nonpreferred generic	
FOSAMAX PLUS D		Not covered	QL
ibandronate sodium oral		Preferred generic	QL
paricalcitol oral	Zemplar	Nonpreferred generic	
RAYALDEE		Not covered	QL
risedronate sodium oral tablet	Actonel	Nonpreferred generic	QL
risedronate sodium oral tablet delayed release	Atelvia	Nonpreferred generic	ST; QL
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	Forteo	Preferred specialty	PA; SP; QL
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML		Not covered	SP; QL
TYMLOS		Preferred specialty	PA; SP; QL
Miscellaneous Therapeutic Agents			
AEROCHAMBER HOLDING CHAMBER		Preferred brand	QL
AEROCHAMBER MINI CHAMBER		Preferred brand	QL
AEROCHAMBER MV		Preferred brand	QL
AEROCHAMBER PLS FLOVU MTHPIECE		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU INTERM		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE		Preferred brand	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE		Preferred brand	QL
AEROCHAMBER PLUS FLOW VU		Preferred brand	QL
AEROCHAMBER W/FLOWSIGNAL		Preferred brand	QL
AQUASTAT		Nonpreferred brand	
AQUASTAT SFR		Nonpreferred brand	
BD AUTOSHIELD DUO PEN NEEDLES		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
BD POSIFLUSH		Nonpreferred brand	
BD POSIFLUSH SAFESCRUB		Nonpreferred brand	
BD ULTRA-FINE INSULIN SYRINGES		Preferred brand	
BD ULTRA-FINE PEN NEEDLES		Preferred brand	
BREATHE COMFORT CHAMBER/ADULT		Nonpreferred brand	QL
BREATHE COMFORT CHAMBER/CHILD		Nonpreferred brand	QL
BREATHE EASE LARGE		Nonpreferred brand	QL
BREATHE EASE MEDIUM		Nonpreferred brand	QL
BREATHE EASE SMALL		Nonpreferred brand	QL
BREATHERITE VALVED MDI CHAMBER		Nonpreferred brand	QL
CAYA		Nonpreferred brand	PV2
CLEVER CHOICE HOLDING CHAMBER		Nonpreferred brand	QL
COMPACT SPACE CHAMBER		Nonpreferred brand	QL
COMPACT SPACE CHAMBER/LG MASK		Nonpreferred brand	QL
COMPACT SPACE CHAMBER/MED MASK		Nonpreferred brand	QL
COMPACT SPACE CHAMBER/SM MASK		Nonpreferred brand	QL
CONDOMS		Preventive	PV1; QL
deferoxamine mesylate	Desferal	Nonpreferred generic	
DOJOLVI		Preferred specialty	PA; SP
DUREX EXTRA SENSITIVE THIN		Preventive	PV1; QL
DUREX TROPICAL		Preventive	PV1; QL
EASIVENT		Nonpreferred brand	QL
ergoloid mesylates oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
FC2 FEMALE CONDOM		Preventive	PV1; QL
FEMCAP		Nonpreferred brand	PV2; QL
FIRDAPSE		Preferred specialty	PA; SP; QL
FLEXICHAMBER		Nonpreferred brand	QL
GRASTEK		Not covered	QL
IWILFIN		Preferred specialty	PA; 15DS; SP; QL
KERENDIA		Preferred brand	PA; QL
l-glutamine oral packet	Endari	Nonpreferred generic	PA; QL
methergine	Methergine	Nonpreferred generic	PA; QL
methylergonovine maleate oral	Methergine	Nonpreferred generic	PA; QL
MICROCHAMBER DEVICE		Nonpreferred brand	QL
MONOJECT FLUSH SYRINGE		Nonpreferred brand	
MONOJECT SODIUM CHLORIDE FLUSH		Nonpreferred brand	
normal saline flush	Aquastat	Nonpreferred generic	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM		Preferred brand	
NOVOFINE PEN NEEDLE		Preferred brand	
NOVOFINE PLUS PEN NEEDLE		Preferred brand	
ODACTRA		Not covered	QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5		Preferred brand	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5		Preferred brand	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT		Preferred brand	QL
OMNIPOD 5 G7 PODS (GEN 5)		Preferred brand	QL
OMNIPOD 5 LIBRE2 PLUS G6		Preferred brand	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS		Preferred brand	QL
OMNIPOD CLASSIC PODS (GEN 3)		Preferred brand	QL
OMNIPOD DASH INTRO (GEN 4)		Preferred brand	QL
OMNIPOD DASH PDM (GEN 4)		Preferred brand	
OMNIPOD DASH PODS (GEN 4)		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
OMNIPOD GO		Preferred brand	QL
OPTICHAMBER DIAMOND		Preferred brand	QL
OPTICHAMBER DIAMOND-LG MASK		Preferred brand	QL
OPTICHAMBER DIAMOND-MD MASK		Preferred brand	QL
OPTICHAMBER DIAMOND-SM MASK		Preferred brand	QL
PALFORZIA ORAL PACKET 300 MG		Preferred specialty	PA; SP; QL
PHEXXI		Preventive	PV1; QL
POCKET SPACER		Nonpreferred brand	QL
PRO COMFORT SPACER ADULT		Nonpreferred brand	QL
PRO COMFORT SPACER CHILD		Nonpreferred brand	QL
PRO COMFORT SPACER INFANT		Nonpreferred brand	QL
PROCARE SPACER/ADULT MASK		Nonpreferred brand	QL
PROCARE SPACER/CHILD MASK		Nonpreferred brand	QL
PURE COMFORT SPACER CHAMBER		Nonpreferred brand	QL
RADIOGARDASE		Preferred brand	
RAGWITEK		Not covered	QL
saline flush	Aquastat	Nonpreferred generic	
sodium chloride flush	Aquastat	Nonpreferred generic	
SOHONOS		Preferred specialty	PA; SP; QL
sterile water for irrigation	Argyle Sterile Water	Nonpreferred generic	
TAVNEOS		Nonpreferred specialty	PA; SP; QL
TIS-U-SOL		Not covered	
TRUE COVER		Preventive	PV1; QL
VEOZAH		Nonpreferred brand	PA; QL
V-GO 20		Preferred brand	QL
V-GO 30		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
V-GO 40		Preferred brand	QL
VISTOGARD		Preferred specialty	SP; QL
VORTEX VALVED HOLDING CHAMBER		Nonpreferred brand	QL
water for irrigation, sterile	Argyle Sterile Water	Nonpreferred generic	
WIDE-SEAL DIAPHRAGM 60		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 65		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 70		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 75		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 80		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 85		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 90		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 95		Nonpreferred brand	PV2; QL
XPHOZAH		Preferred brand	PA; QL
YORVIPATH		Preferred specialty	PA; SP; QL
ZILBRYSQ		Nonpreferred specialty	PA; SP; QL
ZOKINVY		Preferred specialty	PA; SP; QL
Ophthalmic Agents			
Aminoglycosides			
gentamicin sulfate ophthalmic		Nonpreferred generic	
neomycin-polymyxin-gramicidin		Nonpreferred generic	
TOBRADEX		Preferred brand	
TOBRADEX ST		Nonpreferred brand	
tobramycin ophthalmic		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
tobramycin-dexamethasone		Nonpreferred generic	
TOBREX		Nonpreferred brand	
Antibacterials, Other			
bacitracin ophthalmic		Nonpreferred generic	
bacitracin-polymyxin b	Polycin	Nonpreferred generic	
bacitra-neomycin-polymyxin-hc	Neo-Polycin HC	Nonpreferred generic	
neomycin-bacitracin zn-polymyx	Neo-Polycin	Nonpreferred generic	
neomycin-polymyxin-dexameth ophthalmic ointment	Maxitrol	Nonpreferred generic	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	Nonpreferred generic	
neomycin-polymyxin-hc ophthalmic		Nonpreferred generic	
neo-polycin	Neo-Polycin	Nonpreferred generic	
neo-polycin hc	Neo-Polycin HC	Nonpreferred generic	
polycin	Polycin	Nonpreferred generic	
polymyxin b-trimethoprim		Nonpreferred generic	
XDEMZY		Preferred brand	PA; QL
Anti-cytomegalovirus (CMV) Agents			
ZIRGAN		Preferred brand	
Antifungals			
NATACYN		Preferred brand	
Antitherpetic Agents			
trifluridine		Nonpreferred generic	
Macrolides			
AZASITE		Nonpreferred brand	
erythromycin ophthalmic		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
Ophthalmic Agents, Other			
atropine sulfate ophthalmic ointment		Nonpreferred generic	
atropine sulfate ophthalmic solution 1 %		Nonpreferred generic	
CEQUA		Nonpreferred brand	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %		Nonpreferred brand	
cyclopentolate hcl ophthalmic	Cyclogyl	Nonpreferred generic	
cyclosporine ophthalmic		Nonpreferred generic	
CYSTADROPS		Nonpreferred specialty	PA; SP; QL
CYSTARAN		Preferred specialty	PA; SP; QL
HOMATROPAIRE		Nonpreferred brand	
LACRISERT OPHTHALMIC INSERT 5 MG		Nonpreferred brand	
MIEBO		Preferred brand	QL
OXERVATE		Preferred specialty	PA; SP; QL
RESTASIS MULTIDOSE		Not covered	
sulfacetamide-prednisolone		Nonpreferred generic	
tropicamide ophthalmic	Mydriacyl	Nonpreferred generic	
TYRVAYA		Not covered	QL
VERKAZIA		Not covered	QL
VEVYE		Not covered	QL
XIIDRA		Preferred brand	QL
ZYLET		Nonpreferred brand	
Ophthalmic Anti-allergy Agents			
ALOCRIL		Nonpreferred brand	
ALOMIDE		Nonpreferred brand	
altafrin	Altafrin	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
azelastine hcl ophthalmic		Nonpreferred generic	
bepotastine besilate	Bepreve	Nonpreferred generic	
cromolyn sodium ophthalmic		Nonpreferred generic	
CYCLOMYDRIL		Nonpreferred brand	
epinastine hcl		Nonpreferred generic	
olopatadine hcl ophthalmic solution 0.2 %	Pataday	Nonpreferred generic	
phenylephrine hcl ophthalmic	Altafrin	Nonpreferred generic	
UPNEEQ		Not covered	QL
ZERVIATE		Not covered	
Ophthalmic Antiglaucoma Agents			
apraclonidine hcl		Nonpreferred generic	
betaxolol hcl ophthalmic		Nonpreferred generic	
BETIMOL		Not covered	
BETOPTIC-S		Preferred brand	
brimonidine tartrate ophthalmic	Alphagan P	Nonpreferred generic	
brimonidine tartrate-timolol	Combigan	Nonpreferred generic	
brinzolamide	Azopt	Nonpreferred generic	
carteolol hcl		Preferred generic	
dorzolamide hcl ophthalmic		Preferred generic	
dorzolamide hcl-timolol mal	Cosopt	Preferred generic	
dorzolamide hcl-timolol mal pf	Cosopt PF	Preferred generic	
IOPIDINE		Nonpreferred brand	
levobunolol hcl		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
PHOSPHOLINE IODIDE		Not covered	
pilocarpine hcl ophthalmic		Nonpreferred generic	
RHOPRESSA		Preferred brand	ST; QL
ROCKLATAN		Preferred brand	ST; QL
SIMBRINZA		Not covered	
timolol maleate (once-daily)	Istalol	Not covered	
timolol maleate ocudose	Timolol Maleate Ocudose	Not covered	
timolol maleate ophthalmic		Preferred generic	
timolol maleate pf	Timolol Maleate Ocudose	Not covered	
Ophthalmic Anti-inflammatories			
ACUVAIL		Not covered	
bromfenac sodium (once-daily)		Nonpreferred generic	
bromfenac sodium ophthalmic solution 0.07 %	Prolensa	Nonpreferred generic	
bromfenac sodium ophthalmic solution 0.075 %	BromSite	Not covered	QL
CLOBETASOL PROPIONATE OPHTHALMIC		Not covered	
dexamethasone sodium phosphate ophthalmic		Nonpreferred generic	
diclofenac sodium ophthalmic		Nonpreferred generic	
difluprednate	Durezol	Nonpreferred generic	
EYSUVIS		Not covered	QL
FLAREX		Not covered	
fluorometholone	FML Liquifilm	Nonpreferred generic	
flurbiprofen sodium		Nonpreferred generic	
FML FORTE		Preferred brand	
ILEVRO		Not covered	
INVELTYS		Not covered	QL
ketorolac tromethamine ophthalmic	Acular	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
LOTEMAX OPHTHALMIC OINTMENT		Nonpreferred brand	
LOTEMAX SM		Not covered	QL
loteprednol etabonate	Alrex	Nonpreferred generic	
MAXIDEX		Nonpreferred brand	
NEVANAC		Not covered	
PRED MILD		Preferred brand	
prednisolone acetate ophthalmic	Pred Forte	Nonpreferred generic	
PREDNISOLONE ACETATE P-F		Nonpreferred brand	
prednisolone sodium phosphate ophthalmic		Nonpreferred generic	
Ophthalmic Prostaglandin and Prostanoid Analogs			
bimatoprost ophthalmic		Nonpreferred generic	
IYUZEH		Not covered	QL
latanoprost ophthalmic	Xalatan	Preferred generic	
LUMIGAN		Preferred brand	
tafluprost (pf)	Zioptan	Nonpreferred generic	
travoprost (bak free)	Travatan Z	Nonpreferred generic	
VYZULTA		Not covered	
XELPROS		Nonpreferred brand	PA; QL
Quinolones			
BESIVANCE		Nonpreferred brand	
CILOXAN		Preferred brand	
ciprofloxacin hcl ophthalmic		Nonpreferred generic	
gatifloxacin ophthalmic		Nonpreferred generic	
levofloxacin ophthalmic		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
moxifloxacin hcl (2x day)		Nonpreferred generic	
moxifloxacin hcl ophthalmic	Vigamox	Nonpreferred generic	
ofloxacin ophthalmic	Ocuflox	Nonpreferred generic	
Sulfonamides			
sulfacetamide sodium ophthalmic		Nonpreferred generic	
Otic Agents			
acetic acid otic		Nonpreferred generic	
CIPRO HC		Nonpreferred brand	
ciprofloxacin hcl otic	Cetralax	Nonpreferred generic	
ciprofloxacin-dexamethasone		Nonpreferred generic	
CIPROFLOXACIN-FLUOCINOLONE PF		Preferred brand	
CORTISPORIN-TC		Nonpreferred brand	
flac	Flac	Nonpreferred generic	
fluocinolone acetonide otic	Flac	Nonpreferred generic	
hydrocortisone-acetic acid		Nonpreferred generic	
neomycin-polymyxin-hc otic		Nonpreferred generic	
ofloxacin otic		Nonpreferred generic	
OTOVEL		Preferred brand	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
azelastine hcl nasal solution 0.1 %, 137 mcg/spray		Nonpreferred generic	QL
azelastine hcl nasal solution 0.15 %	Astepro	Not covered	QL
carbinoxamine maleate	RyVent	Not covered	
clemastine fumarate oral syrup		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
clemastine fumarate oral tablet		Nonpreferred generic	
cyproheptadine hcl oral		Nonpreferred generic	
diphenhydramine hcl oral elixir		Nonpreferred generic	
olopatadine hcl nasal		Not covered	QL
RYCLORA		Not covered	
ryvent	RyVent	Not covered	
Anti-inflammatories, Inhaled Corticosteroids			
ADVAIR HFA		Preferred brand	QL
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT		Not covered	
AIRDUO RESPICLICK 113/14		Not covered	QL
AIRDUO RESPICLICK 232/14		Not covered	QL
AIRDUO RESPICLICK 55/14		Not covered	QL
ALVESCO		Not covered	QL
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT		Not covered	QL
ARNUIITY ELLIPTA		Preferred brand	QL
ASMANEX (120 METERED DOSES)		Preferred brand	QL
ASMANEX (30 METERED DOSES)		Preferred brand	QL
ASMANEX (60 METERED DOSES)		Preferred brand	QL
ASMANEX HFA		Preferred brand	QL
BEVESPI AEROSPHERE		Not covered	QL
BREO ELLIPTA		Preferred brand	QL
breyna	Symbicort	Not covered	QL
budesonide inhalation	Pulmicort	Preferred generic	
budesonide-formoterol fumarate	Symbicort	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT		Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT		Not covered	QL
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT, 44 MCG/ACT		Not covered	QL
flunisolide nasal		Nonpreferred generic	QL
FLUTICASONE FUROATE-VILANTEROL		Not covered	ABA; QL
FLUTICASONE PROPIONATE DISKUS		Nonpreferred brand	ABA; QL; AL (Max 5 Years)
FLUTICASONE PROPIONATE HFA		Nonpreferred brand	ABA; QL; AL (Max 5 Years)
fluticasone propionate nasal	ClariSpray	Nonpreferred generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL		Not covered	ABA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act		Nonpreferred generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT		Nonpreferred brand	ABA; QL
OMNARIS		Not covered	QL
PULMICORT FLEXHALER		Preferred brand	QL
QNASL		Not covered	QL
QNASL CHILDRENS		Not covered	QL
QVAR REDIHALER		Not covered	QL
SYMBICORT		Nonpreferred generic	QL
wixela inhub	Wixela Inhub	Nonpreferred generic	QL
XHANCE		Not covered	QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT		Not covered	QL
Antileukotrienes			
montelukast sodium oral	Singulair	Preferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
zafirlukast	Accolate	Nonpreferred generic	QL
zileuton er		Nonpreferred generic	QL
ZYFLO		Not covered	QL
Bronchodilators, Anticholinergic			
ATROVENT HFA		Preferred brand	QL
INCRUSE ELLIPTA		Not covered	QL
ipratropium bromide inhalation		Nonpreferred generic	
ipratropium bromide nasal		Nonpreferred generic	QL
SPIRIVA RESPIMAT		Preferred brand	QL
tiotropium bromide monohydrate	Spiriva HandiHaler	Nonpreferred generic	QL
TUDORZA PRESSAIR		Not covered	QL
YUPELRI		Preferred brand	QL
Bronchodilators, Sympathomimetic			
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation		Nonpreferred generic	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION		Not covered	ABA; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml		Nonpreferred generic	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation		Nonpreferred generic	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION		Preferred brand	
albuterol sulfate oral		Nonpreferred generic	
arformoterol tartrate	Brovana	Nonpreferred generic	QL
AUVI-Q		Not covered	QL
epinephrine injection solution auto-injector		Nonpreferred generic	QL
formoterol fumarate inhalation	Perforomist	Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
levalbuterol hcl inhalation		Nonpreferred generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT		Nonpreferred brand	ABA; QL
NEFFY		Not covered	QL
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT		Not covered	
PROAIR RESPICLICK		Not covered	QL
SEREVENT DISKUS		Preferred brand	QL
STRIVERDI RESPIMAT		Not covered	QL
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML		Preferred brand	QL
terbutaline sulfate oral		Nonpreferred generic	
VENTOLIN HFA		Not covered	QL
XOPENEX HFA		Nonpreferred brand	QL
Cystic Fibrosis Agents			
BRONCHITOL		Nonpreferred specialty	PA; SP; QL
BRONCHITOL TOLERANCE TEST		Nonpreferred specialty	PA; SP; QL
CAYSTON		Nonpreferred specialty	PA; SP; QL
KALYDECO		Preferred specialty	PA; SP; QL
ORKAMBI		Preferred specialty	PA; SP; QL
PULMOZYME		Preferred specialty	PA; SP
SYMDEKO		Preferred specialty	PA; SP; QL
TOBI PODHALER		Not covered	SP; QL
tobramycin inhalation	Bethkis	Preferred specialty	SP; QL
TRIKAFTA		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
Mast Cell Stabilizers			
cromolyn sodium inhalation		Nonpreferred generic	
Phosphodiesterase Inhibitors, Airways Disease			
elixophyllin	Elixophyllin	Nonpreferred generic	
OHTUVAYRE		Not covered	SP; QL
roflumilast	Daliresp	Nonpreferred generic	QL
THEO-24		Preferred brand	
theophylline er		Nonpreferred generic	
theophylline oral	Elixophyllin	Nonpreferred generic	
Pulmonary Antihypertensives			
ADEMPAS		Preferred specialty	PA; SP; QL
alyq	Alyq	Preferred specialty	PA; SP; QL
ambrisentan	Letairis	Preferred specialty	PA; SP; QL
bosentan	Tracleer	Preferred specialty	PA; SP; QL
LIQREV ORAL SUSPENSION 10 MG/ML		Not covered	QL
OPSUMIT		Preferred specialty	PA; SP; QL
OPSYNVI		Nonpreferred specialty	PA; SP; QL
ORENITRAM		Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 1		Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 2		Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 3		Nonpreferred specialty	PA; SP; QL
sildenafil citrate oral suspension reconstituted		Nonpreferred generic	PA; QL
sildenafil citrate oral tablet 20 mg	Revatio	Nonpreferred generic	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
tadalafil (pah)	Alyq	Preferred specialty	PA; SP; QL
TADLIQ		Nonpreferred specialty	PA; SP; QL
TRACLEER 32 MG		Nonpreferred specialty	PA; SP; QL
TYVASO		Preferred specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT		Preferred specialty	PA; SP; QL
TYVASO DPI TITRATION KIT		Preferred specialty	PA; SP; QL
TYVASO REFILL KIT		Preferred specialty	PA; SP; QL
TYVASO STARTER KIT		Preferred specialty	PA; SP; QL
UPTRAVI ORAL		Nonpreferred specialty	PA; SP; QL
UPTRAVI TITRATION		Nonpreferred specialty	PA; SP; QL
VENTAVIS		Nonpreferred specialty	PA; SP; QL
WINREVAIR		Nonpreferred specialty	PA; SP; QL
Pulmonary Fibrosis Agents			
OFEV		Preferred specialty	PA; SP; QL
pirfenidone	Esbriet	Preferred specialty	PA; SP; QL
Respiratory Tract Agents, Other			
acetylcysteine inhalation		Nonpreferred generic	
AIRSUPRA		Preferred brand	QL
ANORO ELLIPTA		Preferred brand	QL
azelastine-fluticasone	Dymista	Not covered	QL
BREZTRI AEROSPHERE		Preferred brand	QL
COMBIVENT RESPIMAT		Preferred brand	QL
DUAKLIR PRESSAIR		Not covered	QL
FASENRA PEN		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
HYPERSAL		Nonpreferred brand	
ipratropium-albuterol		Nonpreferred generic	
LIDOCAINE HCL-OXYMETAZOLINE		Not covered	
mometasone furoate nasal	Nasonex 24HR	Nonpreferred generic	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %		Nonpreferred brand	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %		Not covered	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred specialty	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred specialty	PA; SP; QL
ORALAIR		Not covered	QL
potassium iodide oral	SSKI	Nonpreferred generic	
PULMOSAL		Nonpreferred brand	
RYALTRIS		Not covered	QL
sodium chloride inhalation	HyperSal	Nonpreferred generic	
SSKI		Nonpreferred brand	
STIOLTO RESPIMAT		Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred specialty	PA; SP; QL
TRELEGY ELLIPTA		Preferred brand	QL
Skeletal Muscle Relaxants			
BACLOFEN ORAL SOLUTION 5 MG/5ML		Not covered	ABA; QL
baclofen oral suspension	Fleqsuvy	Not covered	QL
baclofen oral tablet		Nonpreferred generic	
BACLOFEN SOLUTION 10 MG/5ML ORAL		Not covered	QL
BACLOFEN SOLUTION 10 MG/5ML ORAL		Not covered	ABA; QL
carisoprodol oral	Soma	Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg		Not covered	
chlorzoxazone oral tablet 500 mg		Nonpreferred generic	
cyclobenzaprine hcl er	Amrix	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		Nonpreferred generic	
cyclobenzaprine hcl oral tablet 7.5 mg	Fexmid	Not covered	
dantrolene sodium oral	Dantrium	Nonpreferred generic	
LYVISPAH		Not covered	QL
metaxalone		Nonpreferred generic	
methocarbamol oral tablet 1000 mg	Tanlor	Not covered	
methocarbamol oral tablet 500 mg, 750 mg		Nonpreferred generic	
NORGESIC		Not covered	QL
NORGESIC FORTE		Not covered	
orphenadrine citrate er		Nonpreferred generic	
orphenadrine-aspirin-caffeine	Norgesic	Nonpreferred generic	PA; QL
ORPHENGESIC FORTE		Not covered	
OZOBAX DS		Not covered	QL
OZOBAX ORAL SOLUTION 5 MG/5ML		Not covered	QL
tizanidine hcl oral	Zanaflex	Nonpreferred generic	
Sleep Disorder Agents			
GABA Receptor Modulators			
EDLUAR		Not covered	QL
eszopiclone	Lunesta	Nonpreferred generic	QL
flurazepam hcl		Nonpreferred generic	QL
temazepam	Restoril	Nonpreferred generic	QL
triazolam	Halcion	Nonpreferred generic	QL
zaleplon		Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
zolpidem tartrate er	Ambien CR	Nonpreferred generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE		Not covered	QL
zolpidem tartrate oral tablet	Ambien	Nonpreferred generic	QL
zolpidem tartrate sublingual		Not covered	QL
Sleep Disorders, Other			
BELSOMRA		Not covered	QL
DAYVIGO		Not covered	QL
doxepin hcl oral tablet	Silenor	Not covered	QL
HETLIOZ LQ		Nonpreferred specialty	PA; SP; QL
QUVIVIQ		Not covered	QL
ramelteon	Rozerem	Nonpreferred generic	QL
tasimelteon	Hetlioz	Preferred specialty	PA; SP; QL
Wakefulness Promoting Agents			
armodafinil	Nuvigil	Nonpreferred generic	QL
LUMRYZ		Nonpreferred specialty	PA; SP; QL
modafinil oral	Provigil	Nonpreferred generic	QL
SODIUM OXYBATE		Nonpreferred specialty	PA; ABA; SP; QL
SUNOSI		Nonpreferred brand	PA; QL
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Call 877-469-2583 TTY: 711 or speak to your provider.

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

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

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

ਅੰਗਰੇਜ਼ੀ ਵਿਚ ਸਹਾਇਕ ਸੇਵਾਵਾਂ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਮੁਫਤ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। ਜੇਕਰ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਨਹੀਂ ਸੋਚਦੇ, ਤਾਂ ਸਹਾਇਕ ਸੇਵਾਵਾਂ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਮੁਫਤ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹਨ। 877-469-2583 TTY: 711 ਜਾਂ ਸੇਵਾ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

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

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

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

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

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

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

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

注: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。情報をアクセスしやすい形式で提供するための適切な補助器具やサービスも無料でご利用いただけます。877-469-2583 TTY: 711 までお電話いただくか、ご利用の事業者にご相談ください。

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются

бесплатно. Позвоните по телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

PAŽNJA: Ako govorite srpsko-hrvatski, dostupne su vam besplatne usluge jezične pomoći. Odgovarajuća pomoćna pomagala i usluge za pružanje informacija u pristupačnim formatima također su dostupni besplatno. Nazovite 877-469-2583 TTY: 711 ili razgovarajte sa svojim pružateljem usluga.

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

Discrimination is against the law

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (including sex characteristics, intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes). Blue Cross Blue Shield of Michigan and Blue Care Network does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

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- Provide people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as: qualified sign language interpreters, written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711. Here's how you can file a civil right complaint if you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

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

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

<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or by mail, phone, or email at:

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

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

[This notice is available at Blue Cross Blue Shield of Michigan and Blue Care Network's website: https://www.bcbsm.com/important-information/policies-practices/nondiscrimination-notice/](https://www.hhs.gov/ocr/complaints/index.html)



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