

## 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 <sup>®</sup> , Anusol-HC <sup>®</sup> , Hemorrex-HC <sup>®</sup> , Proctocort <sup>®</sup> suppository	Topical anti-inflammatory	Generic hydrocortisone suppository
Generic metronidazole capsule	Antibacterial	Generic metronidazole tablet
Humira <sup>®</sup>	Immune Suppressants	Simlandi <sup>®</sup>
Levemir <sup>®</sup>	Long-acting insulin	Lantus <sup>®</sup> , Toujeo <sup>®</sup>
Renacidin <sup>®</sup>	Urinary tract irrigant	Discuss your treatment options with your doctor
Restasis MultiDose <sup>®</sup>	Dry eye disease	Generic cyclosporin ophthalmic emulsion (Restasis <sup>®</sup> )
Vyvanse <sup>®</sup> (brand)	CNS stimulant/ ADHD	Generic methylphenidate (such as Ritalin <sup>®</sup> LA, Concerta <sup>®</sup> ), generic dexmethylphenidate (such as Focalin <sup>®</sup> XR), generic amphetamine/dextroamphetamine (such as Adderall <sup>®</sup> XR), lisdexamphetamine (Vyvanse <sup>®</sup> )

### 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.

<b>Drugs that will have a higher copayment*</b>	<b>Common use or drug class</b>	<b>Preferred alternatives</b>
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



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

# 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 HSA<sup>SM</sup> POS

Blue Elect Plus<sup>SM</sup> POS

BCN PCP Focus

BCN Healthy Blue Living<sup>SM</sup> HMO

BCN HMO<sup>SM</sup>

BCN Fixed Cost<sup>SM</sup>BCN

HRA<sup>SM</sup> HMO

BCN HRA<sup>SM</sup> PCP Focus

BCN HSA<sup>SM</sup> HMO

BCN HSA<sup>SM</sup> PCP Focus

BCN Routine Care<sup>SM</sup> HMO

BCN Virtual Primary Care<sup>SM</sup> 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](https://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](https://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](https://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](https://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
<b>Not covered</b>	<b>Nonformulary</b> This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs aren't covered.	
<b>Covered \$0</b>	<b>No out-of-pocket cost</b> This tier includes select products that are covered with no out-of-pocket costs.	
<b>Preventive</b>	<b>No out-of-pocket cost</b> This tier includes drugs that are covered with no out-of-pocket costs when health care reform requirements are met. When health care reform requirements aren't met, the drug isn't covered.	
<b>Preferred generic</b>	<b>Generic – Lowest out-of-pocket cost</b> 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.	<b>Preferred generic – Lower generic out-of-pocket cost</b> 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.
<b>Nonpreferred generic</b>		<b>Nonpreferred generic – Higher generic out-of-pocket cost</b> 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.
<b>Preferred brand</b>	<b>Preferred brand – Higher out-of-pocket cost</b> This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.	
<b>Nonpreferred brand</b>	<b>Nonpreferred brand – Highest out-of-pocket cost</b> 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.	
<b>Preferred specialty</b>	<b>Specialty</b> This tier includes brand name and select specialty generic drugs, that are used to treat difficult health conditions.	<b>Preferred specialty – Lower out-of-pocket cost</b> 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.
<b>Nonpreferred specialty</b>		<b>Nonpreferred specialty – Higher out-of-pocket cost</b> 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.

---

<b>AL</b>	<b>Age limit</b> – Age restrictions apply.
<b>ABA</b>	<b>Authorized brand alternative</b> – Approved brand medication marketed by either the brand company or another company without the brand name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand out-of-pocket costs will apply for these medications. Some authorized brand alternatives may not be covered.
<b>PA</b>	<b>Prior authorization</b> – Your doctor is required to give more information to determine coverage.
<b>PV1</b>	<b>Preventive 1</b> – Covered with no out-of-pocket costs when health care reform requirements are met. When health care reform requirements aren't met, the drug isn't covered.
<b>PV2</b>	<b>Preventive 2</b> – 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.
<b>PV3</b>	<b>Preventive 3</b> – 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.
<b>QL</b>	<b>Quantity limit</b> – The quantity of medication dispensed at one time is limited.
<b>SP</b>	<b>Specialty medication</b> – Specialty medications treat complex health conditions and may require special handling or administration.
<b>ST</b>	<b>Step therapy</b> – Requires you try one or more preferred drugs before a higher-cost medication can be covered.
<b>15DS</b>	<b>15-day supply</b> – Limits the amount of certain specialty drugs to 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/](http://walgreens.com/pharmacy/) \*.
  - You can use any retail pharmacy in your applicable network.
- Limited-distribution specialty drugs
  - Pharmacy options vary based on the drug. Refer to the **Specialty Drug Program Pharmacy Benefit Member Guide**, and search for the drug you take.
- Home delivery
  - Walgreens Specialty Pharmacy\*\*
  - Website: [WalgreensSpecialtyRx.com](http://WalgreensSpecialtyRx.com)\*
  - 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](http://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](http://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](http://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](http://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

# BCN Custom Select Drug List - November 2024

## Table of Contents

Analgesics.....	10
Anesthetics.....	17
Anti-Addiction/Substance Abuse Treatment Agents.....	17
Antibacterials.....	19
Anticonvulsants.....	24
Antidementia Agents.....	27
Antidepressants.....	28
Antiemetics.....	31
Antifungals.....	32
Antigout Agents.....	34
Antimigraine Agents.....	34
Antimyasthenic Agents.....	36
Antimycobacterials.....	36
Antineoplastics.....	37
Antiparasitics.....	45
Antiparkinson Agents.....	46
Antipsychotics.....	48
Antivirals.....	50
Anxiolytics.....	54
Bipolar Agents.....	55
Blood Glucose Monitoring.....	55
Blood Glucose Regulators.....	58
Blood Products and Modifiers.....	64
Cardiovascular Agents.....	67
Central Nervous System Agents.....	78
Cholestatic Pruritus Agent.....	82
Dental and Oral Agents.....	82
Dermatological Agents.....	83
Electrolytes/Minerals/Metals/Vitamins.....	88
Gastrointestinal Agents.....	91
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment.....	97
Genitourinary Agents.....	99
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal).....	101
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary).....	104
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins).....	106
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers).....	106
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid).....	119
Hormonal Agents, Suppressant (Adrenal).....	119
Hormonal Agents, Suppressant (pituitary).....	119
Hormonal Agents, Suppressant (Thyroid).....	120
Immunological Agents.....	120
Inflammatory Bowel Disease Agents.....	129
Metabolic Bone Disease Agents.....	130
Miscellaneous Therapeutic Agents.....	131
Ophthalmic Agents.....	135
Otic Agents.....	141
Respiratory Tract/Pulmonary Agents.....	141
Skeletal Muscle Relaxants.....	148
Sleep Disorder Agents.....	149

Drug Name	Brand Reference	Drug Tier	Notes
<b>Analgesics</b>			
<b>Nonsteroidal Anti-inflammatory Drugs</b>			
aspirin 81 oral tablet delayed release	Aspir-Low	Preventive	PV1
aspirin adult low dose	Aspir-Low	Preventive	PV1
aspirin adult low strength	Aspir-Low	Preventive	PV1
aspirin childrens	Bayer Low Dose	Preventive	PV1
aspirin ec adult low dose	Aspir-Low	Preventive	PV1
aspirin ec low dose	Aspir-Low	Preventive	PV1
aspirin ec low strength	Aspir-Low	Preventive	PV1
aspirin low dose	Aspir-Low	Preventive	PV1
aspirin oral tablet chewable	Bayer Low Dose	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Aspir-Low	Preventive	PV1
aspirin regimen	Aspir-Low	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	
diflunisal oral		Nonpreferred generic	
ec-naproxen	EC-Naprosyn	Preferred generic	
ELYXYB		Not covered	
etodolac	Lodine	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
etodolac er		Nonpreferred generic	
fenopropfen calcium oral capsule 200 mg		Not covered	QL
fenopropfen calcium oral capsule 400 mg	Nalfon	Nonpreferred generic	QL
fenopropfen calcium oral tablet	Nalfon	Not covered	QL
FLECTOR		Not covered	QL
flurbiprofen oral		Nonpreferred generic	
ft aspirin low dose	Aspir-Low	Preventive	PV1
ft aspirin oral tablet chewable	Bayer Low Dose	Preventive	PV1
goodsense aspirin low dose	Aspir-Low	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
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

Drug Name	Brand Reference	Drug Tier	Notes
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	Aspir-Low	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	
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	

Drug Name	Brand Reference	Drug Tier	Notes
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG		Not covered	QL
<b>Opioid Analgesics, Long-acting</b>			
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
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



Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Opioid Analgesics, Short-acting</b>			
acetaminophen-codeine		Nonpreferred generic	
ALLZITAL		Not covered	
APADAZ		Not covered	QL
apap-caff-dihydrocodeine	Trezix	Nonpreferred generic	
ascomp-codeine	Ascomp-Codeine	Nonpreferred generic	
bac	Bac	Nonpreferred generic	
BENZHYDROCODONE-ACETAMINOPHEN		Not covered	ABA; QL

Drug Name	Brand Reference	Drug Tier	Notes
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		Not covered	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml		Nonpreferred generic	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		Nonpreferred generic	
hydrocodone-acetaminophen oral tablet	Xodol	Nonpreferred generic	
hydrocodone-ibuprofen		Nonpreferred generic	
hydromorphone hcl oral	Dilaudid	Nonpreferred generic	
hydromorphone hcl rectal		Nonpreferred generic	
meperidine hcl oral solution		Nonpreferred generic	
meperidine hcl oral tablet		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
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		Not covered	ABA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION		Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG		Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Endocet	Nonpreferred generic	
oxymorphone hcl		Nonpreferred generic	QL
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	

Drug Name	Brand Reference	Drug Tier	Notes
tramadol hcl oral tablet 50 mg		Preferred generic	
tramadol-acetaminophen		Nonpreferred generic	
<b>Anesthetics</b>			
<b>Local Anesthetics</b>			
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
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>			
<b>Alcohol Deterrents/Anti-craving</b>			
acamprosate calcium		Nonpreferred generic	
disulfiram oral		Nonpreferred generic	
naltrexone hcl oral		Preferred generic	
<b>Opioid Dependence Treatments</b>			
buprenorphine hcl sublingual		Nonpreferred generic	QL
buprenorphine hcl-naloxone hcl	Suboxone	Nonpreferred generic	QL
lofexidine hcl	Lucemyra	Nonpreferred generic	QL
ZUBSOLV		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
<b>Opioid Reversal Agents</b>			
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
<b>Smoking Cessation Agents</b>			
bupropion hcl er (smoking det)		Nonpreferred generic	PV2; QL; AL (Min 18 Years)
ft nicotine	KLS Quit2	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)
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)

Drug Name	Brand Reference	Drug Tier	Notes
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)
<b>Antibacterials</b>			
<b>Aminoglycosides</b>			
ARIKAYCE		Preferred specialty	PA; SP; QL
gentamicin sulfate external		Nonpreferred generic	
HUMATIN		Nonpreferred brand	
neomycin sulfate oral		Nonpreferred generic	
<b>Antibacterials, Other</b>			
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	
CLINDESSE		Nonpreferred brand	
fosfomycin tromethamine		Nonpreferred generic	
LIKMEZ		Nonpreferred brand	QL
linezolid oral	Zyvox	Nonpreferred generic	
mafenide acetate external		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
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	
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

Drug Name	Brand Reference	Drug Tier	Notes
XIFAXAN ORAL TABLET 550 MG		Nonpreferred brand	PA; QL
<b>Beta-lactam, Cephalosporins</b>			
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	
<b>Beta-lactam, Penicillins</b>			
amoxicillin		Nonpreferred generic	
amoxicillin-potassium clavulanate	Augmentin	Nonpreferred generic	
amoxicillin-potassium clavulanate er		Nonpreferred generic	
ampicillin		Nonpreferred generic	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED		Preferred brand	
dicloxacillin sodium		Nonpreferred generic	
penicillin v potassium		Nonpreferred generic	
<b>Macrolides</b>			
azithromycin oral	Zithromax	Nonpreferred generic	
clarithromycin er		Nonpreferred generic	



Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Quinolones</b>			
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	
<b>Sulfonamides</b>			
sulfadiazine oral		Nonpreferred generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Sulfatrim Pediatric	Nonpreferred generic	
sulfamethoxazole-trimethoprim oral tablet	Bactrim	Nonpreferred generic	
sulfatrim pediatric	Sulfatrim Pediatric	Nonpreferred generic	
<b>Tetracyclines</b>			
avidoxy		Preferred generic	
demeclocycline hcl		Nonpreferred generic	
DORYX MPC		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
doxycycline hyclate oral capsule	Vibramycin	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	
MINOLIRA		Not covered	
mondoxyne nl	Mondoxyne NL	Preferred generic	
NUZYRA ORAL		Nonpreferred brand	QL
SEYSARA		Not covered	
tetracycline hcl oral capsule		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
TETRACYCLINE HCL ORAL TABLET		Not covered	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG		Not covered	
<b>Anticonvulsants</b>			
<b>Anticonvulsants, Other</b>			
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
<b>Calcium Channel Modifying Agents</b>			
ethosuximide oral	Zarontin	Nonpreferred generic	
methsuximide	Celontin	Nonpreferred generic	
ZONISADE		Nonpreferred brand	PA; QL
zonisamide oral	Zonegran	Preferred generic	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>			
clobazam	Onfi	Nonpreferred generic	QL
DIACOMIT		Nonpreferred specialty	PA; SP; QL
diazepam rectal		Nonpreferred generic	
gabapentin oral capsule	Neurontin	Preferred generic	
gabapentin oral solution	Neurontin	Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Glutamate Reducing Agents</b>			
EPRONTIA		Nonpreferred brand	PA; QL
felbamate	Felbatol	Nonpreferred generic	
FYCOMPA		Nonpreferred brand	QL
LAMICTAL XR ORAL KIT		Nonpreferred brand	
lamotrigine er	LaMICTal XR	Nonpreferred generic	
lamotrigine oral kit	LaMICTal ODT	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Sodium Channel Agents</b>			
APTIOM		Not covered	QL
carbamazepine er	Carbatrol	Nonpreferred generic	
carbamazepine oral suspension 100 mg/5ml	TEGretol	Preferred generic	
carbamazepine oral tablet	Epitol	Preferred generic	
carbamazepine oral tablet chewable		Preferred generic	
DILANTIN ORAL CAPSULE 30 MG		Preferred brand	
epitol	Epitol	Preferred generic	
lacosamide oral solution 10 mg/ml	Vimpat	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Antidementia Agents</b>			
<b>Antidementia Agents, Other</b>			
NAMZARIC		Not covered	QL
<b>Cholinesterase Inhibitors</b>			
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	
galantamine hydrobromide er		Nonpreferred generic	
rivastigmine	Exelon	Nonpreferred generic	
rivastigmine tartrate		Preferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>			
memantine hcl er	Namenda XR	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
<b>Antidepressants</b>			
<b>Antidepressants, Other</b>			
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
<b>Monoamine Oxidase Inhibitors</b>			
EMSAM		Nonpreferred brand	PA; QL
MARPLAN		Nonpreferred brand	
phenelzine sulfate oral	Nardil	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
tranylcypromine sulfate	Parnate	Nonpreferred generic	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>			
CITALOPRAM HYDROBROMIDE ORAL CAPSULE		Not covered	QL
citalopram hydrobromide oral solution		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 (p added)		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	
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



Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Tricyclics</b>			
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	
protriptyline hcl		Nonpreferred generic	
trimipramine maleate oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
<b>Antiemetics</b>			
<b>Antiemetics, Other</b>			
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	
<b>Emetogenic Therapy Adjuncts</b>			
AKYNZEO ORAL		Nonpreferred brand	PA; QL
ANZEMET		Nonpreferred brand	
aprepitant	Emend	Nonpreferred generic	QL
dronabinol	Marinol	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Antifungals</b>			
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	
EXELDERM		Not covered	
fluconazole oral	Diflucan	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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	
nystatin oral		Nonpreferred generic	
nystatin-triamcinolone		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Antigout Agents</b>			
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	
<b>Antimigraine Agents</b>			
diclofenac potassium(migraine)	Cambia	Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b>			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Preferred brand	PA; QL
AJOVY		Nonpreferred brand	PA; QL
EMGALITY		Preferred brand	PA; QL
NURTEC		Preferred brand	PA; QL
QULIPTA		Preferred brand	PA; QL
UBRELVY		Preferred brand	PA; QL
ZAVZPRET		Not covered	QL
<b>Ergot Alkaloids</b>			
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
<b>Serotonin (5-HT) Receptor Agonists</b>			
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
sumatriptan succinate oral	Imitrex	Nonpreferred generic	QL
sumatriptan succinate refill subcutaneous solution cartridge	Imitrex STATdose Refill	Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
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 5 mg	Zomig	Nonpreferred generic	ST; QL
zolmitriptan oral	Zomig	Nonpreferred generic	QL
ZOMIG NASAL SOLUTION 2.5 MG		Nonpreferred brand	ST; QL
<b>Antimyasthenic Agents</b>			
<b>Parasympathomimetics</b>			
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	
<b>Antimycobacterials</b>			
<b>Antimycobacterials, Other</b>			
dapsone oral		Nonpreferred generic	
rifabutin	Mycobutin	Nonpreferred generic	
<b>Antituberculars</b>			
cycloserine oral		Nonpreferred generic	
ethambutol hcl oral		Nonpreferred generic	
isoniazid oral		Nonpreferred generic	
PRETOMANID		Preferred brand	QL
PRIFTIN		Nonpreferred brand	
pyrazinamide oral		Nonpreferred generic	
rifampin oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
SIRTURO		Preferred brand	PA; QL
TRECTOR		Nonpreferred brand	
<b>Antineoplastics</b>			
<b>Alkylating Agents</b>			
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
<b>Antiandrogens</b>			
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
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



Drug Name	Brand Reference	Drug Tier	Notes
<b>Antiangiogenic Agents</b>			
lenalidomide	Revlimid	Preferred specialty	SP; QL
POMALYST		Nonpreferred specialty	PA; SP; QL
REVLIMID		Nonpreferred specialty	SP; QL
THALOMID		Preferred specialty	SP
<b>Antiestrogens/Modifiers</b>			
EMCYT		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	
<b>Antimetabolites</b>			
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
TABLOID		Nonpreferred brand	
<b>Antineoplastics, Other</b>			
AKEEGA		Preferred specialty	PA; 15DS; SP; QL
AUGTYRO		Nonpreferred specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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
ONUREG		Preferred specialty	PA; SP; QL
PIQRAY		Preferred specialty	PA; SP; QL
ROZLYTREK ORAL CAPSULE		Preferred specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Aromatase Inhibitors, 3rd Generation</b>			
anastrozole oral	Arimidex	Preferred generic	PV3; QL
exemestane	Aromasin	Nonpreferred generic	PV3; QL
letrozole oral	Femara	Preferred generic	
<b>Enzyme Inhibitors</b>			
BALVERSA		Preferred specialty	PA; 15DS; SP; QL
etoposide oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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
ZEJULA		Preferred specialty	PA; SP; QL
<b>Molecular Target Inhibitors</b>			
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
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

Drug Name	Brand Reference	Drug Tier	Notes
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
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

Drug Name	Brand Reference	Drug Tier	Notes
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
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
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
SCEMBLIX		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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		Preferred specialty	PA; SP; QL
TUKYSA		Preferred specialty	PA; SP; QL
TURALIO		Preferred specialty	PA; SP; QL
VANFLYTA		Preferred specialty	PA; 15DS; SP; QL
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

Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Retinoids</b>			
bexarotene external	Targretin	Preferred specialty	PA; SP
bexarotene oral	Targretin	Preferred specialty	PA; 15DS; SP
PANRETIN		Preferred brand	
tretinoin oral		Nonpreferred generic	
<b>Treatment Adjuncts</b>			
MESNEX ORAL		Preferred brand	
<b>Antiparasitics</b>			
<b>Anthelmintics</b>			
albendazole oral		Nonpreferred generic	QL
EMVERM		Not covered	QL
ivermectin oral	Stromectol	Nonpreferred generic	QL
praziquantel oral	Biltricide	Nonpreferred generic	
<b>Antiprotozoals</b>			
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



Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Pediculicides/Scabicides</b>			
CROTAN		Nonpreferred brand	
malathion	Ovide	Nonpreferred generic	
permethrin external		Nonpreferred generic	
spinosad	Natroba	Nonpreferred generic	
<b>Antiparkinson Agents</b>			
<b>Anticholinergics</b>			
benztropine mesylate oral		Preferred generic	
trihexyphenidyl hcl		Preferred generic	
<b>Antiparkinson Agents, Other</b>			
amantadine hcl oral		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Dopamine Agonists</b>			
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
ropinirole hcl		Preferred generic	
ropinirole hcl er		Nonpreferred generic	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>			
carbidopa oral	Lodosyn	Nonpreferred generic	
carbidopa-levodopa er		Preferred generic	
carbidopa-levodopa oral tablet		Preferred generic	
carbidopa-levodopa oral tablet dispersible		Nonpreferred generic	
DHIVY		Not covered	QL
DUOPA		Preferred specialty	PA; SP; QL
RYTARY		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>			
rasagiline mesylate oral	Azilect	Nonpreferred generic	
selegiline hcl oral		Nonpreferred generic	
XADAGO		Nonpreferred brand	QL
ZELAPAR		Not covered	QL
<b>Antipsychotics</b>			
<b>1st Generation/Typical</b>			
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	
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	
<b>2nd Generation/Atypical</b>			
ABILIFY ASIMTUFII		Preferred brand	QL
ABILIFY MAINTENA		Preferred brand	
aripiprazole oral solution		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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
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

Drug Name	Brand Reference	Drug Tier	Notes
UZEDY		Preferred brand	QL
VRAYLAR		Nonpreferred brand	ST; QL
ziprasidone hcl	Geodon	Preferred generic	
ZYPREXA RELPREVV		Preferred brand	
<b>Treatment-Resistant</b>			
clozapine oral tablet	Clozaril	Preferred generic	
clozapine oral tablet dispersible		Nonpreferred generic	
VERSACLOZ		Not covered	
<b>Antivirals</b>			
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)
<b>Anti-cytomegalovirus (CMV) Agents</b>			
LIVTENCITY		Preferred specialty	PA; SP; QL
PREVYMIS ORAL		Nonpreferred brand	QL
valganciclovir hcl	Valcyte	Nonpreferred generic	
<b>Anti-hepatitis B (HBV) Agents</b>			
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
<b>Anti-hepatitis C (HCV) Agents</b>			
EPCLUSA		Preferred specialty	PA; SP; QL
HARVONI ORAL PACKET		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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
<b>Antitherpetic Agents</b>			
acyclovir external cream	Zovirax	Not covered	
acyclovir external ointment	Zovirax	Nonpreferred generic	
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
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>			
BIKTARVY		Preferred brand	QL
DOVATO		Preferred brand	QL
GENVOYA		Preferred brand	QL
ISENTRESS		Preferred brand	
ISENTRESS HD		Preferred brand	
JULUCA		Preferred brand	QL
STRIBILD		Preferred brand	QL
TIVICAY		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
TIVICAY PD		Preferred brand	QL
TYBOST		Preferred brand	QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>			
COMPLERA		Preferred brand	QL
DELSTRIGO		Preferred brand	QL
EDURANT		Preferred brand	QL
efavirenz	Sustiva	Nonpreferred generic	
efavirenz-emtricitab-tenofo df	Atripla	Nonpreferred generic	
efavirenz-lamivudine-tenofovir	Symfi	Nonpreferred generic	QL
etravirine	Intence	Nonpreferred generic	
INTELENCE ORAL TABLET 25 MG		Preferred brand	
nevirapine		Nonpreferred generic	
nevirapine er		Nonpreferred generic	
PIFELTRO		Preferred brand	QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>			
abacavir sulfate	Ziagen	Nonpreferred generic	
abacavir sulfate-lamivudine	Epzicom	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	

Drug Name	Brand Reference	Drug Tier	Notes
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
TRIZIVIR ORAL TABLET 300-150-300 MG		Not covered	
VIREAD ORAL POWDER		Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Preferred brand	
zidovudine	Retrovir	Nonpreferred generic	
<b>Anti-HIV Agents, Other</b>			
FUZEON		Preferred brand	
maraviroc	Selzentry	Nonpreferred generic	
RUKOBIA		Preferred brand	QL
SELZENTRY ORAL SOLUTION		Preferred brand	
SELZENTRY ORAL TABLET 25 MG, 75 MG		Preferred brand	
SUNLENCA ORAL		Preferred specialty	SP; QL
<b>Anti-HIV Agents, Protease Inhibitors</b>			
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	



Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Anti-influenza Agents</b>			
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
<b>Anxiolytics</b>			
<b>Anxiolytics, Other</b>			
bupirone hcl oral		Nonpreferred generic	
hydroxyzine hcl oral		Nonpreferred generic	
hydroxyzine pamoate oral	Vistaril	Nonpreferred generic	
meprobamate		Nonpreferred generic	
<b>Benzodiazepines</b>			
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	

Drug Name	Brand Reference	Drug Tier	Notes
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	Doral	Not covered	QL
<b>Bipolar Agents</b>			
<b>Mood Stabilizers</b>			
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	
<b>Blood Glucose Monitoring</b>			
ACCU-CHEK AVIVA PLUS TEST STRIPS		Preferred brand	QL
ACCU-CHEK GUIDE TEST STRIPS		Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS		Preferred brand	QL
AGAMATRIX PRESTO TEST		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
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
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

Drug Name	Brand Reference	Drug Tier	Notes
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
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

Drug Name	Brand Reference	Drug Tier	Notes
ONETOUGH ULTRA 2 KIT W/DEVICE		Covered \$0	QL
ONETOUGH ULTRA TEST STRIPS		Preferred brand	QL
ONETOUGH VERIO FLEX SYSTEM KIT		Covered \$0	QL
ONETOUGH VERIO TEST STRIPS		Preferred brand	QL
ONETOUGH VERIO REFLECT KIT W/DEVICE		Covered \$0	QL
PERFECT POINT SAFETY LANCETS		Preferred brand	QL
PRECISION XTRA BLOOD GLUCOSE		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
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
<b>Blood Glucose Regulators</b>			
<b>Antidiabetic Agents</b>			
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

Drug Name	Brand Reference	Drug Tier	Notes
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	
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	

Drug Name	Brand Reference	Drug Tier	Notes
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML		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	
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

Drug Name	Brand Reference	Drug Tier	Notes
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML		Preferred brand	ST; QL
VICTOZA		Preferred brand	ST; QL
XIGDUO XR		Preferred brand	QL
XULTOPHY		Preferred brand	QL
ZITUVIO		Not covered	QL
<b>Glycemic Agents</b>			
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 HYPOPEN 1-PACK		Preferred brand	QL
GVOKE HYPOPEN 2-PACK		Preferred brand	QL
GVOKE KIT		Preferred brand	QL
GVOKE PFS		Preferred brand	QL
ZEGALOGUE		Preferred brand	QL
<b>Insulins</b>			
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	



Drug Name	Brand Reference	Drug Tier	Notes
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
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		Preferred generic	
LEVEMIR U-100 VIAL		Preferred generic	
LYUMJEV KWIKPEN		Not covered	
LYUMJEV VIAL		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
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	
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	

Drug Name	Brand Reference	Drug Tier	Notes
<b>Blood Products and Modifiers</b>			
EMPAVELI		Preferred specialty	PA; SP; QL
FABHALTA		Nonpreferred specialty	PA; SP; QL
VOYDEYA		Nonpreferred specialty	PA; SP; QL
<b>Anticoagulants</b>			
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	
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
<b>Blood Formation Modifiers</b>			
ALVAIZ		Not covered	SP; QL
anagrelide hcl	Agrylin	Nonpreferred generic	
ARANESP (ALBUMIN FREE)		Not covered	SP

Drug Name	Brand Reference	Drug Tier	Notes
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
OXBRYTA		Not covered	QL
PROCRIT		Preferred specialty	SP
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

Drug Name	Brand Reference	Drug Tier	Notes
VAFSEO		Nonpreferred specialty	SP; QL
XOLREMDI		Preferred specialty	PA; SP; QL
ZARXIO		Preferred specialty	SP
ZIEXTENZO		Preferred specialty	SP; QL
<b>Hemostasis Agents</b>			
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	
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	

Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Platelet Modifying Agents</b>			
aspirin-dipyridamole er		Nonpreferred generic	
BRILINTA		Preferred brand	QL
CABLIVI		Preferred specialty	PA; SP; QL
cilostazol		Nonpreferred generic	
clopidogrel bisulfate oral	Plavix	Preferred generic	
dipyridamole oral		Nonpreferred generic	
prasugrel hcl	Effient	Preferred generic	QL
YOSPRALA		Not covered	
<b>Cardiovascular Agents</b>			
<b>Alpha-adrenergic Agonists</b>			
clonidine	Catapres-TTS-1	Nonpreferred generic	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG		Not covered	ABA
clonidine hcl oral		Preferred generic	
guanfacine hcl		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
METHYLDOPA		Nonpreferred brand	
midodrine hcl		Nonpreferred generic	
NEXICLON XR		Not covered	
<b>Alpha-adrenergic Blocking Agents</b>			
doxazosin mesylate oral	Cardura	Nonpreferred generic	
phenoxybenzamine hcl oral	Dibenzyline	Nonpreferred generic	PA; QL
prazosin hcl oral		Nonpreferred generic	
<b>Angiotensin II Receptor Antagonists</b>			
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	
VALSARTAN ORAL SOLUTION		Not covered	
valsartan oral tablet	Diovan	Preferred generic	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>			
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	

Drug Name	Brand Reference	Drug Tier	Notes
moexipril hcl		Preferred generic	
perindopril erbumine		Preferred generic	
QBRELIS		Not covered	QL
quinapril hcl	Accupril	Preferred generic	
ramipril	Altace	Preferred generic	
trandolapril		Preferred generic	
<b>Antiarrhythmics</b>			
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	
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	
<b>Beta-adrenergic Blocking Agents</b>			
acebutolol hcl oral		Preferred generic	



Drug Name	Brand Reference	Drug Tier	Notes
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	
KASPARGO SPRINKLE		Not covered	
labetalol hcl oral		Preferred generic	
metoprolol succinate er	Toprol XL	Preferred generic	
metoprolol tartrate oral	Lopressor	Preferred generic	
nadolol oral	Corgard	Preferred generic	
nebivolol hcl	Bystolic	Preferred generic	QL
pindolol		Preferred generic	
propranolol hcl er	Inderal LA	Preferred generic	
propranolol hcl oral		Preferred generic	
timolol maleate oral		Nonpreferred generic	
<b>Calcium Channel Blocking Agents</b>			
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	

Drug Name	Brand Reference	Drug Tier	Notes
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	
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	Tiadyt ER	Nonpreferred generic	
tiadyt er	Tiadyt ER	Nonpreferred generic	
verapamil hcl er	Verelan	Nonpreferred generic	
verapamil hcl oral		Nonpreferred generic	
<b>Cardiovascular Agents, Other</b>			
aliskiren fumarate	Tekturna	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
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
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

Drug Name	Brand Reference	Drug Tier	Notes
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	
spironolactone-hctz		Preferred generic	
telmisartan-amlodipine		Nonpreferred generic	
telmisartan-hctz	Micardis HCT	Preferred generic	
trandolapril-verapamil hcl er		Nonpreferred generic	
triamterene-hctz		Preferred generic	
valsartan-hydrochlorothiazide	Diovan HCT	Preferred generic	
VECAMYL		Not covered	QL
VERQUVO		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
VYNDAMAX		Preferred specialty	PA; SP; QL
VYNDAQEL		Preferred specialty	PA; SP; QL
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>			
acetazolamide er		Nonpreferred generic	
acetazolamide oral		Nonpreferred generic	
dichlorphenamide	Keveyis	Preferred specialty	PA; SP; QL
methazolamide oral		Nonpreferred generic	
<b>Diuretics, Loop</b>			
bumetanide oral	Bumex	Preferred generic	
ethacrynic acid	Edecrin	Nonpreferred generic	
FUROSCIX		Nonpreferred specialty	PA; SP; QL
furosemide oral	Lasix	Preferred generic	
SOAANZ		Not covered	
toremide		Preferred generic	
<b>Diuretics, Potassium-sparing</b>			
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	
<b>Diuretics, Thiazide</b>			
chlorthalidone		Preferred generic	
DIURIL		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
hydrochlorothiazide oral		Preferred generic	
indapamide		Preferred generic	
metolazone		Preferred generic	
THALITONE		Not covered	
<b>Dyslipidemics, Fibric Acid Derivatives</b>			
fenofibrate micronized oral capsule 130 mg, 43 mg		Nonpreferred generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Preferred generic	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG		Not covered	ABA
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	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>			
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	

Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Dyslipidemics, Other</b>			
cholestyramine light	Prevalite	Nonpreferred generic	
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

Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Vasodilators, Direct-acting Arterial/Venous</b>			
isosorbide dinitrate	Isordil Titradoso	Nonpreferred generic	
isosorbide mononitrate		Preferred generic	
isosorbide mononitrate er		Preferred generic	
NITRO-BID		Preferred brand	
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	



Drug Name	Brand Reference	Drug Tier	Notes
<b>Vasodilators, Direct-acting Arterial</b>			
hydralazine hcl oral		Nonpreferred generic	
minoxidil oral		Nonpreferred generic	
<b>Central Nervous System Agents</b>			
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>			
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 ORAL SUSPENSION EXTENDED RELEASE		Not covered	QL
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG		Not covered	QL
lisdexamfetamine dimesylate	Vyvanse	Nonpreferred generic	QL
methamphetamine hcl	Desoxyn	Nonpreferred generic	QL
VYVANSE		Preferred brand	QL
XELSTRYM		Not covered	QL
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>			
atomoxetine hcl	Strattera	Nonpreferred generic	QL
AZSTARYS		Nonpreferred brand	PA; QL
clonidine hcl er		Nonpreferred generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
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
QELBREE		Nonpreferred brand	PA; QL
QUILLICHEW ER		Not covered	QL
QUILLIVANT XR		Not covered	QL
RELEXXII		Not covered	QL
<b>Central Nervous System, Other</b>			
AUSTEDO		Preferred specialty	PA; SP; QL
AUSTEDO XR		Nonpreferred specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
caffeine citrate oral		Nonpreferred generic	
DAYBUE		Preferred specialty	PA; SP; QL
EXSERVAN		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
NUEDEXTA		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
<b>Fibromyalgia Agents</b>			
pregabalin er	Lyrica CR	Not covered	QL
pregabalin oral	Lyrica	Preferred generic	QL
SAVELLA		Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK		Nonpreferred brand	PA; QL
<b>Multiple Sclerosis Agents</b>			
AVONEX PEN		Preferred specialty	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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 INTRAMUSCULAR		Not covered	SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML		Not covered	SP; QL
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Not covered	SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML		Not covered	SP; QL
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
PONVORY		Nonpreferred specialty	SP; QL
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
<b>Cholestatic Pruritus Agent</b>			
<b>Ileal Bile Acid Transporter Inhibitor</b>			
BYLVAY		Preferred specialty	PA; SP; QL
BYLVAY (PELLETS)		Preferred specialty	PA; SP; QL
LIVMARLI		Preferred specialty	PA; SP; QL
<b>Dental and Oral Agents</b>			
cevimeline hcl	Evoxac	Nonpreferred generic	
chlorhexidine gluconate mouth/throat	Periogard	Not covered	
kourzeq	Kourzeq	Nonpreferred generic	
oralone	Kourzeq	Nonpreferred generic	
periogard	Periogard	Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
pilocarpine hcl oral	Salagen	Nonpreferred generic	
triamcinolone acetonide mouth/throat	Kourzeq	Nonpreferred generic	
<b>Dermatological Agents</b>			
ABSORICA LD		Not covered	QL
accutane	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	
amnesteem	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

Drug Name	Brand Reference	Drug Tier	Notes
calcipotriene external ointment	Calcitrene	Nonpreferred generic	
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

Drug Name	Brand Reference	Drug Tier	Notes
dapsone external gel 5 %	Aczone	Not covered	QL
dapsone external gel 7.5 %	Aczone	Not covered	
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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML		Preferred specialty	PA; SP; QL
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred specialty	PA; 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



Drug Name	Brand Reference	Drug Tier	Notes
methoxsalen rapid		Nonpreferred generic	
metronidazole external	MetroCream	Nonpreferred generic	
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	

Drug Name	Brand Reference	Drug Tier	Notes
sulfacetamide sodium-sulfur external cream 10-5 %	Avar-e Emollient	Nonpreferred generic	
sulfacetamide sodium-sulfur external liquid 10-5 %	Avar Cleanser	Nonpreferred generic	
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 INTRAVENOUS		Not covered	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Preferred specialty	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML		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

Drug Name	Brand Reference	Drug Tier	Notes
WYNZORA		Not covered	QL
zenatane	Accutane	Nonpreferred generic	QL
ZILXI		Not covered	QL
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
<b>Electrolytes/Minerals/Metals/Vitamins</b>			
<b>Electrolyte/Mineral Replacement</b>			
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	

Drug Name	Brand Reference	Drug Tier	Notes
k-prime		Nonpreferred generic	
levocarnitine oral solution	Carnitor	Nonpreferred generic	
levocarnitine oral tablet	Carnitor	Nonpreferred generic	
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)
<b>Electrolyte/Mineral/Metal Modifiers</b>			
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 ORAL SUSPENSION 15 GM/60ML		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
LOKELMA		Preferred brand	QL
sodium polystyrene sulfonate		Nonpreferred generic	
SPS ORAL SUSPENSION 15 GM/60ML		Nonpreferred brand	
tolvaptan		Preferred specialty	PA; SP; QL
trientine hcl	Syprine	Preferred specialty	PA; SP; QL
VELTASSA ORAL PACKET 1 GM		Preferred brand	QL
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM		Preferred brand	QL
<b>Phosphate Binders</b>			
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	
<b>Vitamins</b>			
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 oral tablet 800 mcg		Preventive	PV1

Drug Name	Brand Reference	Drug Tier	Notes
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	
vitamin k1 injection		Nonpreferred generic	
yl folic acid		Preventive	PV1
<b>Gastrointestinal Agents</b>			
<b>Antispasmodics, Gastrointestinal</b>			
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	

Drug Name	Brand Reference	Drug Tier	Notes
<b>Gastrointestinal Agents, Other</b>			
amoxicill-clarithro-lansopraz		Nonpreferred generic	
bis subcit-metronid-tetracyc	Pylera	Not covered	
bismuth/metronidaz/tetracyclin	Pylera	Not covered	
CHENODAL		Nonpreferred specialty	PA; SP
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
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	

Drug Name	Brand Reference	Drug Tier	Notes
VOQUEZNA		Not covered	QL
VOQUEZNA DUAL PAK		Not covered	QL
VOQUEZNA TRIPLE PAK		Not covered	QL
VOWST		Nonpreferred specialty	PA; SP; QL
XERMELO		Preferred specialty	PA; SP; QL
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG		Nonpreferred specialty	PA; SP
<b>Histamine2 (H2) Receptor Antagonists</b>			
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	
<b>Irritable Bowel Syndrome Agents</b>			
alosetron hcl	Lotronex	Nonpreferred generic	QL
IBSRELA		Not covered	QL
LINZESS		Preferred brand	QL
lubiprostone	Amitiza	Nonpreferred generic	QL
VIBERZI		Not covered	QL
<b>Laxatives</b>			
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)



Drug Name	Brand Reference	Drug Tier	Notes
clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ		Nonpreferred brand	QL
constulose		Nonpreferred generic	
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)

Drug Name	Brand Reference	Drug Tier	Notes
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	
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

Drug Name	Brand Reference	Drug Tier	Notes
polyethylene glycol 3350 oral packet 17 gm	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
polyethylene glycol 3350 oral powder	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)
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)
<b>Protectants</b>			
misoprostol oral	Cytotec	Nonpreferred generic	
sucralfate oral	Carafate	Nonpreferred generic	
<b>Proton Pump Inhibitors</b>			
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

Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>			
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

Drug Name	Brand Reference	Drug Tier	Notes
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
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		Preferred specialty	PA; SP; QL
VIKACE		Not covered	
VOXZOGO		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
WAINUA		Nonpreferred specialty	PA; SP; QL
XURIDEN		Preferred specialty	PA; SP; QL
yargesa	Yargesa	Preferred specialty	PA; SP; QL
ZENPEP		Preferred brand	
<b>Genitourinary Agents</b>			
<b>Antispasmodics, Urinary</b>			
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
<b>Benign Prostatic Hypertrophy Agents</b>			
alfuzosin hcl er	Uroxatral	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
CARDURA XL		Nonpreferred brand	
dutasteride oral	Avodart	Nonpreferred generic	
dutasteride-tamsulosin hcl		Nonpreferred generic	QL
ENTADFI		Not covered	QL
finasteride oral tablet 5 mg	Proscar	Nonpreferred generic	
silodosin	Rapaflo	Nonpreferred generic	QL
tamsulosin hcl	Flomax	Nonpreferred generic	
terazosin hcl		Nonpreferred generic	
<b>Genitourinary Agents, Other</b>			
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

Drug Name	Brand Reference	Drug Tier	Notes
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>			
AGAMREE		Nonpreferred specialty	PA; SP; QL
ALA SCALP		Nonpreferred brand	
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	
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



Drug Name	Brand Reference	Drug Tier	Notes
desonide external cream	DesOwen	Nonpreferred generic	
desonide external gel		Not covered	
desonide external lotion		Nonpreferred generic	
desonide external ointment		Nonpreferred generic	
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-Smoothe/FS Body	Nonpreferred generic	
fluocinolone acetonide external	Synalar	Nonpreferred generic	
fluocinolone acetonide scalp	Derma-Smoothe/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	

Drug Name	Brand Reference	Drug Tier	Notes
fluticasone propionate external		Nonpreferred generic	
halcinonide	Halog	Not covered	
halobetasol propionate external cream		Nonpreferred generic	
halobetasol propionate external foam	Lexette	Not covered	
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 %	Locoid Lipocream	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 valerate		Nonpreferred generic	
HYDROXYM EXTERNAL CREAM		Not covered	
IMPOYZ		Not covered	
LOCOID LIPOCREAM		Nonpreferred brand	
MEDROL ORAL TABLET 2 MG		Nonpreferred brand	
methylprednisolone oral	Medrol	Preferred generic	
mometasone furoate external		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
PANDEL		Not covered	
prednisolone oral solution		Preferred generic	
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		Nonpreferred brand	
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	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>			
ACTHAR		Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ACTHAR GEL		Not covered	SP; QL
cabergoline		Nonpreferred generic	
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

Drug Name	Brand Reference	Drug Tier	Notes
NOVAREL		Not covered	SP; QL
NUTROPIN AQ NUSPIN 10		Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 20		Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 5		Nonpreferred specialty	PA; SP
OMNITROPE		Nonpreferred specialty	PA; SP
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML		Preferred specialty	PA; SP; QL
PREGNYL		Preferred specialty	PA; SP; QL
RECORLEV		Not covered	SP; QL
SAIZEN		Nonpreferred specialty	PA; SP
SKYTROFA		Nonpreferred specialty	PA; SP
SOGROYA		Nonpreferred specialty	PA; SP; QL
ZOMACTON		Nonpreferred specialty	PA; SP
<b>Selective Estrogen Receptor Modifying Agents</b>			
CLOMID		Nonpreferred brand	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>			
mifepristone oral tablet 300 mg	Korlym	Preferred specialty	PA; SP; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>			
<b>Androgens</b>			
ANDRODERM		Preferred brand	PA; QL
danazol oral		Nonpreferred generic	
INTRAROSA		Nonpreferred brand	
JATENZO		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
KYZATREX		Not covered	QL
METHITEST		Nonpreferred brand	QL
methyltestosterone oral		Not covered	QL
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
XYOSTED		Not covered	QL
<b>Estrogens</b>			
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

Drug Name	Brand Reference	Drug Tier	Notes
ANGELIQ		Nonpreferred brand	
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

Drug Name	Brand Reference	Drug Tier	Notes
camrese lo	Camrese Lo	Preferred generic	PV2; QL
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	



Drug Name	Brand Reference	Drug Tier	Notes
elinest		Preferred generic	PV2
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		Not covered	
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	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	Estartylla	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-Estartylla	Preferred generic	PV2
tri-legest fe	Tilia Fe	Preferred generic	PV2
tri-linyah	Tri-Estartylla	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
<b>Progestins</b>			
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
<b>Selective Estrogen Receptor Modifying Agents</b>			
OSPHENA		Nonpreferred brand	
raloxifene hcl	Evista	Nonpreferred generic	PV3; QL

Drug Name	Brand Reference	Drug Tier	Notes
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>			
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	
<b>Hormonal Agents, Suppressant (Adrenal)</b>			
LYSODREN		Preferred brand	
<b>Hormonal Agents, Suppressant (pituitary)</b>			
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	SandoSTATIN	Preferred specialty	SP
ORLISSA		Preferred brand	PA; QL
SIGNIFOR		Preferred specialty	PA; SP; QL
SOMAVERT		Preferred specialty	PA; SP
SYNAREL		Nonpreferred brand	
<b>Hormonal Agents, Suppressant (Thyroid)</b>			
<b>Antithyroid Agents</b>			
methimazole oral		Nonpreferred generic	
propylthiouracil oral		Nonpreferred generic	
<b>Immunological Agents</b>			
<b>Angioedema Agents</b>			
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
sajazir	Sajazir	Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
TAKHZYRO		Preferred specialty	PA; SP; QL
<b>Immune Suppressants</b>			
ABRILADA (1 PEN)		Not covered	SP; QL
ABRILADA (2 PEN)		Not covered	SP; QL
ABRILADA (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-AACF (2 PEN)		Not covered	SP; QL
ADALIMUMAB-AACF (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-AACF(CD/UC/HS STRT)		Not covered	SP; QL
ADALIMUMAB-AACF(PS/UV STARTER)		Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)		Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)		Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-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 KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML		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) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML		Preferred specialty	PA; SP; QL
HUMIRA (2 SYRINGE)		Preferred specialty	PA; SP; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML		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 PEN-INJECTOR KIT 80 MG/0.8ML		Preferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		Preferred specialty	PA; SP; QL
HYRIMOZ		Not covered	SP
HYRIMOZ-CROHNS/UC STARTER		Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER		Not covered	SP
HYRIMOZ-PED>=40KG CROHN START		Not covered	SP
HYRIMOZ-PLAQ PSOR/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

Drug Name	Brand Reference	Drug Tier	Notes
OTREXUP		Not covered	SP; QL
PROGRAF ORAL PACKET		Nonpreferred specialty	SP
RASUVO		Not covered	SP; QL
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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML		Not covered	SP
ZYMFENTRA (1 PEN)		Not covered	SP; QL
ZYMFENTRA (2 PEN)		Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)		Not covered	SP; QL
<b>Immunoglobulins</b>			
CUTAQUIG		Nonpreferred specialty	PA; SP

Drug Name	Brand Reference	Drug Tier	Notes
CUVITRU		Not covered	SP
GAMMAGARD		Preferred specialty	PA; SP
GAMMAKED		Nonpreferred specialty	PA; SP
GAMUNEX-C		Nonpreferred specialty	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION		Preferred specialty	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		Preferred specialty	PA; SP
HYQVIA		Nonpreferred specialty	PA; SP
XEMBIFY		Nonpreferred specialty	PA; SP
<b>Immunomodulators</b>			
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 SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML		Not covered	SP; QL
KEVZARA		Nonpreferred specialty	PA; SP; QL
leflunomide oral	Arava	Nonpreferred generic	
OTEZLA		Preferred specialty	PA; SP; QL
RIDAURA		Preferred brand	



Drug Name	Brand Reference	Drug Tier	Notes
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
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred specialty	PA; SP; QL
<b>Immunosuppressants</b>			
JOENJA		Preferred specialty	PA; SP; QL
<b>Vaccines</b>			
ABRYSVO		Preventive	PV1; QL
ACTHIB		Preventive	PV1; QL
ADACEL		Preventive	PV1; QL
AFLURIA		Preventive	PV1; QL
AFLURIA PRESERVATIVE FREE		Preventive	PV1; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION		Preventive	PV1; QL
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		Preventive	PV1; QL
AREXVY		Preventive	PV1; QL
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
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML		Preventive	PV1; QL
DAPTACEL		Preventive	PV1; QL
DENGVAXIA		Preventive	PV1; QL
ENGERIX-B		Preventive	PV1; QL
FLUAD		Preventive	PV1; QL
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
FLUARIX		Preventive	PV1; QL
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		Preventive	PV1; QL
FLUBLOK		Preventive	PV1; QL
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML		Preventive	PV1; QL
FLUCELVAX		Preventive	PV1; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION		Preventive	PV1; QL
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		Preventive	PV1; QL
FLULAVAL		Preventive	PV1; QL
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		Preventive	PV1; QL
FLUMIST		Preventive	PV1; QL
FLUMIST QUADRIVALENT NASAL SUSPENSION		Preventive	PV1; QL
FLUZONE HIGH-DOSE		Preventive	PV1; QL
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML		Preventive	PV1; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE		Preventive	PV1; QL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION		Preventive	PV1; QL
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML		Preventive	PV1; QL
GARDASIL 9		Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX		Preventive	PV1; QL
HEPLISAV-B		Preventive	PV1; QL
HIBERIX		Preventive	PV1; QL
INFANRIX		Preventive	PV1; QL
IPOL		Preventive	PV1; QL
JYNNEOS		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
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
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML		Preventive	PV1; QL
MRESVIA		Preventive	PV1; QL
NOVAVAX COVID-19 VACCINE		Preventive	PV1; QL
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML		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 INJECTION INJECTABLE 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
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML		Preventive	PV1; QL
TDVAX		Preventive	PV1; QL
TENIVAC		Preventive	PV1; QL
TRUMENBA		Preventive	PV1; QL
TWINRIX		Preventive	PV1; QL
VAQTA		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML		Preventive	PV1; QL
VAXELIS		Preventive	PV1; QL
VAXNEUVANCE		Preventive	PV1; QL
<b>Inflammatory Bowel Disease Agents</b>			
<b>Aminosalicylates</b>			
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	
<b>Glucocorticoids</b>			
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	

Drug Name	Brand Reference	Drug Tier	Notes
CORTIFOAM		Nonpreferred brand	
EOHILIA		Nonpreferred specialty	PA; SP; QL
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
<b>Sulfonamides</b>			
sulfasalazine oral	Azulfidine	Preferred generic	
<b>Metabolic Bone Disease Agents</b>			
alendronate sodium	Fosamax	Preferred generic	QL
BINOSTO		Not covered	QL
calcitonin (salmon)	Miacalcin	Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
calcitriol oral	Rocaltrol	Nonpreferred generic	
cinacalcet hcl	Sensipar	Preferred specialty	SP
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

Drug Name	Brand Reference	Drug Tier	Notes
AQUASTAT		Nonpreferred brand	
AQUASTAT SFR		Nonpreferred brand	
BD AUTOSHIELD DUO PEN NEEDLES		Preferred brand	
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

Drug Name	Brand Reference	Drug Tier	Notes
DUREX TROPICAL		Preventive	PV1; QL
EASIVENT		Nonpreferred brand	QL
ergoloid mesylates oral		Nonpreferred generic	
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



Drug Name	Brand Reference	Drug Tier	Notes
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
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
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

Drug Name	Brand Reference	Drug Tier	Notes
VEOZAH		Nonpreferred brand	PA; QL
V-GO 20		Preferred brand	QL
V-GO 30		Preferred brand	QL
V-GO 40		Preferred brand	QL
VISTOGARD		Preferred 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
ZILBRYSQ		Nonpreferred specialty	PA; SP; QL
ZOKINVY		Preferred specialty	PA; SP; QL
<b>Ophthalmic Agents</b>			
<b>Aminoglycosides</b>			
gentamicin sulfate ophthalmic		Nonpreferred generic	
neomycin-polymyxin-gramicidin		Nonpreferred generic	
TOBRADEX		Preferred brand	
TOBRADEX ST		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
tobramycin ophthalmic		Nonpreferred generic	
tobramycin-dexamethasone		Nonpreferred generic	
TOBREX		Nonpreferred brand	
<b>Antibacterials, Other</b>			
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	
XDEMVY		Preferred brand	PA; QL
<b>Anti-cytomegalovirus (CMV) Agents</b>			
ZIRGAN		Preferred brand	
<b>Antifungals</b>			
NATACYN		Preferred brand	
<b>Antitherpetic Agents</b>			
trifluridine		Nonpreferred generic	
<b>Macrolides</b>			
AZASITE		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
erythromycin ophthalmic		Nonpreferred generic	
<b>Ophthalmic Agents, Other</b>			
atropine sulfate ophthalmic ointment		Nonpreferred generic	
atropine sulfate ophthalmic solution 1 %		Nonpreferred generic	
CEQUA		Not covered	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	Mydracyl	Nonpreferred generic	
TYRVAYA		Not covered	QL
VERKAZIA		Not covered	QL
VEVYE		Not covered	QL
XIIDRA		Preferred brand	QL
ZYLET		Nonpreferred brand	
<b>Ophthalmic Anti-allergy Agents</b>			
ALOCRIL		Nonpreferred brand	
ALOMIDE		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
altafrin	Altafrin	Nonpreferred generic	
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
ZERVIAE		Not covered	
<b>Ophthalmic Antiglaucoma Agents</b>			
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	

Drug Name	Brand Reference	Drug Tier	Notes
levobunolol hcl		Preferred generic	
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	
<b>Ophthalmic Anti-inflammatories</b>			
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 OPTHALMIC		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

Drug Name	Brand Reference	Drug Tier	Notes
ketorolac tromethamine ophthalmic	Acular	Nonpreferred generic	
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	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>			
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
<b>Quinolones</b>			
BESIVANCE		Nonpreferred brand	
CILOXAN		Preferred brand	
ciprofloxacin hcl ophthalmic		Nonpreferred generic	
gatifloxacin ophthalmic		Nonpreferred generic	

Drug Name	Brand Reference	Drug Tier	Notes
levofloxacin ophthalmic		Nonpreferred generic	
moxifloxacin hcl (2x day)		Nonpreferred generic	
moxifloxacin hcl ophthalmic	Vigamox	Nonpreferred generic	
ofloxacin ophthalmic	Ocuflox	Nonpreferred generic	
<b>Sulfonamides</b>			
sulfacetamide sodium ophthalmic		Nonpreferred generic	
<b>Otic Agents</b>			
acetic acid otic		Nonpreferred generic	
CIPRO HC		Nonpreferred brand	
ciprofloxacin hcl otic	Cetraxal	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	
<b>Respiratory Tract/Pulmonary Agents</b>			
<b>Antihistamines</b>			
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	



Drug Name	Brand Reference	Drug Tier	Notes
clemastine fumarate oral syrup		Not covered	
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	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>			
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
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY		Not covered	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

Drug Name	Brand Reference	Drug Tier	Notes
DULERA INHALATION AEROSOL 50-5 MCG/ACT		Not covered	
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 REDHALER		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

Drug Name	Brand Reference	Drug Tier	Notes
<b>Antileukotrienes</b>			
montelukast sodium oral	Singulair	Preferred generic	QL
zafirlukast	Accolate	Nonpreferred generic	QL
zileuton er		Nonpreferred generic	QL
ZYFLO		Not covered	QL
<b>Bronchodilators, Anticholinergic</b>			
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
<b>Bronchodilators, Sympathomimetic</b>			
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

Drug Name	Brand Reference	Drug Tier	Notes
formoterol fumarate inhalation	Perforomist	Nonpreferred generic	QL
levalbuterol hcl inhalation		Nonpreferred generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT		Nonpreferred brand	ABA; 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
<b>Cystic Fibrosis Agents</b>			
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
<b>Mast Cell Stabilizers</b>			
cromolyn sodium inhalation		Nonpreferred generic	
<b>Phosphodiesterase Inhibitors, Airways Disease</b>			
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	
<b>Pulmonary Antihypertensives</b>			
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
<b>Pulmonary Fibrosis Agents</b>			
OFEV		Preferred specialty	PA; SP; QL
pirfenidone	Esbriet	Preferred specialty	PA; SP; QL
<b>Respiratory Tract Agents, Other</b>			
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	
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
<b>Skeletal Muscle Relaxants</b>			
BACLOFEN ORAL SOLUTION		Not covered	ABA; QL
baclofen oral suspension	Fleqsuvy	Not covered	QL
baclofen oral tablet		Nonpreferred generic	
carisoprodol oral	Soma	Not covered	
chlorzoxazone oral tablet 250 mg		Not covered	
chlorzoxazone oral tablet 375 mg, 750 mg	Lorzone	Not covered	
chlorzoxazone oral tablet 500 mg		Nonpreferred generic	
cyclobenzaprine hcl er	Amrix	Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
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	
<b>Sleep Disorder Agents</b>			
<b>GABA Receptor Modulators</b>			
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
zolpidem tartrate er	Ambien CR	Nonpreferred generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE		Not covered	QL
zolpidem tartrate oral tablet	Ambien	Nonpreferred generic	QL



Drug Name	Brand Reference	Drug Tier	Notes
zolpidem tartrate sublingual		Not covered	QL
<b>Sleep Disorders, Other</b>			
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
<b>Wakefulness Promoting Agents</b>			
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
WAKIX		Nonpreferred specialty	PA; SP; QL
XYREM		Nonpreferred specialty	PA; SP; QL
XYWAV		Not covered	SP; QL

## Index of Drugs

abacavir sulfate.....	52	ADALIMUMAB-		AFSTYLA.....	66
abacavir sulfate-lamivudine.....	52	ADBM(CD/UC/HS STRT).....	121	aftera.....	117
ABILIFY ASIMTUFII.....	48	ADALIMUMAB-ADBM(PS/UV		AGAMATRIX PRESTO TEST... 55	
ABILIFY MAINTENA.....	48	STARTER).....	121	AGAMREE.....	101
abiraterone acetate.....	37	ADALIMUMAB-FKJP (2 PEN) 121		AIMOVIG.....	35
ABRILADA (1 PEN).....	121	ADALIMUMAB-FKJP (2		AIRDUO DIGIHALER.....	142
ABRILADA (2 PEN).....	121	SYRINGE).....	121	AIRDUO RESPICLICK 113/14 142	
ABRILADA (2 SYRINGE).....	121	ADALIMUMAB-RYVK (2 PEN) 121		AIRDUO RESPICLICK 232/14 142	
ABRYSVO.....	126	ADALIMUMAB-RYVK (2		AIRDUO RESPICLICK 55/14.. 142	
ABSORICA LD.....	83	SYRINGE).....	121	AIRSUPRA.....	147
acamprosate calcium.....	17	adapalene.....	83	AJOVY.....	35
acarbose.....	58	ADAPALENE.....	83	AKEEGA.....	38
ACCRUFER.....	88	adapalene-benzoyl peroxide..... 83		AKLIEF.....	83
ACCU-CHEK AVIVA PLUS		ADBRY.....	83	AKYNZEO.....	31
KIT W/DEVICE.....	55	ADDERALL XR.....	78	ALA SCALP.....	101
ACCU-CHEK GUIDE TEST		adefovir dipivoxil.....	50	ala-cort.....	101
STRIPS.....	55	ADEMPAS.....	146	albendazole.....	45
ACCU-CHEK SMARTVIEW		ADLARITY.....	27	albuterol sulfate.....	144
TEST STRIPS.....	55	ADMELOG.....	61	ALBUTEROL SULFATE.....	144
accutane.....	83	ADMELOG SOLOSTAR.....	61	albuterol sulfate hfa.....	144
acebutolol hcl.....	69	ADTHYZA.....	119	ALBUTEROL SULFATE HFA. 144	
acetaminophen-codeine.....	14	ADVAIR HFA.....	142	alclometasone dipropionate... 101	
acetazolamide.....	74	ADVATE.....	66	ALECENSA.....	41
acetazolamide er.....	74	ADYNOVATE.....	66	alendronate sodium.....	130
acetic acid.....	100, 141	ADZENYS XR-ODT.....	78	ALFERON N.....	125
acetylcysteine.....	147	AEMCOLO.....	19	alfuzosin hcl er.....	99
acitretin.....	83	AEROCHAMBER HOLDING		ALINIA.....	45
ACTEMRA.....	125	CHAMBER.....	131	aliskiren fumarate.....	71
ACTEMRA ACTPEN.....	125	AEROCHAMBER MINI		ALKINDI SPRINKLE.....	101
ACTHAR.....	104	CHAMBER.....	131	allopurinol.....	34
ACTHAR GEL.....	105	AEROCHAMBER MV.....	131	ALLZITAL.....	14
ACTHIB.....	126	AEROCHAMBER PLS FLOVU		almotriptan malate.....	35
ACTIMMUNE.....	125	MTHPIECE.....	131	ALOCRIL.....	137
ACUVAIL.....	139	AEROCHAMBER PLUS FLO-		ALOGLIPTIN BENZOATE.....	58
acyclovir.....	51	VU.....	131	ALOGLIPTIN-METFORMIN	
ADACEL.....	126	AEROCHAMBER PLUS FLO-		HCL.....	58
ADALIMUMAB-AACF (2 PEN) 121		VU INTERM.....	131	ALOGLIPTIN-PIOGLITAZONE. 58	
ADALIMUMAB-AACF (2		AEROCHAMBER PLUS FLO-		ALOMIDE.....	137
SYRINGE).....	121	VU LARGE.....	131	ALORA.....	107
ADALIMUMAB-		AEROCHAMBER PLUS FLO-		alosetron hcl.....	93
AACF(CD/UC/HS STRT).....	121	VU MEDIUM.....	131	ALPHANATE.....	66
ADALIMUMAB-AACF(PS/UV		AEROCHAMBER PLUS FLO-		ALPHANINE SD.....	66
STARTER).....	121	VU SMALL.....	131	alprazolam.....	54
ADALIMUMAB-AATY (1 PEN) 121		AEROCHAMBER PLUS		alprazolam er.....	54
ADALIMUMAB-AATY (2 PEN) 121		FLOW VU.....	131	alprazolam intensol.....	54
ADALIMUMAB-AATY (2		AEROCHAMBER		alprazolam xr.....	54
SYRINGE).....	121	W/FLOWSIGNAL.....	131	ALPROLIX.....	66
ADALIMUMAB-ADAZ.....	121	afirmelle.....	107	ALTABAX.....	19
ADALIMUMAB-ADBM (2 PEN)		AFLURIA.....	126	altafrin.....	138
.....	121	AFLURIA PRESERVATIVE		altavera.....	107
ADALIMUMAB-ADBM (2		FREE.....	126	ALTOPREV.....	75
SYRINGE).....	121	AFLURIA QUADRIVALENT ... 126		ALTRENO.....	83
		AFREZZA.....	61	ALTUVIIIO.....	66

ALUNBRIG.....	41	anastrozole.....	40	aspirin childrens.....	10
ALVAIZ.....	64	ANDRODERM.....	106	aspirin ec adult low dose.....	10
ALVESCO.....	142	ANGELIQ.....	108	aspirin ec low dose.....	10
alyacen 1/35.....	107	ANNOVERA.....	108	aspirin ec low strength.....	10
alyacen 7/7/7.....	107	ANORO ELLIPTA.....	147	aspirin low dose.....	10
alyq.....	146	ANTIVERT.....	31	aspirin regimen.....	10
amabelz.....	107	anucort-hc.....	129	aspirin-dipyridamole er.....	67
amantadine hcl.....	46	ANUSOL-HC.....	129	ASPRUZYO SPRINKLE.....	72
ambrisentan.....	146	ANZEMET.....	31	ASSURE PLATINUM.....	56
amcinonide.....	101	APADAZ.....	14	ASTAGRAF XL.....	121
amethia.....	107	apap-caff-dihydrocodeine.....	14	atazanavir sulfate.....	53
amethyst.....	107	APEXICON E.....	101	atenolol.....	70
amiloride hcl.....	74	APIDRA SOLOSTAR.....	61	atenolol-chlorthalidone.....	72
amiloride-hydrochlorothiazide... 72		APIDRA VIAL.....	61	atomoxetine hcl.....	78
aminocaproic acid.....	66	APLENZIN.....	28	ATORVALIQ.....	75
amiodarone hcl.....	69	apomorphine hcl.....	47	atorvastatin calcium.....	75
amitriptyline hcl.....	30	apraclonidine hcl.....	138	atovaquone.....	45
AMJEVITA.....	121	aprepitant.....	31	atovaquone-proguanil hcl.....	45
AMJEVITA-PED 10KG TO		apri.....	108	atropine sulfate.....	137
<15KG SUBCUTANEOUS		APTIOM.....	26	ATROVENT HFA.....	144
SOLUTION PREFILLED		APTIVUS.....	53	aubra eq.....	108
SYRINGE 10MG/0.2ML.....	121	AQUASTAT.....	132	AUGMENTIN.....	21
AMJEVITA-PED 15KG TO		AQUASTAT SFR.....	132	AUGTYRO.....	38
<30KG.....	121	ARAKODA.....	45	aurovela 1.5/30.....	108
amlodipine besylate.....	70	aranelle.....	108	aurovela 1/20.....	108
amlodipine besylate-benzepiril		ARANESP (ALBUMIN FREE)... 64		aurovela 24 fe.....	108
hcl.....	72	ARAZLO.....	83	aurovela fe 1.5/30.....	108
amlodipine besylate-valsartan.. 72		ARCALYST.....	125	aurovela fe 1/20.....	108
amlodipine-atorvastatin.....	72	AREXVY.....	126	AURYXIA.....	90
amlodipine-olmesartan.....	72	arformoterol tartrate.....	144	AUSTEDO.....	79
amlodipine-valsartan-hctz.....	72	ARGYLE STERILE SALINE... 100		AUSTEDO XR.....	79
ammonium lactate.....	83	ARIKAYCE.....	19	AUSTEDO XR PATIENT	
amnestem.....	83	aripiprazole.....	48, 49	TITRATION.....	79
amoxapine.....	30	ARISTADA.....	49	AUVELITY.....	28
amoxicill-clarithro-lansopraz.... 92		ARISTADA INITIO.....	49	AUVI-Q.....	144
amoxicillin.....	21	armodafinil.....	150	aviane.....	108
amoxicillin-potassium		ARMONAIR DIGIHALER.....	142	avidoxy.....	22
clavulanate.....	21	ARMOUR THYROID.....	119	AVONEX PEN.....	80
amoxicillin-potassium		ARNUITY ELLIPTA.....	142	AVONEX PREFILLED.....	81
clavulanate er.....	21	ascomp-codeine.....	14	ayuna.....	108
amphetamine sulfate.....	78	asenapine maleate.....	49	AYVAKIT.....	41
amphetamine-		ashlyna.....	108	AZASITE.....	136
dextroamphetamine.....	78	ASMANEX (120 METERED		azathioprine.....	121
amphetamine-		DOSES).....	142	azelaic acid.....	83
dextroamphetamine er.....	78	ASMANEX (30 METERED		azelastine hcl.....	138, 141
amphet-dextroamphet 3-bead		DOSES).....	142	azelastine-fluticasone.....	147
er.....	78	ASMANEX (60 METERED		AZELEX.....	83
ampicillin.....	21	DOSES).....	142	azithromycin.....	21
AMZEEQ.....	83	ASMANEX HFA.....	142	AZSTARYS.....	78
anagrelide hcl.....	64	aspirin.....	10	azurette.....	108
ANALPRAM HC.....	129	aspirin 81.....	10	bac.....	14
ANALPRAM HC SINGLES.....	129	aspirin adult low dose.....	10	bacitracin.....	136
ANALPRAM-HC.....	129	aspirin adult low strength.....	10	bacitracin-polymyxin b.....	136

bacitra-neomycin-polymyxin-hc	37	budesonide-formoterol	
.....	136	fumarate.....	142
BACLOFEN.....	148	bumetanide.....	74
baclofen.....	148	buprenorphine.....	13
BAFIERTAM.....	81	buprenorphine hcl.....	17
balsalazide disodium.....	129	buprenorphine hcl-naloxone	
BALVERSA.....	40	hcl.....	17
balziva.....	108	bupropion hcl.....	28
BAQSIMI ONE PACK.....	61	bupropion hcl er (smoking det).	18
BAQSIMI TWO PACK.....	61	bupropion hcl er (sr).....	28
BARACLUDE.....	50	bupropion hcl er (xl).....	28
BASAGLAR KWIKPEN.....	61	BUPROPION HCL ER (XL).....	28
BAXDELA.....	22	buspirone hcl.....	54
BD AUTOSHIELD DUO PEN		butalbital-acetaminophen.....	15
NEEDLES.....	132	BUTALBITAL-	
BD POSIFLUSH.....	132	ACETAMINOPHEN.....	15
BD POSIFLUSH SAFESCRUB		butalbital-apap-caff-cod.....	15
.....	132	butalbital-apap-caffeine.....	15
BD ULTRA-FINE INSULIN		butalbital-asa-caff-codeine.....	15
SYRINGES.....	132	butalbital-aspirin-caffeine.....	15
BD ULTRA-FINE PEN		butorphanol tartrate.....	15
NEEDLES.....	132	BYDUREON BCISE	
BECONASE AQ.....	142	AUTOINJECTOR.....	58
BELBUCA.....	13	BYETTA 10 MCG PEN.....	58
belladonna alkaloids-opium.....	91	BYETTA 5 MCG PEN.....	58
BELSOMRA.....	150	BYLVAY.....	82
benazepril hcl.....	68	BYLVAY (PELLETS).....	82
benazepril-hydrochlorothiazide.	72	cabergoline.....	105
BENEFIX.....	66	CABLIVI.....	67
BENLYSTA.....	125	CABOMETRYX.....	41
BENZHYDROCODONE-		CABTREO.....	83
ACETAMINOPHEN.....	14	caffeine citrate.....	80
BENZNIDAZOLE.....	45	calcipotriene.....	83, 84
benzoyl peroxide-erythromycin.	83	CALCIPOTRIENE.....	83
benztropine mesylate.....	46	calcipotriene-betameth diprop...	84
bepotastine besilate.....	138	calcitonin (salmon).....	130
BESIVANCE.....	140	calcitriol.....	84, 131
BESREMI.....	39	calcium acetate.....	90
betaine.....	97	calcium acetate (phos binder)...	90
betamethasone dipropionate..	101	CALQUENCE.....	41
betamethasone dipropionate		camila.....	117
aug.....	101	camrese.....	108
betamethasone valerate.....	101	camrese lo.....	109
BETASERON.....	81	CAMZYOS.....	72
betaxolol hcl.....	70, 138	candesartan cilexetil.....	68
bethanechol chloride.....	100	candesartan cilexetil-hctz.....	72
BETIMOL.....	138	capecitabine.....	38
BETOPTIC-S.....	138	CAPEX.....	101
BEVESPI AEROSPHERE.....	142	CAPLYTA.....	49
BEXAGLIFLOZIN.....	58	CAPRELSA.....	41
bexarotene.....	45	captopril.....	68
BEXSERO.....	126	captopril-hydrochlorothiazide....	72
BEYFORTUS.....	125	CAPVAXIVE.....	126
bicalutamide.....	37		
BIJUVA.....	108		
BIKTARVY.....	51		
bimatoprost.....	140		
BIMZELX.....	83		
BINOSTO.....	130		
bis subcit-metronid-tetracyc.....	92		
bisacodyl.....	93		
bisacodyl ec.....	93		
bismuth/metronidaz/tetracyclin.	92		
bisoprolol fumarate.....	70		
bisoprolol-hydrochlorothiazide..	72		
blisovi 24 fe.....	108		
blisovi fe 1.5/30.....	108		
blisovi fe 1/20.....	108		
BLOOD GLUCOSE TEST.....	56		
BONJESTA.....	31		
BOOSTRIX.....	126		
bosentan.....	146		
BOSULIF.....	41		
BRAFTOVI.....	41		
BREATHE COMFORT			
CHAMBER/ADULT.....	132		
BREATHE COMFORT			
CHAMBER/CHILD.....	132		
BREATHE EASE LARGE.....	132		
BREATHE EASE MEDIUM.....	132		
BREATHE EASE SMALL.....	132		
BREATHERITE VALVED MDI			
CHAMBER.....	132		
BRENZAVVY.....	58		
BREO ELLIPTA.....	142		
BREXAFEMME.....	32		
breyana.....	142		
BREZTRI AEROSPHERE.....	147		
briellyn.....	108		
BRILINTA.....	67		
brimonidine tartrate.....	138		
brimonidine tartrate-timolol....	138		
brinzolamide.....	138		
BRIVIACT.....	24		
bromfenac sodium.....	139		
bromfenac sodium (once-daily)			
.....	139		
bromocriptine mesylate.....	47		
BRONCHITOL.....	145		
BRONCHITOL TOLERANCE			
TEST.....	145		
BRUKINSA.....	41		
BRYHALI.....	101		
budesonide.....	129, 142		
budesonide er.....	129		

CARAC.....	39	CHORIONIC		clobetasol propionate e.....	101
carbamazepine.....	26	GONADOTROPIN.....	105	clobetasol propionate emulsion	
carbamazepine er.....	26	CHOSEN LANCETS 30G.....	56	.....	101
carbidopa.....	47	CHOSEN SAFETY LANCETS		clocortolone pivalate.....	101
carbidopa-levodopa.....	47	28G.....	56	clodan.....	101
carbidopa-levodopa er.....	47	CIBINQO.....	84	CLOMID.....	106
carbidopa-levodopa-		ciclodan.....	32	clomipramine hcl.....	30
entacapone.....	47	ciclopirox.....	32	clonazepam.....	54
carbinoxamine maleate.....	141	ciclopirox olamine.....	32	clonidine.....	67
CARDURA XL.....	100	cilostazol.....	67	clonidine hcl.....	67
CARESENS LANCETS 30G.....	56	CILOXAN.....	140	CLONIDINE HCL ER.....	67
CARETOUCH TEST.....	56	CIMDUO.....	52	clonidine hcl er.....	78
carglumic acid.....	88	cimetidine.....	93	clopidogrel bisulfate.....	67
carisoprodol.....	148	cimetidine hcl.....	93	clorazepate dipotassium.....	55
carteolol hcl.....	138	CIMZIA (2 SYRINGE).....	121	clotrimazole.....	32
cartia xt.....	70	CIMZIA STARTER KIT.....	121	clotrimazole-betamethasone.....	32
carvedilol.....	70	cinacalcet hcl.....	131	clozapine.....	50
carvedilol phosphate er.....	70	CIPRO.....	22	COAGADEX.....	66
CAYA.....	132	CIPRO HC.....	141	COARTEM.....	46
CAYSTON.....	145	ciprofloxacin hcl.....	22, 140, 141	codeine sulfate.....	15
cefaclor.....	21	ciprofloxacin-dexamethasone.....	141	colchicine.....	34
cefaclor er.....	21	CIPROFLOXACIN-		colchicine-probenecid.....	34
cefadroxil.....	21	FLUOCINOLONE PF.....	141	colesevelam hcl.....	76
cefdinir.....	21	CITALOPRAM		colestipol hcl.....	76
cefixime.....	21	HYDROBROMIDE.....	29	COMBIPATCH.....	109
cefepodoxime proxetil.....	21	citalopram hydrobromide.....	29	COMBIVENT RESPIMAT.....	147
cefprozil.....	21	citroma.....	93	COMETRIQ.....	41
cefuroxime axetil.....	21	claravis.....	84	COMFORT TOUCH TWIST	
celecoxib.....	10	clarithromycin.....	22	LANCET 30G.....	56
cephalexin.....	21	clarithromycin er.....	21	COMIRNATY.....	126
CEQUA.....	137	clearlax.....	94	COMPACT SPACE	
CEQR SIMPLICITY 2U 10PK.....	56	clemastine fumarate.....	142	CHAMBER.....	132
CEQR SIMPLICITY		CLENPIQ.....	94	COMPACT SPACE	
INSERTER.....	56	CLEOCIN.....	19	CHAMBER/LG MASK.....	132
CERDELGA.....	97	CLEVER CHOICE COMFORT		COMPACT SPACE	
cetorelix acetate.....	119	EZ.....	56	CHAMBER/MED MASK.....	132
cevimeline hcl.....	82	CLEVER CHOICE HOLDING		COMPACT SPACE	
charlotte 24 fe.....	109	CHAMBER.....	132	CHAMBER/SM MASK.....	132
chateal eq.....	109	CLIMARA PRO.....	109	COMPLERA.....	52
CHEMET.....	89	clindacin.....	84	compro.....	31
CHENODAL.....	92	clindacin etz.....	84	CONCERTA.....	79
chlordiazepoxide hcl.....	54	clindacin-p.....	84	CONDOMS.....	132
chlordiazepoxide-amitriptyline.....	28	clindamycin hcl.....	19	CONJUPRI.....	70
chlordiazepoxide-clidinium.....	92	clindamycin palmitate hcl.....	19	constulose.....	94
chlorhexidine gluconate.....	82	clindamycin phosphate.....	19, 84	CONTOUR MONITOR	
chloroquine phosphate.....	46	clindamycin phosphate-		DEVICE.....	56
chlorpromazine hcl.....	48	benzoyl peroxide.....	84	CONTOUR NEXT EZ KIT	
chlorthalidone.....	74	clindamycin-tretinoin.....	84	W/DEVICE.....	56
chlorzoxazone.....	148	CLINDESSE.....	19	CONTOUR NEXT GEN	
CHOLBAM.....	97	clobazam.....	24	MONITOR.....	56
cholestyramine.....	76	clobetasol prop emollient base.....	101	CONTOUR NEXT GEN TEST	
cholestyramine light.....	76	clobetasol propionate.....	101	STRIPS.....	56
		CLOBETASOL PROPIONATE.....	139		

CONTOUR NEXT MONITOR KIT W/DEVICE.....	56	CYLTEZO-PSORIASIS/UV STARTER.....	122	dexamethasone sodium phosphate.....	139
CONTOUR NEXT ONE KIT.....	56	cyproheptadine hcl.....	142	DEXCOM G6 RECEIVER.....	56
CONTOUR PLUS TEST.....	56	cyred eq.....	109	DEXCOM G6 SENSOR.....	56
CONTOUR TEST STRIPS.....	56	CYSTADROPS.....	137	DEXCOM G6 TRANSMITTER..	56
CONZIP.....	13	CYSTAGON.....	97	DEXCOM G7 RECEIVER.....	56
COPIKTRA.....	39	CYSTARAN.....	137	DEXCOM G7 SENSOR.....	56
CORDRAN.....	101	dabigatran etexilate mesylate...	64	dexlansoprazole.....	96
CORIFACT.....	66	dalfampridine er.....	81	dexmethylphenidate hcl.....	79
CORLANOR.....	72	danazol.....	106	dexmethylphenidate hcl er.....	79
CORTIFOAM.....	130	dantrolene sodium.....	149	dextroamphetamine sulfate.....	78
CORTISONE ACETATE.....	101	DAPAGLIFLOZIN PRO- METFORMIN ER.....	58	dextroamphetamine sulfate er..	78
CORTISPORIN-TC.....	141	DAPAGLIFLOZIN PROPANEDIOL.....	58	DHIVY.....	47
CORTROPHIN.....	105	dapsone.....	36, 85	DIACOMIT.....	24
COSENTYX (300 MG DOSE)...	84	DAPTACEL.....	126	DIATHRIVE BLOOD GLUCOSE TEST.....	56
COSENTYX 150 MG/ML.....	84	darifenacin hydrobromide er.....	99	DIATHRIVE GLUCOSE TEST..	56
COSENTYX SENSOREADY (300 MG).....	84	darunavir.....	53	DIATHRIVE+ GLUCOSE TEST.....	56
COSENTYX SENSOREADY PEN.....	84	dasatinib.....	42	diazepam.....	24, 55
COSENTYX UNOREADY.....	84	dasetta 1/35.....	109	diazepam intensol.....	55
COTELLIC.....	42	dasetta 7/7/7.....	109	diazoxide.....	61
COTEMPLA XR-ODT.....	79	DAURISMO.....	42	dichlorphenamide.....	74
COVARYX.....	109	DAYBUE.....	80	DICLOFENAC PATCH 1.3%....	10
COVARYX HS.....	109	daysee.....	109	diclofenac potassium.....	10
COXANTO.....	10	DAYVIGO.....	150	diclofenac potassium(migraine)	34
CREON.....	97	deblitane.....	117	diclofenac sodium.....	10, 39, 139
CRESEMBA.....	32	deferasirox.....	89	diclofenac sodium er.....	10
CRINONE.....	117	deferasirox granules.....	89	diclofenac-misoprostol.....	10
cromolyn sodium.....	92, 138, 146	deferiprone.....	89	dicloxacillin sodium.....	21
CROTAN.....	46	deferroxamine mesylate.....	132	dicyclomine hcl.....	91
cryselle-28.....	109	deflazacort.....	101	DIFFERIN.....	85
curae.....	117	DELSTRIGO.....	52	DIFICID.....	22
CURITY STERILE SALINE.....	100	delyla.....	109	diflorasone diacetate.....	102
CUTAQUIG.....	124	demeclocycline hcl.....	22	diflunisal.....	10
CUVITRU.....	125	DENGVAXIA.....	126	difluprednate.....	139
CUVRIOR.....	89	DEPO-ESTRADIOL.....	109	digoxin.....	72
cyanocobalamin.....	90	DEPO-SUBQ PROVERA 104.	117	dihydroergotamine mesylate....	35
cyclobenzaprime hcl.....	149	DESCOVY.....	52	DILANTIN.....	26
cyclobenzaprime hcl er.....	148	desipramine hcl.....	30	diltiazem hcl.....	71
CYCLOGYL.....	137	desmopressin ace spray refig	105	diltiazem hcl er.....	70
CYCLOMYDRIL.....	138	desmopressin acetate.....	105	diltiazem hcl er beads.....	70
cyclopentolate hcl.....	137	desmopressin acetate pf.....	105	diltiazem hcl er coated beads...	71
cyclophosphamide.....	37	desmopressin acetate spray...	105	dilt-xr.....	71
CYCLOPHOSPHAMIDE.....	37	desogestrel-ethinyl estradiol...	109	dimethyl fumarate.....	81
cycloserine.....	36	desonide.....	102	dimethyl fumarate starter pack..	81
CYCLOSET.....	58	desoximetasone.....	102	DIPENTUM.....	129
cyclosporine.....	122, 137	DESVENLAFAXINE ER.....	29	diphenhydramine hcl.....	142
cyclosporine modified.....	121	desvenlafaxine succinate er.....	29	diphenoxylate-atropine.....	92
CYLTEZO (2 PEN).....	122	DEXABLISS.....	102	dipyridamole.....	67
CYLTEZO (2 SYRINGE).....	122	dexamethasone.....	102	disopyramide phosphate.....	69
CYLTEZO-CD/UC/HS STARTER.....	122	dexamethasone intensol.....	102	disulfiram.....	17
				DIURIL.....	74

divalproex sodium.....	55	ec-naproxen.....	10	enpresse-28.....	110
divalproex sodium er.....	55	econazole nitrate.....	32	enskyce.....	110
DODEX.....	90	econtra one-step.....	117	ENSPRYNG.....	125
dofetilide.....	69	ECOZA.....	32	ENSTILAR.....	85
DOJOLVI.....	132	EDARBI.....	68	entacapone.....	47
dolishale.....	109	EDARBYCLOR.....	72	ENTADFI.....	100
donepezil hcl.....	27	EDLUAR.....	149	entecavir.....	50
DOPELET.....	65	EDURANT.....	52	ENTRESTO.....	72
DORYX MPC.....	22	EEMT.....	109	ENTYVIO.....	125
dorzolamide hcl.....	138	EEMT HS.....	109	enulose.....	94
dorzolamide hcl-timolol mal....	138	efavirenz.....	52	ENVARCUS XR.....	122
dorzolamide hcl-timolol mal pf	138	efavirenz-emtricitab-tenofo df...	52	EOHILIA.....	130
dotti.....	109	efavirenz-lamivudine-tenofovir..	52	EPCLUSA.....	50
DOVATO.....	51	EFFER-K.....	88	EPIDIOLEX.....	24
doxazosin mesylate.....	68	effer-k.....	88	EPIFOAM.....	85
doxepin hcl.....	30, 85, 150	EGRIFTA SV.....	105	epinastine hcl.....	138
doxercalciferol.....	131	ELEPSIA XR.....	24	epinephrine.....	144
doxycycline.....	85	ELESTRIN.....	109	epitol.....	26
doxycycline hyclate.....	23	eletriptan hydrobromide.....	35	eplerenone.....	74
DOXYCYCLINE HYCLATE.....	23	elimest.....	110	EPOGEN.....	65
doxycycline monohydrate.....	23	ELIQUIS.....	64	EPRONTIA.....	25
doxylamine-pyridoxine.....	31	ELIQUIS DVT/PE STARTER		EPSOLAY.....	85
DRIZALMA SPRINKLE.....	29	PACK.....	64	EQUETRO.....	55
dronabinol.....	31	elixophyllin.....	146	ergocalciferol.....	90
drospiren-eth estrad-levomefol	109	ELLA.....	117	ergoloid mesylates.....	133
drospirenone-ethinyl estradiol.	109	ELMIRON.....	100	ERGOMAR.....	35
DROXIA.....	38	ELOCTATE.....	66	ergotamine-caffeine.....	35
droxidopa.....	72	eluryng.....	110	ERIVEDGE.....	42
DRYSOL.....	85	ELYXYB.....	10	ERLEADA.....	37
DUAKLIR PRESSAIR.....	147	EMBRACE TALK GLUCOSE		erlotinib hcl.....	42
DUAVEE.....	109	TEST.....	56	ERMEZA.....	119
DULERA.....	142, 143	EMBRACE WAVE BLOOD		errin.....	117
duloxetine hcl.....	29	GLUCOSE.....	56	ERTACZO.....	32
DUOBRII.....	85	EMCYT.....	38	ery pad 2%.....	85
DUOPA.....	47	EMEND.....	32	ERYTHROCIN STEARATE.....	22
DUPIXENT.....	85	EMGALITY.....	35	erythromycin.....	22, 85, 137
DUREX EXTRA SENSITIVE		EMPAVELI.....	64	erythromycin base.....	22
THIN.....	132	EMSAM.....	28	erythromycin ethylsuccinate.....	22
DUREX TROPICAL.....	133	emtricitabine.....	52	escitalopram oxalate.....	29
dutasteride.....	100	emtricitabine-tenofovir df.....	52	esomeprazole magnesium.....	96
dutasteride-tamsulosin hcl.....	100	EMTRIVA.....	52	ESPEROCT.....	66
DUVYZAT.....	97	EMVERM.....	45	est estrogens-methyltest.....	110
DYANAVEL XR.....	78	emzahn.....	117	est estrogens-methyltest ds....	110
E.E.S. 400.....	22	enalapril maleate.....	68	est estrogens-methyltest hs....	110
EASIVENT.....	133	enalapril-hydrochlorothiazide....	72	estarylla.....	110
EASY MAX BLOOD		ENBREL.....	122	estazolam.....	55
GLUCOSE TEST.....	56	ENBREL MINI.....	122	estradiol.....	110
EASY TALK PLUS II TEST		ENBREL SURECLICK.....	122	estradiol valerate.....	110
STRIPS.....	56	endocet.....	15	estradiol-norethindrone acet...	110
EASY TOUCH HEALTHPRO		ENDOMETRIN.....	117	estratest f.s.....	110
GLUCOSE.....	56	ENGERIX-B.....	126	ESTRING.....	110
EASY TRAK II GLUCOSE		enillorig.....	110	eszopiclone.....	149
TEST.....	56	enoxaparin sodium.....	64	ethacrynic acid.....	74

ethambutol hcl.....	36	FETZIMA.....	29	flurandrenolide.....	102
ethosuximide.....	24	FETZIMA TITRATION.....	29	flurazepam hcl.....	149
ethynodiol diac-eth estradiol...	110	FIASP.....	61	flurbiprofen.....	11
etodolac.....	10	FIASP FLEXTOUCH.....	61	flurbiprofen sodium.....	139
etodolac er.....	11	FIASP PENFILL.....	61	FLUTICASON FUROATE-	
etonogestrel-ethinyl estradiol..	110	FIASP PUMPCART.....	61	VILANTEROL.....	143
etoposide.....	40	FIBRICOR.....	75	fluticasone propionate.....	103, 143
etravirine.....	52	FILSPARI.....	100	FLUTICASON PROPIONATE	
EUCRISA.....	85	FILSUVEZ.....	85	DISKUS.....	143
EULEXIN.....	37	FINACEA.....	85	FLUTICASON PROPIONATE	
euthyrox.....	119	finasteride.....	100	HFA.....	143
EVAMIST.....	110	fingolimod hcl.....	81	FLUTICASON-	
everolimus.....	42, 122	FINTEPLA.....	24	SALMETEROL.....	143
EVOTAZ.....	53	finzala.....	111	fluticasone-salmeterol.....	143
EVRYSDI.....	97	FIRDAPSE.....	133	fluvastatin sodium.....	76
EXELDERM.....	32	flac.....	141	fluvastatin sodium er.....	76
exemestane.....	40	FLAREX.....	139	fluvoxamine maleate.....	29
EXSERVAN.....	80	flavoxate hcl.....	99	fluvoxamine maleate er.....	29
EXTAVIA.....	81	flecainide acetate.....	69	FLUZONE.....	127
EYSUVIS.....	139	FLECTOR.....	11	FLUZONE HIGH-DOSE.....	127
EZALLOR SPRINKLE.....	75	FLEXICHAMBER.....	133	FLUZONE HIGH-DOSE	
ezetimibe.....	76	FLOLIPID.....	75	QUADRIVALENT.....	127
EZETIMIBE-ROSUVASTATIN..	76	FLOVENT DISKUS.....	143	FLUZONE QUADRIVALENT..	127
ezetimibe-simvastatin.....	77	FLOVENT HFA.....	143	FML FORTE.....	139
FABHALTA.....	64	FLUAD.....	126	folate.....	90
FABIOR.....	85	FLUAD QUADRIVALENT.....	126	folic acid.....	90
falmina.....	110	FLUARIX.....	127	FOLLISTIM AQ.....	105
famciclovir.....	51	FLUARIX QUADRIVALENT ...	127	fondaparinux sodium.....	64
famotidine.....	93	FLUBLOK.....	127	FORA 6 CONNECT.....	56
FANAPT.....	49	FLUBLOK QUADRIVALENT..	127	FORA 6 CONNECT/GTEL	
FANAPT TITRATION PACK....	49	FLUCELVAX.....	127	TEST.....	56
FARXIGA.....	59	FLUCELVAX		FORA GTEL BLOOD	
FASENRA PEN.....	147	QUADRIVALENT.....	127	GLUCOSE TEST.....	57
FC2 FEMALE CONDOM.....	133	fluconazole.....	32	FORA TN'G ADVANCE PRO....	57
febuxostat.....	34	flucytosine.....	33	FORFIVO XL.....	28
FEIBA.....	66	fludrocortisone acetate.....	102	formoterol fumarate.....	145
felbamate.....	25	FLULAVAL.....	127	FOSAMAX PLUS D.....	131
felodipine er.....	71	FLULAVAL QUADRIVALENT.	127	fosamprenavir calcium.....	53
FEMCAP.....	133	FLUMIST.....	127	fosfomycin tromethamine.....	19
FEMLYV.....	110	FLUMIST QUADRIVALENT ...	127	fosinopril sodium.....	68
FEMRING.....	110	flunisolide.....	143	fosinopril sodium-hctz.....	72
fenofibrate.....	75	fluocinolone acetonide....	102, 141	FOSRENOL.....	90
fenofibrate micronized.....	75	fluocinolone acetonide body ...	102	FOTIVDA.....	42
FENOFIBRATE MICRONIZED.	75	fluocinolone acetonide scalp...	102	FRAGMIN.....	64
fenofibric acid.....	75	fluocinonide.....	102	FREESTYLE INSULINX TEST.	57
fenoprofen calcium.....	11	fluocinonide emulsified base..	102	FREESTYLE LIBRE 14 DAY	
fentanyl.....	13	fluorometholone.....	139	READER.....	57
fentanyl citrate.....	15	FLUOROURACIL.....	39	FREESTYLE LIBRE 14 DAY	
FENTANYL CITRATE.....	15	fluorouracil.....	39	SENSOR.....	57
FENTORA.....	15	fluoxetine hcl.....	29	FREESTYLE LIBRE 2	
FERRIPROX.....	89	fluoxetine hcl (pmd).....	29	READER.....	57
FERRIPROX TWICE-A-DAY ...	89	fluphenazine decanoate.....	48	FREESTYLE LIBRE 2	
fesoterodine fumarate er.....	99	fluphenazine hcl.....	48	SENSOR.....	57



FREESTYLE LIBRE 3 PLUS SENSOR.....	57	gemmily.....	111	GRANIX.....	65
FREESTYLE LIBRE 3 READER.....	57	GEMTESA.....	99	GRASTEK.....	133
FREESTYLE LIBRE 3 SENSOR.....	57	generlac.....	94	griseofulvin microsize.....	33
FREESTYLE LIBRE READER..	57	gengraf.....	122	griseofulvin ultramicrosize.....	33
FREESTYLE LITE TEST.....	57	GENOTROPIN.....	105	guanfacine hcl.....	67
FREESTYLE PRECISION NEO TEST.....	57	GENOTROPIN MINIQUICK....	105	guanfacine hcl er.....	79
FREESTYLE TEST.....	57	gentamicin sulfate.....	19, 135	GVOKE HYPOPEN 1-PACK.....	61
frovatriptan succinate.....	35	gentle laxative.....	94	GVOKE HYPOPEN 2-PACK.....	61
FRUZAQLA.....	42	gentlelax.....	94	GVOKE KIT.....	61
ft aspirin.....	11	GENVOYA.....	51	GVOKE PFS.....	61
ft aspirin low dose.....	11	GILENYA.....	81	GYNAZOLE-1.....	33
ft clearlax.....	94	GILOTRIF.....	42	habitrol.....	18
ft folic acid.....	90	GIMOTI.....	31	HADLIMA.....	122
ft laxative.....	94	GLASSIA.....	97	HADLIMA PUSH TOUCH.....	122
ft magnesium citrate.....	94	glatiramer acetate.....	81	HAEGARDA.....	120
ft milk of magnesia.....	94	glatopa.....	81	hailey 1.5/30.....	111
ft nicotine.....	18	GLEOSTINE.....	37	hailey 24 fe.....	111
ft nicotine mini.....	18	glimepiride.....	59	hailey fe 1.5/30.....	111
FULPHILA.....	65	glipizide er.....	59	hailey fe 1/20.....	111
fulvestrant.....	38	glipizide ir.....	59	halcinonide.....	103
FUROSCIX.....	74	glipizide xl.....	59	halobetasol propionate.....	103
furosemide.....	74	glipizide-metformin hcl.....	59	haloette.....	111
FUZEON.....	53	GLOPERBA.....	34	HALOG.....	103
fyavolv.....	111	GLUCAGEN HYPOKIT.....	61	haloperidol.....	48
FYCOMPA.....	25	glucagon emergency kit.....	61	haloperidol decanoate.....	48
FYLNETRA.....	65	GLUCAGON EMERGENCY KIT.....	61	haloperidol lactate.....	48
fyremadel.....	119	GLUCOCARD 01 SENSOR PLUS.....	57	HARVONI.....	50, 51
gabapentin.....	24, 25	GLUCOCARD EXPRESSION TEST.....	57	HAVRIX.....	127
gabapentin (once-daily).....	80	GLUCOCARD SHINE TEST.....	57	healthylax.....	95
GALAFOLD.....	97	GLUCOCARD VITAL TEST.....	57	heather.....	117
galantamine hydrobromide.....	27	glyburide.....	59	HELIDAC THERAPY.....	92
galantamine hydrobromide er...	27	glyburide micronized.....	59	HEMADY.....	103
gallifrey.....	117	glyburide-metformin.....	59	HEMANGEOL.....	70
GALZIN.....	88	GLYCATE.....	91	HEMLIBRA.....	66
GAMMAGARD.....	125	glycolax.....	94	HEMMOREX-HC.....	130
GAMMAKED.....	125	glycopyrrolate.....	91	HEMOFIL M.....	66
GAMUNEX-C.....	125	GLYCOPYRROLATE.....	91	heparin sodium (porcine).....	64
ganirelix acetate.....	119	glydo.....	17	heparin sodium (porcine) pf.....	64
GARDASIL 9.....	127	GLYXAMBI.....	59	HEPLISAV-B.....	127
gatifloxacin.....	140	GOCOVRI.....	47	her style.....	117
GATTEX.....	92	GOJJI BLOOD GLUCOSE TEST.....	57	HETLIOZ LQ.....	150
gavilax.....	94	GONAL-F.....	105	HIBERIX.....	127
gavilyte-c.....	94	GONAL-F RFF.....	105	HIDEX 6-DAY.....	103
gavilyte-g.....	94	GONAL-F RFF REDIJECT.....	105	HIZENTRA.....	125
gavilyte-n with flavor pack.....	94	goodsense aspirin low dose.....	11	HOMATROPAIRE.....	137
GAVRETO.....	42	goodsense milk of magnesia....	95	HORIZANT.....	80
gefitinib.....	42	goodsense nicotine.....	18	HULIO (2 PEN).....	122
GELNIQUE.....	99	GRALISE.....	80	HULIO (2 SYRINGE).....	122
gemfibrozil.....	75	granisetron hcl.....	32	HUMALOG.....	61
				HUMALOG KWIKPEN.....	61
				HUMALOG MIX 50/50	
				KWIKPEN.....	61
				HUMALOG MIX 50/50 VIAL.....	61

HUMALOG MIX 75/25		hydroxyurea.....	38	incassia.....	117
KWIKPEN.....	62	hydroxyzine hcl.....	54	INCRELEX.....	105
HUMALOG MIX 75/25 VIAL.....	62	hydroxyzine pamoate.....	54	INCRUSE ELLIPTA.....	144
HUMALOG U-100 JUNIOR		HYFTOR.....	85	indapamide.....	75
KWIKPEN.....	62	hyoscyamine sulfate.....	91	INDERAL XL.....	70
HUMATE-P.....	66	hyoscyamine sulfate er.....	91	indomethacin.....	11
HUMATIN.....	19	hyosyne.....	91	INDOMETHACIN.....	11
HUMATROPE.....	105	HYPERSAL.....	148	indomethacin er.....	11
HUMIRA (2 PEN).....	122	HYQVIA.....	125	INFANRIX.....	127
HUMIRA (2 SYRINGE).....	122	HYRIMOZ.....	123	INFINITY BLOOD GLUCOSE	
HUMIRA-CD/UC/HS		HYRIMOZ-CROHNS/UC		TEST.....	57
STARTER.....	122	STARTER.....	123	INGREZZA.....	80
HUMIRA-PED<40KG		HYRIMOZ-PED<40KG		INLYTA.....	42
CROHNS STARTER.....	122	CROHN STARTER.....	123	INNOPRAN XL.....	70
HUMIRA-PED>=40KG		HYRIMOZ-PED>=40KG		INPEFA.....	72
CROHNS START.....	122	CROHN START.....	123	INQOVI.....	43
HUMIRA-PED>=40KG UC		HYRIMOZ-PLAQ		INREBIC.....	39
STARTER.....	122	PSOR/UEVIT START.....	123	INSULIN ASP PROT & ASP	
HUMIRA-PSORIASIS/UEVIT		HYRIMOZ-PLAQUE		FLEXPEN.....	62
STARTER.....	123	PSORIASIS START.....	123	INSULIN ASPART.....	62
HUMULIN 70/30 KWIKPEN.....	62	ibandronate sodium.....	131	INSULIN ASPART FLEXPEN... 62	
HUMULIN 70/30 VIAL.....	62	IBRANCE.....	42	INSULIN ASPART PENFILL... 62	
HUMULIN N KWIKPEN.....	62	IBSRELA.....	93	INSULIN ASPART PROT &	
HUMULIN N VIAL.....	62	ibuprofen.....	11	ASPART.....	62
HUMULIN R U-500 KWIKPEN..	62	ibuprofen-famotidine.....	11	INSULIN DEGLUDEC.....	62
HUMULIN R U-500 VIAL.....	62	icatibant acetate.....	120	INSULIN DEGLUDEC	
HUMULIN R VIAL.....	62	iclevia.....	111	FLEXTOUCH.....	62
HW EMBRACE PRO		ICLUSIG.....	42	INSULIN GLARGINE.....	62
GLUCOSE TEST.....	57	icosapent ethyl.....	77	INSULIN GLARGINE MAX	
HW EMBRACE TALK		IDACIO (2 PEN).....	123	SOLOSTAR.....	62
GLUCOSE TEST.....	57	IDACIO (2 SYRINGE).....	123	INSULIN GLARGINE	
HYCAMTIN.....	41	IDACIO-CROHNS/UC		SOLOSTAR.....	62
hydralazine hcl.....	78	STARTER.....	123	INSULIN GLARGINE-YFGN.... 62	
hydrochlorothiazide.....	75	IDACIO-PSORIASIS		INSULIN LISPRO.....	62
hydrocodone bitartrate er.....	13	STARTER.....	123	INSULIN LISPRO (1 UNIT	
hydrocodone-acetaminophen... 15		IDELVION.....	66	DIAL).....	62
hydrocodone-ibuprofen.....	15	IDHIFA.....	42	INSULIN LISPRO JUNIOR	
hydrocortisone.....	103, 130	IHEALTH BLOOD GLUCOSE		KWIKPEN.....	62
hydrocortisone (perianal).....	130	TEST STR.....	57	INSULIN LISPRO PROT &	
hydrocortisone ace-pramoxine		ILEVRO.....	139	LISPRO.....	62
.....	85, 130	imatinib mesylate.....	42	INTELENCE.....	52
hydrocortisone acetate.....	130	IMBRUVICA.....	42	INTRAROSA.....	106
hydrocortisone butyr lipo base 103		IMCIVREE.....	80	introvale.....	111
hydrocortisone butyrate.....	103	imipramine hcl.....	30	INVEGA HAFYERA.....	49
hydrocortisone valerate.....	103	imipramine pamoate.....	30	INVEGA SUSTENNA.....	49
hydrocortisone-acetic acid.....	141	imiquimod.....	85	INVEGA TRINZA.....	49
hydrocort-pramoxine (perianal)		imiquimod pump.....	85	INVELTYS.....	139
.....	130	IMPAVIDO.....	46	INVOKAMET.....	59
hydromorphone hcl.....	15	IMPOYZ.....	103	INVOKAMET XR.....	59
hydromorphone hcl er.....	13	IMVEXXY MAINTENANCE		INVOKANA.....	59
hydroxocobalamin acetate.....	91	PACK.....	111	iodine strong.....	88
hydroxychloroquine sulfate.....	46	IMVEXXY STARTER PACK... 111		IOPIDINE.....	138
HYDROXYM.....	103	INBRIJA.....	47	IPOL.....	127

ipratropium bromide.....	144	JYNNEOS.....	127	labetalol hcl.....	70
ipratropium-albuterol.....	148	kaitlib fe.....	112	lacosamide.....	26, 27
IQIRVO.....	92	kalliga.....	112	LACRISERT.....	137
irbesartan.....	68	KALYDECO.....	145	lactulose.....	95
irbesartan-hydrochlorothiazide..	73	KAPSPARGO SPRINKLE.....	70	lactulose encephalopathy.....	95
ISENTRESS.....	51	kariva.....	112	LAGEVRIO.....	50
ISENTRESS HD.....	51	KATERZIA.....	71	LAMICTAL XR.....	25
isibloom.....	111	KAZANO.....	59	lamivudine.....	50, 52, 53
isoniazid.....	36	kelnor 1/35.....	112	lamivudine-zidovudine.....	53
isosorb dinitrate-hydralazine.....	73	kelnor 1/50.....	112	lamotrigine.....	25, 26
isosorbide dinitrate.....	77	KERENDIA.....	133	lamotrigine er.....	25
isosorbide mononitrate.....	77	KESIMPTA.....	81	lamotrigine starter kit-blue.....	26
isosorbide mononitrate er.....	77	ketoconazole.....	33	lamotrigine starter kit-green.....	26
isotretinoin.....	85	ketodan.....	33	lamotrigine starter kit-orange....	26
isradipine.....	71	ketoprofen.....	11	LAMPIT.....	46
ISTURISA.....	105	ketoprofen er.....	11	LANCETS.....	57
itraconazole.....	33	ketorolac tromethamine....	11, 140	LANCETS SUPER THIN.....	57
ivabradine hcl.....	73	KETOROLAC		lansoprazole.....	96
ivermectin.....	45, 85	TROMETHAMINE.....	11	lanthanum carbonate.....	90
IWILFIN.....	133	KEVZARA.....	125	LANTUS SOLOSTAR.....	62
IXINITY.....	66	KINERET.....	123	LANTUS U-100 VIAL.....	62
IYUZEH.....	140	KINRIX.....	128	lapatinib ditosylate.....	43
jaimiess.....	111	KIONEX.....	89	larin 1.5/30.....	112
JAKAFI.....	43	KISQALI (200 MG DOSE).....	39	larin 1/20.....	112
jantoven.....	64	KISQALI (400 MG DOSE).....	39	larin 24 fe.....	112
JANUMET.....	59	KISQALI (600 MG DOSE).....	39	larin fe 1.5/30.....	112
JANUMET XR.....	59	KISQALI FEMARA.....	43	larin fe 1/20.....	112
JANUVIA.....	59	klayesta.....	33	latanoprost.....	140
JARDIANCE.....	59	KLISYRI.....	39	layolis fe.....	112
jasmiel.....	111	klor-con.....	88	LEDIPASVIR-SOFOSBUVIR....	51
JATENZO.....	106	klor-con 10.....	88	leena.....	112
JAYPIRCA.....	43	klor-con m10.....	88	leflunomide.....	125
jencycla.....	117	klor-con m15.....	88	lenalidomide.....	38
JENTADUETO.....	59	klor-con m20.....	88	LENVIMA.....	43
JENTADUETO XR.....	59	klor-con/ef.....	88	lessina.....	112
JESDUVROQ.....	65	KLOXXADO.....	18	letrozole.....	40
jinteli.....	111	KOATE.....	66	leucovorin calcium.....	39
JIVI.....	66	KOATE-DVI.....	66	LEUKERAN.....	37
JOENJA.....	126	KOGENATE FS.....	66	LEUKINE.....	65
jolessa.....	111	KONVOMEPE.....	96	leuprolide acetate.....	120
JORNAY PM.....	79	KOSELUGO.....	43	levalbuterol hcl.....	145
joyeaux.....	111	kourzeq.....	82	LEVALBUTEROL HFA.....	145
JUBLIA.....	33	KOVALTRY.....	66	LEVAMLODIPINE MALEATE...	71
juleber.....	111	K-PHOS.....	88	LEVBID.....	91
JULUCA.....	51	K-PHOS NO 2.....	88	LEVEMIR FLEXPEN.....	62
junel 1.5/30.....	111	k-prime.....	89	LEVEMIR U-100 VIAL.....	62
junel 1/20.....	111	KRAZATI.....	39	levetiracetam.....	24
junel fe 1.5/30.....	112	KRINTAFEL.....	46	levetiracetam er.....	24
junel fe 1/20.....	112	KRISTALOSE.....	95	levobunolol hcl.....	139
junel fe 24.....	112	KROGER HEALTHPRO		levocarnitine.....	89
JUXTAPID.....	77	GLUCOSE TEST.....	57	levocarnitine sf.....	89
JYLAMVO.....	123	kurvelo.....	112	levofloxacin.....	22, 141
JYNARQUE.....	89	KYZATREX.....	107	levonest.....	112

levonorgest-eth est & eth est..	112	LORBRENA.....	43	MAVYRET .....	51
levonorgest-eth estrad 91-day	112	LOREEV XR.....	55	MAXIDEX.....	140
levonorgest-eth estradiol-iron.	112	loryna.....	113	MAYZENT .....	81
levonorgestrel.....	117	losartan potassium.....	68	MAYZENT STARTER PACK....	81
levonorgestrel-ethinyl estrad...	113	losartan potassium-hctz.....	73	meclizine hcl.....	31
levonorg-eth estrad triphasic...	113	LOTEMAX.....	140	meclofenamate sodium.....	12
levora 0.15/30 (28).....	113	LOTEMAX SM.....	140	MEDROL.....	103
levorphanol tartrate.....	13	loteprednol etabonate.....	140	medroxyprogesterone acetate	118
levo-t.....	119	lovastatin.....	76	mefenamic acid.....	12
LEVOTHYROXINE SODIUM..	119	low-ogestrel.....	113	mefloquine hcl.....	46
levothyroxine sodium.....	119	loxapine succinate.....	48	megestrol acetate.....	118
levoxyl.....	119	lo-zumandimine.....	113	MEKINIST.....	43
LEVSIN.....	91	lubiprostone.....	93	MEKTOVI.....	43
LEVSIN/SL.....	91	LULICONAZOLE.....	33	meloxicam.....	12
LEXIVA.....	53	LUMAKRAS.....	39	MELOXICAM.....	12
l-glutamine.....	133	LUMIGAN.....	140	melphalan.....	37
LIBERVANT.....	25	LUMRYZ.....	150	memantine hcl.....	28
LICART.....	12	LUPKYNIS.....	123	memantine hcl er.....	28
lidocaine.....	17	LUPRON DEPOT (1-MONTH)	120	MENEST.....	113
lidocaine hcl.....	17	LUPRON DEPOT (3-MONTH)	120	MENOPUR.....	105
lidocaine hcl urethral/mucosal...	17	LUPRON DEPOT-PED (1-		MENOSTAR.....	113
lidocaine viscous hcl.....	17	MONTH).....	120	MENQUADFI.....	128
lidocaine-hydrocort (perianal).	130	LUPRON DEPOT-PED (3-		MENVEO.....	128
lidocaine-prilocaine.....	17	MONTH).....	120	mepiperidine hcl.....	15
LIDOCAN.....	17	LUPRON DEPOT-PED (6-		meprobamate.....	54
LIDOCORT.....	130	MONTH).....	120	mercaptopurine.....	38
LIKMEZ.....	19	lurasidone hcl.....	49	merzee.....	113
linezolid.....	19	lutera.....	113	mesalamine.....	129
LINZESS.....	93	LUZU.....	33	mesalamine er.....	129
liothyronine sodium.....	119	LYBALVI.....	49	MESNEX.....	45
LIQREV.....	146	lyleq.....	118	metaxalone.....	149
LIRAGLUTIDE.....	59	lyllana.....	113	metformin hcl er.....	59
lisdexamfetamine dimesylate....	78	LYNPARZA.....	43	metformin hcl er (mod).....	59
lisinopril.....	68	LYSODREN.....	119	metformin hcl er (osm).....	59
lisinopril-hydrochlorothiazide....	73	LYTGOBI (12 MG DAILY		metformin hcl ir.....	59
LITFULO.....	85	DOSE).....	41	methadone hcl.....	13
lithium.....	55	LYTGOBI (16 MG DAILY		methadone hcl intensol.....	13
lithium carbonate.....	55	DOSE).....	41	methamphetamine hcl.....	78
lithium carbonate er.....	55	LYTGOBI (20 MG DAILY		methazolamide.....	74
LITHOSTAT.....	100	DOSE).....	41	methenamine hippurate.....	20
LIVMARLI.....	82	LYUMJEV KWIKPEN.....	62	methergine.....	133
LIVTENCITY.....	50	LYUMJEV VIAL.....	62	methimazole.....	120
LO LOESTRIN FE.....	113	LYVISPAH.....	149	METHITEST.....	107
LOCOID LIPOCREAM.....	103	lyza.....	118	methocarbamol.....	149
LODOCO.....	73	mafenide acetate.....	19	methotrexate sodium.....	123
lofexidine hcl.....	17	magnesium citrate.....	95	methotrexate sodium (pf).....	123
lojaimiess.....	113	malathion.....	46	methoxsalen rapid.....	86
LOKELMA.....	90	maraviroc.....	53	methscopolamine bromide.....	91
LONSURF.....	39	marlissa.....	113	methsuximide.....	24
loperamide hcl.....	92	MARPLAN.....	28	METHYLDOPA.....	68
lopinavir-ritonavir.....	53	MATULANE.....	37	methylergonovine maleate.....	133
lorazepam.....	55	matzim la.....	71	methylphenidate.....	79
lorazepam intensol.....	55	MAVENCLAD.....	81	methylphenidate hcl.....	79

methylphenidate hcl er.....	79	moexipril hcl.....	69	naratriptan hcl.....	35
methylphenidate hcl er (cd).....	79	molindone hcl.....	48	NARCAN.....	18
methylphenidate hcl er (la).....	79	mometasone furoate.....	103, 148	NATACYN.....	136
methylphenidate hcl er (osm)....	79	mondoxyne nl.....	23	NATAZIA.....	114
METHYLPHENIDATE HCL ER		MONOJECT FLUSH		nateglinide.....	60
(OSM).....	79	SYRINGE.....	133	NATESTO.....	107
methylphenidate hcl er (xr).....	79	MONOJECT SODIUM		NAYZILAM.....	25
methylprednisolone.....	103	CHLORIDE FLUSH.....	133	nebivolol hcl.....	70
methyltestosterone.....	107	mono-lynyah.....	114	NEBUSAL.....	148
metoclopramide hcl.....	31	montelukast sodium.....	144	necon 0.5/35 (28).....	114
metolazone.....	75	morphine sulfate.....	16	nefazodone hcl.....	29
metoprolol succinate er.....	70	morphine sulfate (concentrate).	16	neomycin sulfate.....	19
metoprolol tartrate.....	70	morphine sulfate er.....	13	neomycin-bacitracin zn-	
metoprolol-hydrochlorothiazide.	73	morphine sulfate er beads.....	13	polymyx.....	136
metronidazole.....	20, 86	MOTEGRITY.....	92	neomycin-polymyxin-dexameth	
metyrosine.....	73	MOTOFEN.....	92	.....	136
mexiletine hcl.....	69	MOTPOLY XR.....	27	neomycin-polymyxin-	
mibelas 24 fe.....	113	MOUNJARO.....	60	gramicidin.....	135
miconazole 3.....	33	MOVANTIK.....	92	neomycin-polymyxin-hc..	136, 141
MICONAZOLE-ZINC OXIDE-		moxifloxacin hcl.....	22, 141	neo-polycin.....	136
PETROLAT.....	33	moxifloxacin hcl (2x day).....	141	neo-polycin hc.....	136
MICROCHAMBER.....	133	MRESVIA.....	128	NEO-SYNALAR.....	20
MICRODOT TEST.....	57	MULPLETA.....	65	NERLYNX.....	43
microgestin 1.5/30.....	113	MULTAQ.....	69	NESINA.....	60
microgestin 1/20.....	113	mupirocin.....	20	neuac.....	86
microgestin fe 1.5/30.....	113	mupirocin cream.....	20	NEULASTA.....	65
microgestin fe 1/20.....	113	my choice.....	118	NEUPOGEN.....	65
midazolam hcl.....	55	my way.....	118	NEUPRO.....	47
midodrine hcl.....	68	MYALEPT.....	97	NEVANAC.....	140
MIEBO.....	137	MYCAPSSA.....	120	nevirapine.....	52
mifepristone.....	106	mycophenolate mofetil.....	123	nevirapine er.....	52
MIGERGOT.....	35	mycophenolate sodium.....	123	new day.....	118
miglitol.....	59	mycophenolic acid.....	123	NEXICLON XR.....	68
miglustat.....	97	MYFEMBREE.....	114	NEXIUM.....	96
mili.....	113	MYHIBBIN.....	123	NEXLETOL.....	77
milk of magnesia.....	95	MYLERAN.....	37	NEXLIZET.....	77
milk of magnesia concentrate...	95	MYRBETRIQ.....	99	NEXTSTELLIS.....	114
mimvey.....	113	MYTESI.....	92	NGENLA.....	105
minocycline hcl.....	23	na sulfate-k sulfate-mg sulf.....	95	niacin (antihyperlipidemic).....	77
MINOCYCLINE HCL ER.....	23	nabumetone.....	12	niacin er (antihyperlipidemic)....	77
minocycline hcl er.....	23	nadolol.....	70	niacor.....	77
MINOLIRA.....	23	naftifine hcl.....	33	nicardipine hcl.....	71
minoxidil.....	78	NAFTIN.....	33	nicotine.....	18
mirabegron er.....	99	nalbuphine hcl.....	16	nicotine mini.....	18
MIRCERA.....	65	NALOCET.....	16	nicotine polacrilex.....	18
mirtazapine.....	28	naloxone hcl.....	18	nicotine polacrilex mini.....	18
misoprostol.....	96	naltrexone hcl.....	17	nicotine step 1.....	18
mm aspirin.....	12	NAMZARIC.....	27	nicotine step 2.....	18
mm clearlax.....	95	naproxen.....	12	nicotine step 3.....	18
M-M-R II.....	128	naproxen dr.....	12	NICOTROL.....	19
modafinil.....	150	naproxen sodium.....	12	NICOTROL NS.....	19
MODERNA COVID-19 VAC		naproxen sodium er.....	12	nifedipine.....	71
6M-11Y.....	128	naproxen-esomeprazole mg.....	12	nifedipine er.....	71

nifedipine er osmotic release....	71	NOVOFINE AUTOCOVER		OCALIVA.....	97
nikki.....	114	PEN NEEDLE.....	133	ocella.....	114
nilutamide.....	37	NOVOFINE PEN NEEDLE.....	133	octreotide acetate.....	120
nimodipine.....	71	NOVOFINE PLUS PEN		ODACTRA.....	133
NINLARO.....	39	NEEDLE.....	133	ODEFSEY.....	53
nisoldipine er.....	71	NOVOLIN 70/30 FLEXPEN.....	63	ODOMZO.....	43
nitazoxanide.....	46	NOVOLIN 70/30 RELION.....	63	OFEV.....	147
nitisinone.....	97	NOVOLIN 70/30 VIAL.....	63	ofloxacin.....	22, 141
NITRO-BID.....	77	NOVOLIN N FLEXPEN.....	63	OGSIVEO.....	43
NITRO-DUR.....	77	NOVOLIN N RELION.....	63	OHTUVAYRE.....	146
nitrofurantoin.....	20	NOVOLIN N VIAL.....	63	OJEMDA.....	41
NITROFURANTOIN.....	20	NOVOLIN R FLEXPEN.....	63	OJJAARA.....	39
nitrofurantoin macrocrystal.....	20	NOVOLIN R RELION.....	63	olanzapine.....	49
nitrofurantoin monohydrate		NOVOLIN R VIAL.....	63	olanzapine-fluoxetine hcl.....	28
macrocrystals.....	20	NOVOLOG 70/30 FLEXPEN		olmesartan medoxomil.....	68
nitroglycerin.....	77	RELION.....	63	olmesartan medoxomil-hctz.....	73
NITRO-TIME.....	77	NOVOLOG FLEXPEN.....	63	olmesartan-amlodipine-hctz.....	73
NITYR.....	97	NOVOLOG FLEXPEN		olopatadine hcl.....	138, 142
NIVA THYROID.....	119	RELION.....	63	OLPRUVA (2 GM DOSE).....	97
NIVESTYM.....	65	NOVOLOG MIX 70/30		OLPRUVA (3 GM DOSE).....	97
nizatidine.....	93	FLEXPEN.....	63	OLPRUVA (4 GM DOSE).....	98
NOCDURNA.....	105	NOVOLOG MIX 70/30		OLPRUVA (5 GM DOSE).....	98
nora-be.....	118	RELION.....	63	OLPRUVA (6 GM DOSE).....	98
NORDITROPIN FLEXPEN.....	105	NOVOLOG MIX 70/30 VIAL.....	63	OLPRUVA (6.67 GM DOSE)....	98
norelgestromin-eth estradiol...	114	NOVOLOG PENFILL.....	63	OLUMIANT.....	123
norethin ace-eth estrad-fe.....	114	NOVOLOG RELION.....	63	OMECLAMOX-PAK.....	92
norethindrone.....	118	NOVOLOG U-100 VIAL.....	63	omega-3-acid ethyl esters.....	77
norethindrone acetate.....	118	NOVOSEVEN RT.....	66	omeprazole.....	96
norethindrone acet-ethinyl est.	114	NOXAFIL.....	33	omeprazole-sodium	
norethindrone-eth estradiol.....	114	np thyroid.....	119	bicarbonate.....	96
norethindron-ethinyl estrad-fe.	114	NUBEQA.....	37	OMNARIS.....	143
norethin-eth estradiol-fe.....	114	NUCALA.....	148	OMNIPOD 5 DEXG7G6	
NORGESIC.....	149	NUCYNTA.....	16	INTRO GEN 5.....	133
NORGESIC FORTE.....	149	NUCYNTA ER.....	13	OMNIPOD 5 DEXG7G6 PODS	
norgestimate-eth estradiol.....	114	NUDEXTA.....	80	GEN 5.....	133
norgestimate-ethinyl estradiol		NULEV.....	91	OMNIPOD 5 G7 INTRO (GEN	
triphasic.....	114	NUPLAZID.....	49	5).....	133
NORITATE.....	86	NURTEC.....	35	OMNIPOD 5 G7 PODS (GEN	
NORLIQVA.....	71	NUTROPIN AQ NUSPIN 10... 106		5).....	133
norlyroc.....	118	NUTROPIN AQ NUSPIN 20... 106		OMNIPOD 5 LIBRE2 PLUS G6	
normal saline flush.....	133	NUTROPIN AQ NUSPIN 5..... 106		.....	133
NORPACE CR.....	69	NUVESSA.....	20	OMNIPOD 5 LIBRE2 PLUS G6	
nortrel 0.5/35 (28).....	114	NUWIQ.....	66	PODS.....	134
nortrel 1/35 (21).....	114	NUZYRA.....	23	OMNIPOD CLASSIC PODS	
nortrel 1/35 (28).....	114	nyamyc.....	33	(GEN 3).....	134
nortrel 7/7/7.....	114	nylia 1/35.....	114	OMNIPOD DASH INTRO	
nortriptyline hcl.....	30	nylia 7/7/7.....	114	(GEN 4).....	134
NORVIR.....	53	NYMALIZE.....	71	OMNIPOD DASH PDM (GEN	
NOURIANZ.....	47	nystatin.....	33	4).....	134
NOVAREL.....	106	nystatin-triamcinolone.....	33	OMNIPOD DASH PODS (GEN	
NOVAVAX COVID-19		nystop.....	34	4).....	134
VACCINE.....	128	NYVEPRIA.....	65	OMNIPOD GO.....	134
NOVOEIGHT.....	66	OBIZUR.....	66	OMNITROPE.....	106

OMVOH.....	123	ORLISSA.....	120	PAXLOVID (300/100).....	50
ondansetron hcl.....	32	ORKAMBI.....	145	pazopanib hcl.....	43
ondansetron odt.....	32	ORLADEYO.....	120	PEDIARIX.....	128
ONE DROP TEST.....	57	orphenadrine citrate er.....	149	PEDVAX HIB.....	128
ONETOUCH DELICA		orphenadrine-aspirin-caffeine.....	149	peg 3350.....	95
LANCETS 30G.....	57	ORPHENGESIC FORTE.....	149	peg 3350-kcl-na bicarb-nacl.....	95
ONETOUCH DELICA		ORSERDU.....	38	peg-3350/electrolytes.....	95
LANCETS 33G.....	57	OSCIMIN.....	91	peg-3350/electrolytes/ascorbat.....	95
ONETOUCH DELICA SAFETY		oseltamivir phosphate.....	54	PEGASYS.....	51
LANCING.....	57	OSENI.....	60	peg-kcl-nacl-nasulf-na asc-c.....	95
ONETOUCH FINEPOINT		OSMOLEX ER.....	47	PEMAZYRE.....	41
LANCETS.....	57	OSPHENA.....	118	PENBRAYA.....	128
ONETOUCH ULTRA 2 KIT		OTEZLA.....	125	penciclovir.....	51
W/DEVICE.....	58	OTOVEL.....	141	penicillamine.....	100
ONETOUCH ULTRA TEST		OTREXUP.....	124	penicillin v potassium.....	21
STRIPS.....	57, 58	OVIDREL.....	106	PENTACEL.....	128
ONETOUCH VERIO FLEX		OXAPROZIN.....	12	pentamidine isethionate.....	46
SYSTEM.....	58	oxaprozin.....	12	PENTASA.....	129
ONETOUCH VERIO KIT		OXAYDO.....	16	pentazocine-naloxone hcl.....	16
W/DEVICE.....	58	oxazepam.....	55	pentoxifylline er.....	73
ONETOUCH VERIO		OXBRYTA.....	65	PERFECT POINT SAFETY	
REFLECT KIT W/DEVICE.....	58	oxcarbazepine.....	27	LANCETS.....	58
ONGENTYS.....	47	oxcarbazepine er.....	27	perindopril erbumine.....	69
ONUREG.....	39	OXERVATE.....	137	periogard.....	82
ONZETRA XSAIL.....	35	oxiconazole nitrate.....	34	permethrin.....	46
opcicon one-step.....	118	OXISTAT.....	34	perphenazine.....	31
OPFOLDA.....	98	oxybutynin chloride.....	99	perphenazine-amitriptyline.....	28
OPSUMIT.....	146	oxybutynin chloride er.....	99	PERSERIS.....	49
OPSYNVI.....	146	oxycodone hcl.....	16	PERTZYE.....	98
OPTICHAMBER DIAMOND.....	134	OXYCODONE HCL.....	16	PFIZER COVID-19 VAC-TRIS	
OPTICHAMBER DIAMOND-		OXYCODONE HCL ER.....	13, 14	5-11Y.....	128
LG MASK.....	134	OXYCODONE-		PFIZER COVID-19 VAC-TRIS	
OPTICHAMBER DIAMOND-		ACETAMINOPHEN.....	16	6M-4Y.....	128
MD MASK.....	134	oxycodone-acetaminophen.....	16	PHEBURANE.....	98
OPTICHAMBER DIAMOND-		OXYCONTIN.....	14	phenelzine sulfate.....	28
SM MASK.....	134	oxymorphone hcl.....	16	phenobarbital.....	25
option 2.....	118	oxymorphone hcl er.....	14	phenoxybenzamine hcl.....	68
OPTIONS GYNOL II		OXYTROL.....	99	phenylephrine hcl.....	138
CONTRACEPTIVE.....	100	OZEMPIC.....	60	phenytek.....	27
OPVEE.....	18	OZOBAX.....	149	phenytoin.....	27
OPZELURA.....	86	OZOBAX DS.....	149	phenytoin infatabs.....	27
ORALAIR.....	148	PALFORZIA.....	134	phenytoin sodium extended.....	27
oralone.....	82	paliperidone er.....	49	PHEXXI.....	134
ORAVIG.....	34	PALYNZIQ.....	98	philith.....	115
ORENCIA.....	123	PANCREAZE.....	98	PHOSPHOLINE IODIDE.....	139
ORENCIA CLICKJECT.....	123	PANDEL.....	104	PHOSPHO-TRIN K500.....	89
ORENITRAM.....	146	PANRETIN.....	45	phytonadione.....	91
ORENITRAM MONTH 1.....	146	pantoprazole sodium.....	97	PIFELTRO.....	52
ORENITRAM MONTH 2.....	146	paricalcitol.....	131	pilocarpine hcl.....	83, 139
ORENITRAM MONTH 3.....	146	paroxetine hcl.....	29	pimecrolimus.....	86
ORFADIN.....	98	paroxetine hcl er.....	29	pimozide.....	48
ORGOVYX.....	37	paroxetine mesylate.....	29	pimtrea.....	115
ORIAHNN.....	115	PAXLOVID (150/100).....	50	pindolol.....	70

pioglitazone hcl.....	60	PREMPHASE.....	115	PURE COMFORT SPACER	
pioglitazone hcl-glimepiride.....	60	PREMPRO.....	115	CHAMBER.....	134
pioglitazone hcl-metformin hcl..	60	PRESTALIA.....	73	PURIXAN.....	38
PIQRAY.....	39	PRETOMANID.....	36	pyrazinamide.....	36
pirfenidone.....	147	prevalite.....	77	pyridostigmine bromide.....	36
piroxicam.....	12	PREVNAR 20.....	128	pyridostigmine bromide er.....	36
pitavastatin calcium.....	76	PREVYMIS.....	50	pyrimethamine.....	46
PLEGRIDY.....	81	PREZCOBIX.....	54	PYRUKYND.....	65
PLEGRIDY STARTER PACK...	81	PREZISTA.....	54	PYRUKYND TAPER PACK.....	65
PLENVU.....	95	PRIFTIN.....	36	QBRELIS.....	69
PLIAGLIS.....	17	PRILOSEC.....	97	QBREXZA.....	86
PNEUMOVAX 23.....	128	primaquine phosphate.....	46	qc magnesium citrate.....	96
POCKET SPACER.....	134	primidone.....	25	QDOLO.....	14
podofilox.....	86	PRIORIX.....	128	QELBREE.....	79
POKONZA.....	89	PRO COMFORT SPACER		QINLOCK.....	43
polycin.....	136	ADULT.....	134	QNASL.....	143
polyethylene glycol 3350.....	96	PRO COMFORT SPACER		QNASL CHILDRENS.....	143
polymyxin b-trimethoprim.....	136	CHILD.....	134	QTERN.....	60
POMALYST.....	38	PRO COMFORT SPACER		QUADRACEL.....	128
PONVORY.....	82	INFANT.....	134	quazepam.....	55
PONVORY STARTER PACK...	82	PROAIR DIGIHALER.....	145	quetiapine fumarate.....	49
portia-28.....	115	PROAIR RESPICLICK.....	145	quetiapine fumarate er.....	49
posaconazole.....	34	probenecid.....	34	QUILLICHEW ER.....	79
potassium chloride.....	89	PROCARE SPACER/ADULT		QUILLIVANT XR.....	79
potassium chloride crys er.....	89	MASK.....	134	quinapril hcl.....	69
potassium chloride er.....	89	PROCARE SPACER/CHILD		quinapril-hydrochlorothiazide....	73
potassium citrate er.....	89	MASK.....	134	quinidine gluconate er.....	69
potassium iodide.....	148	prochlorperazine.....	31	quinidine sulfate.....	69
PRADAXA.....	64	prochlorperazine maleate.....	31	quinine sulfate.....	46
PRALUENT.....	77	PROCRIT.....	65	QULIPTA.....	35
pramipexole dihydrochloride....	47	PROCTOCORT.....	130	QUVIVIQ.....	150
pramipexole dihydrochloride er.	47	PROCTOFOAM HC.....	130	QVAR REDIHALER.....	143
PRAMOSONE.....	86	procto-med hc.....	130	RABEPRAZOLE SODIUM.....	97
prasugrel hcl.....	67	proctosol hc.....	130	rabeprazole sodium.....	97
pravastatin sodium.....	76	proctozone-hc.....	130	RADICAVA ORS.....	80
praziquantel.....	45	PROCYSBI.....	98	RADICAVA ORS STARTER	
prazosin hcl.....	68	PROFILNINE.....	67	KIT.....	80
PRECISION XTRA BLOOD		progesterone.....	118	RADIOGARDASE.....	134
GLUCOSE.....	58	PROGRAF.....	124	RAGWITEK.....	134
PRED MILD.....	140	PROLATE.....	16	raloxifene hcl.....	118
prednisolone.....	104	PROMACTA.....	65	ramelteon.....	150
prednisolone acetate.....	140	promethazine hcl.....	31	ramipril.....	69
PREDNISOLONE ACETATE		promethegan.....	31	ranolazine er.....	73
P-F.....	140	propafenone hcl.....	69	rasagiline mesylate.....	48
prednisolone sodium		propafenone hcl er.....	69	RASUVO.....	124
phosphate.....	104, 140	propranolol hcl.....	70	RAVICTI.....	98
prednisone.....	104	propranolol hcl er.....	70	RAYALDEE.....	131
prednisone intensol.....	104	propylthiouracil.....	120	RAYOS.....	104
pregabalin.....	80	PROQUAD.....	128	react.....	118
pregabalin er.....	80	protriptyline hcl.....	30	REBIF.....	82
PREGNYL.....	106	PULMICORT FLEXHALER....	143	REBIF REBIDOSE.....	82
PREHEVBRIO.....	128	PULMOSAL.....	148	REBIF REBIDOSE	
PREMARIN.....	115	PULMOZYME.....	145	TITRATION PACK.....	82



REBIF TITRATION PACK.....	82	rizatriptan benzoate.....	35	SEVENFACT.....	67
REBINYN.....	67	ROCKLATAN.....	139	SEYSARA.....	23
reclipsen.....	115	roflumilast.....	146	SFROWASA.....	129
RECOMBINATE.....	67	ROLVEDON.....	65	sharobel.....	118
RECOMBIVAX HB.....	128	ropinirole hcl.....	47	SHINGRIX.....	128
RECORLEV.....	106	ropinirole hcl er.....	47	SIGNIFOR.....	120
REGRANEX.....	86	rosuvastatin calcium.....	76	SIKLOS.....	38
RELAFEN DS.....	12	ROSZET.....	77	sildenafil citrate.....	146
RELENZA DISKHALER.....	54	ROTARIX.....	128	SILIQ.....	86
RELEUKO.....	65	ROTATEQ.....	128	silodosin.....	100
RELEXXII.....	79	roweepra.....	24	silver sulfadiazine.....	20
RELION PREMIER TEST.....	58	ROXYBOND.....	16	SIMBRINZA.....	139
RELISTOR.....	92	ROZLYTREK.....	39, 40	SIMLANDI (1 PEN).....	124
RELTONE.....	92	RUBRACA.....	41	SIMLANDI (2 PEN).....	124
RENACIDIN.....	100	RUCONEST.....	120	simliya.....	115
repaglinide.....	60	rufinamide.....	27	simpesse.....	115
REPATHA.....	77	RUKOBIA.....	53	SIMPONI.....	124
REPATHA PUSHTRONEX		RYALTRIS.....	148	simvastatin.....	76
SYSTEM.....	77	RYBELSUS.....	60	sirolimus.....	124
REPATHA SURECLICK.....	77	RYCLORA.....	142	SIRTURO.....	37
RESTASIS MULTIDOSE.....	137	RYDAPT.....	43	SITAGLIPTIN.....	60
RETACRIT.....	65	RYKINDO.....	49	SITAGLIPTIN BASE-	
RETEVMO.....	43	RYTARY.....	47	METFORMIN HCL.....	60
RETIN-A MICRO PUMP.....	86	ryvent.....	142	SITAVIG.....	51
REVCIVI.....	98	SAIZEN.....	106	SIVEXTRO.....	20
REVLIMID.....	38	sajazir.....	120	SKYCLARYS.....	80
REXTOVY.....	18	salsalate.....	12	SKYRIZI.....	86, 124
REXULTI.....	49	SANCUSO.....	32	SKYRIZI PEN.....	124
REYATAZ.....	54	SANDIMMUNE.....	124	SKYTROFA.....	106
REYVOW.....	35	SANTYL.....	86	SLYND.....	118
REZDIFFRA.....	92	sapropterin dihydrochloride.....	98	sm milk of magnesia.....	96
REZLIDHIA.....	43	SAVAYSA.....	64	SOANZ.....	74
REZUROCK.....	124	SAVELLA.....	80	sodium chloride.....	100, 148
REZVOGLAR KWIKPEN.....	63	SAVELLA TITRATION PACK...	80	sodium chloride flush.....	134
RHOPRESSA.....	139	saxagliptin hcl.....	60	sodium fluoride.....	89
ribavirin.....	51	saxagliptin-metformin er.....	60	SODIUM OXYBATE.....	150
RIDAURA.....	125	SCEMBLIX.....	43	sodium phenylbutyrate.....	98
rifabutin.....	36	scopolamine.....	31	sodium polystyrene sulfonate...	90
rifampin.....	36	SECUADO.....	49	sodium sulfacetamide wash.....	86
riluzole.....	80	SEGLENTIS.....	16	SOFOSBUVIR-VELPATASVIR.51	
rimantadine hcl.....	54	SEGLUROMET.....	60	SOGROYA.....	106
RINVOQ.....	126	selegiline hcl.....	48	SOHONOS.....	134
RINVOQ LQ.....	126	selenium sulfide.....	86	solifenacin succinate.....	99
risedronate sodium.....	131	SELZENTRY.....	53	SOLIQUA.....	60
risperidone.....	49	SEMGLEE (YFGN).....	63	SOLOSEC.....	20
risperidone microspheres er.....	49	SEREVENT DISKUS.....	145	SOLTAMOX.....	38
ritonavir.....	54	SERNIVO.....	104	SOLU-CORTEF.....	104
rivastigmine.....	27	SEROSTIM.....	92	SOMAVERT.....	120
rivastigmine tartrate.....	27	SERTRALINE HCL.....	29	sorafenib tosylate.....	44
rivelsa.....	115	sertraline hcl.....	30	SORILUX.....	86
RIVFLOZA.....	100	setlakin.....	115	sotalol hcl.....	69
RIVIVE.....	18	sevelamer carbonate.....	90	sotalol hcl (af).....	69
RIXUBIS.....	67	sevelamer hcl.....	90	SOTYKTU.....	86

SOTYLIZE.....	69	SUNLENCA.....	53	telmisartan.....	68
SOVALDI.....	51	SUNOSI.....	150	telmisartan-amlodipine.....	73
SOVUNA.....	46	SUTAB.....	96	telmisartan-hctz.....	73
SPEVIGO.....	86	syeda.....	115	temazepam.....	149
SPIKEVAX.....	128	SYMBICORT.....	143	temozolomide.....	37
spinosad.....	46	SYMDEKO.....	145	TENCON.....	16
SPIRIVA RESPIMAT.....	144	SYMJEPI.....	145	TENIVAC.....	128
spironolactone.....	74	SYMLINPEN 120.....	60	tenofovir disoproxil fumarate.....	53
spironolactone-hctz.....	73	SYMLINPEN 60.....	60	TEPMETKO.....	44
sprintec 28.....	115	SYMPAZAN.....	25	terazosin hcl.....	100
SPRITAM.....	24	SYMPROIC.....	92	terbinafine hcl.....	34
SPRIX.....	12	SYMTUZA.....	54	terbutaline sulfate.....	145
SPS.....	90	SYNAREL.....	120	terconazole.....	34
sronyx.....	115	SYNDROS.....	32	teriflunomide.....	82
ssd.....	20	SYNJARDY.....	60	teriparatide.....	131
SSKI.....	148	SYNJARDY XR.....	60	TERIPARATIDE.....	131
sss 10-5.....	86	SYNRIBO.....	40	testosterone.....	107
STEGLATRO.....	60	TABLOID.....	38	testosterone cypionate.....	107
STEGLUJAN.....	60	TABRECTA.....	44	testosterone enanthate.....	107
STELARA.....	86	tacrolimus.....	87, 124	tetrabenazine.....	80
sterile water for irrigation.....	134	tadalafil (pah).....	147	tetracycline hcl.....	23
STIMUFEND.....	65	TADLIQ.....	147	TETRACYCLINE HCL.....	24
STIOLTO RESPIMAT.....	148	TAFINLAR.....	44	TEXACORT.....	104
STIVARGA.....	44	tafluprost (pf).....	140	TEZSPIRE.....	148
STRENSIQ.....	98	TAGRISSE.....	44	THALITONE.....	75
STRIBILD.....	51	take action.....	118	THALOMID.....	38
STRIVERDI RESPIMAT.....	145	TAKHZYRO.....	121	THEO-24.....	146
subvenite.....	26	TALICIA.....	92	theophylline.....	146
subvenite starter kit-blue.....	26	TALTZ.....	87	theophylline er.....	146
subvenite starter kit-green.....	26	TALZENNA.....	41	thioridazine hcl.....	48
subvenite starter kit-orange.....	26	tamoxifen citrate.....	38	thiothixene.....	48
SUCRAID.....	98	tamsulosin hcl.....	100	THYQUIDITY.....	119
sucralfate.....	96	TAPERDEX 12-DAY.....	104	thyroid.....	119
SUFLAVE.....	96	TAPERDEX 6-DAY.....	104	tiadylt er.....	71
SULCONAZOLE NITRATE.....	34	TAPERDEX 7-DAY.....	104	tiagabine hcl.....	25
sulfacetamide sodium.....	86, 141	tarina 24 fe.....	115	TIBSOVO.....	44
sulfacetamide sodium (acne)....	86	tarina fe 1/20 eq.....	115	TIGLUTIK.....	80
sulfacetamide sodium-sulfur.....	87	TARPEYO.....	130	tilia fe.....	115
sulfacetamide sod-sulfur wash..	87	TASCENSO ODT.....	82	timolol maleate.....	70, 139
sulfacetamide-prednisolone....	137	TASIGNA.....	44	timolol maleate (once-daily)....	139
sulfadiazine.....	22	tasimelteon.....	150	timolol maleate ocudose.....	139
sulfamethoxazole-trimethoprim..	22	tavaborole.....	34	timolol maleate pf.....	139
SULFAMYLON.....	20	TAVALISSE.....	67	tinidazole.....	20
sulfasalazine.....	130	TAVNEOS.....	134	tiopronin.....	100
sulfatrim pediatric.....	22	taysofy.....	115	tiotropium bromide	
sulindac.....	12	tazarotene.....	87	monohydrate.....	144
sumatriptan.....	35	TAZAROTENE.....	87	TIROSINT.....	119
sumatriptan succinate.....	35, 36	taztia xt.....	71	TIROSINT-SOL.....	119
sumatriptan succinate refill		TAZVERIK.....	40	TIS-U-SOL.....	134
subcutaneous solution		TDVAX.....	128	TIVICAY.....	51
cartridge.....	35	TECHLITE LANCETS 26G.....	58	TIVICAY PD.....	52
sumatriptan-naproxen sodium..	36	TEGLUTIK.....	80	tizanidine hcl.....	149
sunitinib malate.....	44	TEGSEDI.....	98	TLANDO.....	107

TOBI PODHALER.....	145	triazolam.....	149	TYRVAYA.....	137
TOBRADEX.....	135	triderm.....	104	TYVASO.....	147
TOBRADEX ST.....	135	trientine hcl.....	90	TYVASO DPI MAINTENANCE	
tobramycin.....	136, 145	tri-estarylla.....	115	KIT.....	147
tobramycin-dexamethasone....	136	trifluoperazine hcl.....	48	TYVASO DPI TITRATION KIT	147
TOBREX.....	136	trifluridine.....	136	TYVASO REFILL KIT.....	147
TODAY SPONGE.....	100	trihexyphenidyl hcl.....	46	TYVASO STARTER KIT.....	147
TOLAK.....	40	TRIJARDY XR.....	60	UBRELVY.....	35
tolcapone.....	47	TRIKAFTA.....	145	UDENYCA.....	65
TOLECTIN 600.....	12	tri-legest fe.....	115	ULTRAVATE.....	104
tolmetin sodium.....	12	tri-linyah.....	115	unithroid.....	119
TOLSURA.....	34	tri-lo-estarylla.....	116	UPNEEQ.....	138
tolterodine tartrate.....	99	tri-lo-marzia.....	116	UPTRAVI.....	147
tolterodine tartrate er.....	99	tri-lo-mili.....	116	UPTRAVI TITRATION.....	147
tolvaptan.....	90	tri-lo-sprintec.....	116	URSODIOL.....	92
topiramate.....	26	trimethobenzamide hcl.....	31	ursodiol.....	92
topiramate er.....	26	trimethoprim.....	20	UZEDY.....	50
toremifene citrate.....	38	tri-mili.....	116	VAFSEO.....	66
torpenz.....	44	trimipramine maleate.....	30	valacyclovir hcl.....	51
torsemide.....	74	TRINTELLIX.....	30	VALCHLOR.....	37
TOSYMRA.....	36	tri-nymyo.....	116	valganciclovir hcl.....	50
TOUJEO MAX SOLOSTAR.....	63	tri-sprintec.....	116	valproic acid.....	25
TOUJEO SOLOSTAR.....	63	TRIUMEQ.....	53	VALSARTAN.....	68
tovet.....	104	TRIUMEQ PD.....	53	valsartan.....	68
TRACLEER.....	147	trivora (28).....	116	valsartan-hydrochlorothiazide...	73
TRADJENTA.....	60	tri-vylibra.....	116	VALTOCO.....	25
TRAMADOL HCL (ER		tri-vylibra lo.....	116	vancomycin hcl.....	20
BIPHASIC).....	14	TRIZIVIR.....	53	VANDAZOLE.....	20
tramadol hcl (er biphasic).....	14	tropicamide.....	137	VANFLYTA.....	44
tramadol hcl er.....	14	tropium chloride.....	99	VAQTA.....	128
TRAMADOL HCL IR.....	14	tropium chloride er.....	99	varenicline tartrate.....	19
tramadol hcl ir.....	16, 17	TRUDHESA.....	35	varenicline tartrate (starter).....	19
tramadol-acetaminophen.....	17	TRUE COVER.....	134	varenicline tartrate(continue)....	19
trandolapril.....	69	true laxative.....	96	VARIVAX.....	129
trandolapril-verapamil hcl er.....	73	TRUE METRIX BLOOD		VARUBI (180 MG DOSE).....	32
tranexamic acid.....	67	GLUCOSE TEST.....	58	VAXELIS.....	129
tranylcypromine sulfate.....	29	TRUETRACK TEST.....	58	VAXNEUVANCE.....	129
travoprost (bak free).....	140	TRULANCE.....	92	VCF VAGINAL	
trazodone hcl.....	30	TRULICITY.....	61	CONTRACEPTIVE.....	100
TRECTOR.....	37	TRUMENBA.....	128	VECAMYL.....	73
TRELEGY ELLIPTA.....	148	TRUQAP.....	44	velivet.....	116
TREMFYA.....	87	TUDORZA PRESSAIR.....	144	VELPHORO.....	90
TRESIBA.....	63	TUKYSA.....	44	VELSIPITY.....	126
TRESIBA FLEXTOUCH.....	63	TURALIO.....	44	VELTASSA.....	90
tretinoin.....	45, 87	turqoz.....	116	VEMLIDY.....	50
tretinoin microsphere.....	87	TWINRIX.....	128	VENCLEXTA.....	44
tretinoin microsphere pump.....	87	TWIRLA.....	116	VENCLEXTA STARTING	
TRETEN.....	67	TWYNEO.....	87	PACK.....	44
TREXALL.....	124	TYBLUME.....	116	VENLAFAXINE BESYLATE	
triamcinolone acetonide....	83, 104	TYBOST.....	52	ER.....	30
triamcinolone in absorbbase....	104	tydemy.....	116	venlafaxine hcl.....	30
triamterene.....	74	TYENNE.....	126	venlafaxine hcl er.....	30
triamterene-hctz.....	73	TYMLOS.....	131	VENTAVIS.....	147

VENTOLIN HFA.....	145	voriconazole.....	34	XHANCE.....	143
VEOZAH.....	135	VORTEX VALVED HOLDING		XIFAXAN.....	20, 21
verapamil hcl.....	71	CHAMBER.....	135	XIGDUO XR.....	61
verapamil hcl er.....	71	VOSEVI.....	51	XIIDRA.....	137
VEREGEN.....	87	VOWST.....	93	XIMINO.....	24
VERIFINE SAFE LANCET		VOXZOGO.....	98	XOFLUZA (40 MG DOSE).....	54
MINI 21G.....	58	VOYDEYA.....	64	XOFLUZA (80 MG DOSE).....	54
VERIFINE SAFE LANCET		VRAYLAR.....	50	XOLAIR.....	126
MINI 23G.....	58	VTAMA.....	87	XOLREMDI.....	66
VERIFINE SAFE LANCET		VUMERITY.....	82	XOPENEX HFA.....	145
MINI 28G.....	58	VUSION.....	34	XOSPATA.....	45
VERIFINE SAFE LANCET		vyfemla.....	116	XPHOZAH.....	135
MINI 30G.....	58	vylibra.....	116	XPOVIO (100 MG ONCE	
VERKAZIA.....	137	VYNDAMAX.....	74	WEEKLY).....	40
VERQUVO.....	73	VYNDAQEL.....	74	XPOVIO (40 MG ONCE	
VERSACLOZ.....	50	VYVANSE.....	78	WEEKLY).....	40
VERZENIO.....	40	VYZULTA.....	140	XPOVIO (40 MG TWICE	
VESICARE LS.....	99	WAINUA.....	99	WEEKLY).....	40
vestura.....	116	WAKIX.....	150	XPOVIO (60 MG ONCE	
VEVYE.....	137	warfarin sodium.....	64	WEEKLY).....	40
V-GO 20.....	135	water for irrigation, sterile.....	135	XPOVIO (60 MG TWICE	
V-GO 30.....	135	WELIREG.....	40	WEEKLY).....	40
V-GO 40.....	135	wera.....	117	XPOVIO (80 MG ONCE	
VIBERZI.....	93	WIDE-SEAL DIAPHRAGM 60	135	WEEKLY).....	40
VICTOZA.....	61	WIDE-SEAL DIAPHRAGM 65	135	XPOVIO (80 MG TWICE	
vienva.....	116	WIDE-SEAL DIAPHRAGM 70	135	WEEKLY).....	40
vigabatrin.....	25	WIDE-SEAL DIAPHRAGM 75	135	XTAMPZA ER.....	14
vigadrone.....	25	WIDE-SEAL DIAPHRAGM 80	135	XTANDI.....	37
VIGAFYDE.....	25	WIDE-SEAL DIAPHRAGM 85	135	xulane.....	117
vigpoder.....	25	WIDE-SEAL DIAPHRAGM 90	135	XULTOPHY.....	61
VIJOICE.....	44	WIDE-SEAL DIAPHRAGM 95	135	XURIDEN.....	99
vilazodone hcl.....	30	WILATE.....	67	XYNTHA.....	67
VIOKACE.....	98	WINLEVI.....	87	XYNTHA SOLOFUSE.....	67
viorele.....	116	WINREVAIR.....	147	XYOSTED.....	107
VIRACEPT.....	54	wixela inhub.....	143	XYREM.....	150
VIREAD.....	53	wymzya fe.....	117	XYWAV.....	150
VISTOGARD.....	135	WYNZORA.....	88	yargesa.....	99
vitamin d (ergocalciferol).....	91	XACIATO.....	20	yl folic acid.....	91
vitamin k1.....	91	XADAGO.....	48	YONSA.....	37
VITRAKVI.....	44	XALKORI.....	45	YOSPRALA.....	67
VIVAGUARD INO TEST		XARELTO.....	64	YUFLYMA (1 PEN).....	124
STRIPS.....	58	XARELTO STARTER PACK.....	64	YUFLYMA (2 PEN).....	124
VIVAGUARD LANCETS 30G...	58	XATMEP.....	124	YUFLYMA (2 SYRINGE).....	124
VIVAGUARD SAFETY		XCOPRI.....	25	YUFLYMA-CD/UC/HS	
LANCETS 28G.....	58	XDEMZY.....	136	STARTER.....	124
VIVJOA.....	34	XELJANZ.....	124	YUPELRI.....	144
VIZIMPRO.....	45	XELJANZ XR.....	124	YUSIMRY.....	124
volnea.....	116	XELPROS.....	140	yuvafem.....	117
VONJO.....	40	XELSTRYM.....	78	zafemy.....	117
VONVENDI.....	67	XEMBIFY.....	125	zafirlukast.....	144
VOQUEZNA.....	93	XEPI.....	20	zaleplon.....	149
VOQUEZNA DUAL PAK.....	93	XERESE.....	51	ZARXIO.....	66
VOQUEZNA TRIPLE PAK.....	93	XERMELO.....	93	ZAVZPRET.....	35

ZEGALOGUE.....	61
ZEJULA.....	41
ZELAPAR.....	48
ZELBORAF.....	45
ZEMBRACE SYMTOUCH.....	36
zenatane.....	88
ZENPEP.....	99
ZEPATIER.....	51
ZEPOSIA.....	82
ZEPOSIA 7-DAY STARTER PACK.....	82
ZEPOSIA STARTER KIT.....	82
ZERVIATE.....	138
ZETONNA.....	143
zidovudine.....	53
ZIEXTENZO.....	66
ZILBRYSQ.....	135
zileuton er.....	144
ZILXI.....	88
ZIMHI.....	18
ziprasidone hcl.....	50
ZIRGAN.....	136
ZITUVIO.....	61
ZOKINVY.....	135
ZOLINZA.....	40
zolmitriptan.....	36
ZOLPIDEM TARTRATE.....	149
zolpidem tartrate.....	149, 150
zolpidem tartrate er.....	149
ZOMACTON.....	106
ZOMIG.....	36
ZONISADE.....	24
zonisamide.....	24
ZONTIVITY.....	64
ZORBTIVE.....	93
ZORVOLEX.....	13
ZORYVE.....	88
zovia 1/35 (28).....	117
ZTALMY.....	25
ZTLIDO.....	17
ZUBSOLV.....	17
zumandimine.....	117
ZURZUVAE.....	28
ZYCLARA PUMP.....	88
ZYDELIG.....	45
ZYFLO.....	144
ZYKADIA.....	45
ZYLET.....	137
ZYMFENTRA (1 PEN).....	124
ZYMFENTRA (2 PEN).....	124
ZYMFENTRA (2 SYRINGE)...	124
ZYPITAMAG.....	76
ZYPREXA RELPREVV.....	50





Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

[bcbsm.com/pharmacy](https://bcbsm.com/pharmacy)

All trademarks and logos are property of their respective owners in the U.S. and other jurisdictions.

**Blue Care Network Custom Select Drug List**