

Changes to the Blue Cross Custom Select Drug List

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

Drugs that won't be covered

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

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

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

Drugs that will have a higher copayment

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

Drugs that will have a higher copayment*	Common use or drug class	Preferred alternatives
Albuterol nebulization solution (brand)	Bronchospasm	Generic albuterol sulfate nebulization solution

Drugs that will have a higher copayment*	Common use or drug class	Preferred alternatives
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
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
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.



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

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 Cross Blue Shield of Michigan Custom Select Drug List

PPO

Blue Cross® Premier PPO

Community BlueSM PPO

Community BlueSM HRA PPO

Simply BlueSM PPO

Simply BlueSM HRA PPO

Simply BlueSM HSA PPO

Simply BlueSM Routine Care PPO

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 Cross Blue Shield of Michigan and Blue Care Network are nonprofit corporations and independent licensees of the Blue Cross and Blue Shield Association.

Blue Cross Blue Shield of Michigan Custom Select Drug List

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

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

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

Nonformulary (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 Blue Cross 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

continued

- Products covered as a medical benefit (for example, injectable drugs and vaccines that are usually administered in a doctor's office)
 - Note: Most Blue Cross members can get multiple common vaccines at network retail pharmacies. Restrictions may apply.
- Compounded products, with some exceptions
- Replacement prescriptions resulting from loss, theft or mishandling
- Drugs not approved by the FDA

Preferred alternatives for nonpreferred and nonformulary (not covered) drugs

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

Specialty drugs

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

Preventive drug coverage

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

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

New generics

When a generic version of a brand-name drug becomes available, the generic version is generally added to the generic tier of the drug list. After the generic drug is added, the original, 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, please call the Customer Service number on the back of your Blue Cross member ID card. If you have online access, log in to your account at bcbsm.com or the Blue Cross Blue Shield of Michigan mobile app. You can also find general information about Blue Cross prescription drug coverage at bcbsm.com/pharmacy.

Vaccines

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

Reading your drug list

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

Tier information

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

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

Drug Tiers	3-tier plan	4-tier plan	5-tier plan
Not covered	Nonformulary This tier includes nonformulary high-cost, FDA-approved, prescription-only drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs aren't covered.		
Covered \$0	No out-of-pocket cost This tier includes select products that are covered with no out-of-pocket costs.		
Preventive	No out-of-pocket cost This tier includes drugs that are covered with no out-of-pocket costs when health care reform requirements are met. When healthcare reform requirements aren't met, the drug isn't covered.		
Generic	Generic – Lowest out-of-pocket cost This tier includes nonspecialty generic drugs and select specialty generic drugs. Members pay the lowest copay for generics, making them the most cost-effective option for treatment.		
Preferred brand	Preferred brand – Higher out-of-pocket cost This tier includes preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.	Preferred brand – Higher out-of-pocket cost This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.	
	Nonpreferred brand – Highest out-of-pocket cost This tier includes brand-name drugs or which there are either generic alternatives or more cost-effective, preferred brand-name drugs available. Members pay more for these nonpreferred brand-name drugs.	Nonpreferred brand – Highest out-of-pocket cost This tier includes nonspecialty, brand-name drugs for which there's either a generic alternative or a more cost-effective, preferred brand-name drug available. Members pay more for these nonpreferred brand-name drugs.	

continued

Drug Tiers	3-tier plan	4-tier plan	5-tier plan
Generic specialty	<p>Generic – Lowest out-of-pocket cost This tier includes select specialty generic drugs that are used to treat difficult health conditions. Members pay the lowest amount for generics, making them the most cost-effective option for treatment.</p>		
Preferred brand specialty	<p>Preferred brand – Higher out-of-pocket cost This tier includes preferred brand-name drugs that are used to treat difficult health conditions. These drugs are more expensive than generics, and members pay a higher amount for them.</p>	<p>Specialty This tier includes brand-name and select specialty generic drugs, that are used to treat difficult health conditions.</p>	<p>Preferred specialty – Lower out-of-pocket cost This tier includes brand-name and select specialty generic drugs that are used to treat difficult health conditions. These drugs are generally more cost-effective than nonpreferred specialty drugs.</p>
Nonpreferred specialty	<p>Nonpreferred brand – Highest out-of-pocket cost This tier includes brand-name drugs that are used to treat difficult health conditions 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.</p>		<p>Nonpreferred specialty – Higher out-of-pocket cost This tier includes nonpreferred brand-name, specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.</p>

Drug list information

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

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

How to fill a prescription

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

- **Specialty drugs**

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

- **All other drugs**

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

If you have questions about which mail-order vendor to use, call the Customer Service phone number on the back of your Blue Cross member ID card or visit [bcbsm.com/pharmacy](https://www.bcbsm.com/pharmacy).

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

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

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

How prior authorization, step therapy and quantity limits work

Prior authorization

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

Step therapy

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

For a current list of drugs requiring prior authorization or step therapy, see the [Prior authorization and step therapy coverage criteria](#) and refer to the column labeled *Blue Cross, then Custom Select Drug List*.

Quantity limits

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

For a current list of drugs that have limits on the quantity that can be dispensed per fill, see the [Quantity Limit Program](#), and refer to the column labeled *BCBSM 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 Blue Cross member ID card for more information.

To request coverage of a drug:

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

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

Doctors can request authorization one of four ways:

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

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

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

Send us your feedback:

Please send your comments and suggestions about this list to:

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

BCBSM Custom Select Drug List - November 2024

Table of Contents

Analgesics	11
Anesthetics	16
Anti-Addiction/Substance Abuse Treatment Agents	17
Antibacterials	18
Anticonvulsants	22
Antidementia Agents	24
Antidepressants	25
Antiemetics	27
Antifungals	28
Antigout Agents	29
Antimigraine Agents	30
Antimyasthenic Agents	31
Antimycobacterials	31
Antineoplastics	31
Antiparasitics	39
Antiparkinson Agents	40
Antipsychotics	41
Antivirals	43
Anxiolytics	47
Bipolar Agents	47
Blood Glucose Monitoring	47
Blood Glucose Regulators	50
Blood Products and Modifiers	55
Cardiovascular Agents	58
Central Nervous System Agents	66
Cholestatic Pruritus Agent	70
Dental and Oral Agents	70
Dermatological Agents	70
Electrolytes/Minerals/Metals/Vitamins	74
Gastrointestinal Agents	77
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	82
Genitourinary Agents	84
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	85
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	88
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	90
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	90
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	98
Hormonal Agents, Suppressant (Adrenal)	99
Hormonal Agents, Suppressant (pituitary)	99
Hormonal Agents, Suppressant (Thyroid)	100
Immunological Agents	100
Inflammatory Bowel Disease Agents	108
Metabolic Bone Disease Agents	109
Miscellaneous Therapeutic Agents	110
Ophthalmic Agents	114
Otic Agents	118
Respiratory Tract/Pulmonary Agents	119
Skeletal Muscle Relaxants	125
Sleep Disorder Agents	126

Drug Name	Brand Reference	Drug Tier	Notes
Analgesics			
Nonsteroidal Anti-inflammatory Drugs			
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	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		Generic	
diclofenac sodium er		Generic	
diclofenac sodium external gel 1 %	Aleve Arthritis Pain	Generic	QL
diclofenac sodium external solution 1.5 %		Generic	
diclofenac sodium external solution 2 %	Pennsaid	Not covered	QL
diclofenac sodium oral		Generic	
diclofenac-misoprostol	Arthrotec	Generic	
diflunisal oral		Generic	
ec-naproxen	EC-Naprosyn	Generic	
ELYXYB		Not covered	
etodolac	Lodine	Generic	
etodolac er		Generic	
fenopropfen calcium oral capsule 200 mg		Not covered	QL
fenopropfen calcium oral capsule 400 mg	Nalfon	Generic	QL
fenopropfen calcium oral tablet	Nalfon	Not covered	QL
FLECTOR		Not covered	QL
flurbiprofen oral		Generic	
ft aspirin low dose	Aspir-Low	Preventive	PV1

Drug Name	Brand Reference	Drug Tier	Notes
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	Generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBUPROFEN	Generic	
ibuprofen-famotidine	Duexis	Not covered	QL
indomethacin er		Generic	
indomethacin oral capsule		Generic	
indomethacin oral suspension	Indocin	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG		Nonpreferred brand	QL
indomethacin rectal suppository 50 mg	Indocin	Generic	QL
ketoprofen er		Generic	
ketoprofen oral capsule 25 mg	Kiprofen	Generic	PA; QL
ketoprofen oral capsule 50 mg		Generic	
ketorolac tromethamine injection		Generic	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML		Nonpreferred brand	
ketorolac tromethamine intramuscular solution 60 mg/2ml		Generic	
ketorolac tromethamine oral		Generic	QL
LICART		Not covered	QL
meclofenamate sodium oral		Generic	
mefenamic acid oral		Generic	
meloxicam oral capsule		Not covered	QL
MELOXICAM ORAL SUSPENSION		Not covered	ABA
meloxicam oral tablet		Generic	
mm aspirin	Aspir-Low	Preventive	PV1
nabumetone oral		Generic	
naproxen dr	EC-Naprosyn	Generic	
naproxen oral suspension	Naprosyn	Generic	
naproxen oral tablet	Naprosyn	Generic	
naproxen oral tablet delayed release	EC-Naprosyn	Generic	
naproxen sodium er	Naprelan	Not covered	
naproxen sodium oral tablet 275 mg		Generic	
naproxen sodium oral tablet 550 mg	Anaprox DS	Generic	
naproxen-esomeprazole mg	Vimovo	Not covered	QL

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

Drug Name	Brand Reference	Drug Tier	Notes
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Not covered	ABA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	ABA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Not covered	ABA; QL
OXYCONTIN		Not covered	QL
oxymorphone hcl er		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		Generic	
tramadol hcl er		Generic	
TRAMADOL HCL ORAL SOLUTION		Not covered	ABA; QL
XTAMPZA ER		Preferred brand	PA; QL
Opioid Analgesics, Short-acting			
acetaminophen-codeine		Generic	
ALLZITAL		Not covered	
APADAZ		Not covered	QL
apap-caff-dihydrocodeine	Trezix	Generic	
ascomp-codeine	Ascomp-Codeine	Generic	
bac	Bac	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	Generic	
butalbital-apap-caff-cod	Fioricet/Codeine	Generic	
butalbital-apap-caffeine	Bac	Generic	
butalbital-asa-caff-codeine	Ascomp-Codeine	Generic	
butalbital-aspirin-caffeine		Generic	
butorphanol tartrate nasal		Generic	
codeine sulfate		Generic	
endocet	Endocet	Generic	
fentanyl citrate buccal lozenge on a handle		Generic	PA; QL
FENTANYL CITRATE BUCCAL TABLET		Not covered	ABA; QL
FENTORA		Not covered	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml		Generic	
hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml		Generic	
hydrocodone-acetaminophen oral tablet	Xodol	Generic	
hydrocodone-ibuprofen		Generic	
hydromorphone hcl oral	Dilaudid	Generic	
hydromorphone hcl rectal		Generic	
meperidine hcl oral solution		Generic	
meperidine hcl oral tablet		Not covered	
morphine sulfate (concentrate)		Generic	
morphine sulfate oral		Generic	
morphine sulfate rectal		Generic	
nalbuphine hcl injection		Generic	
NALOCET		Not covered	
NUCYNTA		Nonpreferred brand	PA; QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG		Not covered	QL
oxycodone hcl oral capsule		Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
oxycodone hcl oral concentrate		Generic	QL
oxycodone hcl oral solution		Generic	QL
oxycodone hcl oral tablet	Roxicodone	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	Generic	
oxymorphone hcl		Generic	QL
pentazocine-naloxone hcl		Generic	
PROLATE		Not covered	
ROXYBOND		Not covered	
SEGLENTIS		Not covered	
TENCON		Not covered	
tramadol hcl oral tablet 100 mg		Generic	
tramadol hcl oral tablet 25 mg		Not covered	
tramadol hcl oral tablet 50 mg		Generic	
tramadol-acetaminophen		Generic	
Anesthetics			
Local Anesthetics			
glydo	Glydo	Generic	
lidocaine external ointment 5 %		Not covered	
lidocaine external patch 5 %	Lidocan	Not covered	
lidocaine hcl external solution		Generic	
lidocaine hcl mouth/throat		Generic	
lidocaine hcl urethral/mucosal	Glydo	Generic	
lidocaine viscous hcl		Generic	
lidocaine-prilocaine external cream		Generic	
LIDOCAN		Nonpreferred brand	
PLIAGLIS EXTERNAL CREAM		Not covered	
ZTLIDO		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
Anti-Addiction/Substance Abuse Treatment Agents			
Alcohol Deterrents/Anti-craving			
acamprosate calcium		Generic	
disulfiram oral		Generic	
naltrexone hcl oral		Generic	
Opioid Dependence Treatments			
buprenorphine hcl sublingual		Generic	QL
buprenorphine hcl-naloxone hcl	Suboxone	Generic	QL
lofexidine hcl	Lucemyra	Generic	QL
ZUBSOLV		Preferred brand	QL
Opioid Reversal Agents			
KLOXXADO		Preferred brand	QL
naloxone hcl injection		Generic	
naloxone hcl nasal	Narcan	Generic	QL
NARCAN		Preferred brand	QL
OPVEE		Preferred brand	QL
REXTOVY		Preferred brand	QL
RIVIVE		Preferred brand	QL
ZIMHI		Preferred brand	QL
Smoking Cessation Agents			
bupropion hcl er (smoking det)		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)

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

Drug Name	Brand Reference	Drug Tier	Notes
linezolid oral	Zyvox	Generic	
mafenide acetate external		Not covered	
methenamine hippurate	Hiprex	Generic	
metronidazole oral	Flagyl	Generic	
metronidazole vaginal	Vandazole	Generic	
mupirocin cream		Not covered	
mupirocin ointment		Generic	
NEO-SYNALAR		Not covered	
nitrofurantoin macrocrystal	Macrochantin	Generic	
nitrofurantoin monohydrate macrocrystals	Macrobid	Generic	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml		Generic	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML		Not covered	
NUVESSA		Not covered	
silver sulfadiazine external	SSD	Generic	
SIVEXTRO ORAL		Preferred brand	QL
SOLOSEC		Not covered	QL
ssd	SSD	Generic	
SULFAMYLON		Nonpreferred brand	
tinidazole oral		Generic	QL
trimethoprim oral		Generic	
vancomycin hcl oral capsule	Vancocin	Generic	
vancomycin hcl oral solution reconstituted	Firvanq	Generic	QL
VANDAZOLE		Nonpreferred brand	
XACIATO		Not covered	
XEPI EXTERNAL CREAM 1 %		Not covered	QL
XIFAXAN ORAL TABLET 200 MG		Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG		Nonpreferred brand	PA; QL
Beta-lactam, Cephalosporins			
cefaclor		Generic	
cefaclor er		Generic	
cefadroxil		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
cefdinir		Generic	
cefixime		Generic	
cefpodoxime proxetil		Generic	
cefprozil		Generic	
cefuroxime axetil		Generic	
cephalexin		Generic	
Beta-lactam, Penicillins			
amoxicillin		Generic	
amoxicillin-potassium clavulanate	Augmentin	Generic	
amoxicillin-potassium clavulanate er		Generic	
ampicillin		Generic	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED		Preferred brand	
dicloxacillin sodium		Generic	
penicillin v potassium		Generic	
Macrolides			
azithromycin oral	Zithromax	Generic	
clarithromycin er		Generic	
clarithromycin oral		Generic	
DIFICID		Nonpreferred brand	QL
E.E.S. 400		Not covered	
ERYTHROCIN STEARATE ORAL TABLET 250 MG		Preferred brand	
erythromycin base oral	Ery-Tab	Generic	
erythromycin ethylsuccinate oral	E.E.S. 400	Generic	
erythromycin oral	Ery-Tab	Generic	
Quinolones			
BAXDELA ORAL		Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED		Nonpreferred brand	
ciprofloxacin hcl oral	Cipro	Generic	
levofloxacin oral		Generic	
moxifloxacin hcl oral		Generic	
ofloxacin oral		Generic	
Sulfonamides			
sulfadiazine oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Sulfatrim Pediatric	Generic	
sulfamethoxazole-trimethoprim oral tablet	Bactrim	Generic	
sulfatrim pediatric	Sulfatrim Pediatric	Generic	
Tetracyclines			
avidoxy		Generic	
demeclocycline hcl		Generic	
DORYX MPC		Not covered	
doxycycline hyclate oral capsule	Vibramycin	Generic	
doxycycline hyclate oral tablet 100 mg, 20 mg		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		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	Generic	
doxycycline monohydrate oral capsule 150 mg		Generic	ST
doxycycline monohydrate oral capsule 50 mg		Generic	
doxycycline monohydrate oral capsule 75 mg		Not covered	
doxycycline monohydrate oral suspension reconstituted		Generic	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg		Generic	
doxycycline monohydrate oral tablet 150 mg		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		Generic	
MINOLIRA		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
mondoxyne nl	Mondoxyne NL	Generic	
NUZYRA ORAL		Nonpreferred brand	QL
SEYSARA		Not covered	
tetracycline hcl oral capsule		Generic	
TETRACYCLINE HCL ORAL TABLET		Not covered	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG		Not covered	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT ORAL		Nonpreferred brand	PA; QL
ELEPSIA XR		Not covered	QL
EPIDIOLEX		Nonpreferred specialty	PA; SP; QL
FINTEPLA		Nonpreferred specialty	PA; SP; QL
levetiracetam er	Keppra XR	Generic	
levetiracetam oral	Keppra	Generic	
roweepra	Roweepra	Generic	
SPRITAM		Not covered	QL
Calcium Channel Modifying Agents			
ethosuximide oral	Zarontin	Generic	
methsuximide	Celontin	Generic	
ZONISADE		Nonpreferred brand	PA; QL
zonisamide oral	Zonegran	Generic	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
clobazam	Onfi	Generic	QL
DIACOMIT		Nonpreferred specialty	PA; SP; QL
diazepam rectal		Generic	
gabapentin oral capsule	Neurontin	Generic	
gabapentin oral solution	Neurontin	Generic	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	Generic	
LIBERVANT		Nonpreferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
NAYZILAM		Preferred brand	QL
phenobarbital oral		Generic	
primidone oral	Mysoline	Generic	
SYMPAZAN		Not covered	QL
tiagabine hcl		Generic	
valproic acid oral capsule		Generic	
valproic acid oral solution 250 mg/5ml		Generic	
VALTOCO		Preferred brand	QL
vigabatrin		Generic specialty	PA; SP; QL
vigadrone	Vigadrone	Not covered	SP; QL
VIGAFYDE		Not covered	SP; QL
vigpoder	Vigpoder	Generic specialty	PA; SP; QL
XCOPRI		Nonpreferred brand	PA; QL
ZTALMY		Preferred brand specialty	PA; SP; QL
Glutamate Reducing Agents			
EPRONTIA		Nonpreferred brand	PA; QL
felbamate	Felbatol	Generic	
FYCOMPA		Nonpreferred brand	QL
LAMICTAL XR ORAL KIT		Nonpreferred brand	
lamotrigine er	LaMICTal XR	Generic	
lamotrigine oral kit	LaMICTal ODT	Generic	
lamotrigine oral tablet	Subvenite	Generic	
lamotrigine oral tablet chewable	LaMICTal	Generic	
lamotrigine oral tablet dispersible	LaMICTal ODT	Generic	
lamotrigine starter kit-blue	Subvenite Starter Kit-Blue	Generic	
lamotrigine starter kit-green	Subvenite Starter Kit-Green	Generic	
lamotrigine starter kit-orange	Subvenite Starter Kit-Orange	Generic	
subvenite	Subvenite	Generic	
subvenite starter kit-blue	Subvenite Starter Kit-Blue	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
subvenite starter kit-green	Subvenite Starter Kit-Green	Generic	
subvenite starter kit-orange	Subvenite Starter Kit-Orange	Generic	
topiramate er oral capsule er 24 hour sprinkle	Qudexy XR	Generic	PA; QL
topiramate er oral capsule extended release 24 hour	Trokendi XR	Not covered	QL
topiramate oral	Topamax	Generic	
Sodium Channel Agents			
APTIOM		Not covered	QL
carbamazepine er	Carbatrol	Generic	
carbamazepine oral suspension 100 mg/5ml	TEGretol	Generic	
carbamazepine oral tablet	Epitol	Generic	
carbamazepine oral tablet chewable		Generic	
DILANTIN ORAL CAPSULE 30 MG		Preferred brand	
epitol	Epitol	Generic	
lacosamide oral solution 10 mg/ml	Vimpat	Generic	
lacosamide oral tablet	Vimpat	Generic	QL
MOTPOLY XR		Not covered	QL
oxcarbazepine er	Oxtellar XR	Not covered	QL
oxcarbazepine oral suspension	Trileptal	Generic	
oxcarbazepine oral tablet	Trileptal	Generic	
phenytek	Phenytek	Generic	
phenytoin infatabs	Phenytoin Infatabs	Generic	
phenytoin oral	Dilantin	Generic	
phenytoin sodium extended	Dilantin	Generic	
rufinamide oral suspension	Banzel	Generic	
rufinamide oral tablet	Banzel	Generic	PA; QL
Antidementia Agents			
Antidementia Agents, Other			
NAMZARIC		Not covered	QL
Cholinesterase Inhibitors			
ADLARITY		Nonpreferred brand	PA; QL
donepezil hcl oral tablet 10 mg, 5 mg	Aricept	Generic	
donepezil hcl oral tablet 23 mg	Aricept	Not covered	QL

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

Drug Name	Brand Reference	Drug Tier	Notes
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)			
CITALOPRAM HYDROBROMIDE ORAL CAPSULE		Not covered	QL
citalopram hydrobromide oral solution		Generic	
citalopram hydrobromide oral tablet	CeleXA	Generic	
DESVENLAFAXINE ER		Not covered	QL
desvenlafaxine succinate er	Pristiq	Generic	QL
DRIZALMA SPRINKLE		Not covered	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Cymbalta	Generic	
duloxetine hcl oral capsule delayed release particles 40 mg		Not covered	
escitalopram oxalate oral	Lexapro	Generic	
FETZIMA		Not covered	QL
FETZIMA TITRATION		Not covered	QL
fluoxetine hcl (pmdd)		Generic	
fluoxetine hcl oral	PROzac	Generic	
fluvoxamine maleate		Generic	
fluvoxamine maleate er		Generic	
nefazodone hcl		Generic	
paroxetine hcl er	Paxil CR	Generic	
paroxetine hcl oral suspension	Paxil	Generic	
paroxetine hcl oral tablet	Paxil	Generic	
paroxetine mesylate		Not covered	QL
SERTRALINE HCL ORAL CAPSULE		Not covered	QL
sertraline hcl oral concentrate	Zoloft	Generic	
sertraline hcl oral tablet	Zoloft	Generic	
trazodone hcl oral		Generic	
TRINTELLIX		Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER		Not covered	QL
venlafaxine hcl		Generic	
venlafaxine hcl er oral capsule extended release 24 hour	Effexor XR	Generic	
venlafaxine hcl er oral tablet extended release 24 hour		Not covered	
vilazodone hcl	Viibryd	Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
Tricyclics			
amitriptyline hcl oral		Generic	
amoxapine		Generic	
clomipramine hcl oral	Anafranil	Generic	
desipramine hcl oral	Norpramin	Generic	
doxepin hcl oral capsule		Generic	
doxepin hcl oral concentrate		Generic	
imipramine hcl oral		Generic	
imipramine pamoate		Generic	
nortriptyline hcl oral	Pamelor	Generic	
protriptyline hcl		Generic	
trimipramine maleate oral		Generic	
Antiemetics			
Antiemetics, Other			
ANTIVERT ORAL TABLET CHEWABLE		Not covered	
BONJESTA		Not covered	QL
compro	Compro	Generic	
doxylamine-pyridoxine	Diclegis	Not covered	QL
GIMOTI		Not covered	QL
meclizine hcl oral tablet	Antivert	Not covered	
metoclopramide hcl oral solution		Generic	
metoclopramide hcl oral tablet	Reglan	Generic	
metoclopramide hcl oral tablet dispersible		Not covered	
perphenazine oral		Generic	
prochlorperazine	Compro	Generic	
prochlorperazine maleate oral		Generic	
promethazine hcl oral		Generic	
promethazine hcl rectal	Promethegan	Generic	
promethegan	Promethegan	Generic	
scopolamine	Transderm-Scop	Generic	
trimethobenzamide hcl oral		Generic	
Emetogenic Therapy Adjuncts			
AKYNZEO ORAL		Nonpreferred brand	PA; QL
ANZEMET		Nonpreferred brand	
aprepitant	Emend	Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
dronabinol	Marinol	Generic	
EMEND ORAL SUSPENSION RECONSTITUTED		Preferred brand	QL
granisetron hcl oral		Generic	QL
ondansetron hcl oral solution		Generic	
ondansetron hcl oral tablet		Generic	QL
ondansetron odt oral tablet dispersible 16 mg		Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg		Generic	QL
SANCUSO		Nonpreferred brand	PA; QL
SYNDROS		Not covered	QL
VARUBI (180 MG DOSE)		Nonpreferred brand	PA; QL
Antifungals			
BREXAFEMME		Nonpreferred brand	PA; QL
ciclodan	Ciclodan	Generic	
ciclopirox external	Ciclodan	Generic	
ciclopirox olamine external		Generic	
clotrimazole external	Desenex	Generic	
clotrimazole mouth/throat		Generic	
clotrimazole-betamethasone		Generic	
CRESEMBA ORAL		Preferred brand	QL
econazole nitrate external		Generic	
ECOZA		Not covered	QL
ERTACZO		Not covered	
EXELDERM		Not covered	
fluconazole oral	Diflucan	Generic	
flucytosine oral	Ancobon	Generic	
griseofulvin microsize oral		Generic	
griseofulvin ultramicrosize		Generic	
GYNAZOLE-1		Nonpreferred brand	
itraconazole oral	Sporanox	Generic	
JUBLIA		Not covered	QL
ketoconazole external	Ketodan	Generic	
ketoconazole oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
ketodan	Ketodan	Generic	
klayesta	Klayesta	Generic	
LULICONAZOLE		Nonpreferred brand	PA; ABA; QL
LUZU		Not covered	QL
miconazole 3		Generic	
MICONAZOLE-ZINC OXIDE-PETROLAT		Not covered	ABA; QL
naftifine hcl external cream		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	Generic	
nystatin external	Klayesta	Generic	
nystatin mouth/throat		Generic	
nystatin oral		Generic	
nystatin-triamcinolone		Generic	
nystop	Klayesta	Generic	
ORAVIG		Not covered	QL
oxiconazole nitrate		Generic	PA; QL
OXISTAT		Not covered	QL
posaconazole oral	Noxafil	Generic	QL
SULCONAZOLE NITRATE		Nonpreferred brand	ABA
tavaborole		Not covered	QL
terbinafine hcl oral		Generic	
terconazole		Generic	
TOLSURA		Not covered	
VIVJOA		Not covered	QL
voriconazole oral	Vfend	Generic	
VUSION		Not covered	QL
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg		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		Generic	
colchicine-probenecid		Generic	

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

Drug Name	Brand Reference	Drug Tier	Notes
sumatriptan-naproxen sodium	Treximet	Not covered	QL
TOSYMRA		Not covered	QL
ZEMBRACE SYMTOUCH		Not covered	QL
zolmitriptan nasal solution 5 mg	Zomig	Generic	ST; QL
zolmitriptan oral	Zomig	Generic	QL
ZOMIG NASAL SOLUTION 2.5 MG		Nonpreferred brand	ST; QL
Antimyasthenic Agents			
Parasympathomimetics			
pyridostigmine bromide er	Mestinon	Generic	
pyridostigmine bromide oral solution	Mestinon	Generic	
pyridostigmine bromide oral tablet 30 mg		Not covered	
pyridostigmine bromide oral tablet 60 mg	Mestinon	Generic	
Antimycobacterials			
Antimycobacterials, Other			
dapsone oral		Generic	
rifabutin	Mycobutin	Generic	
Antituberculars			
cycloserine oral		Generic	
ethambutol hcl oral		Generic	
isoniazid oral		Generic	
PRETOMANID		Preferred brand	QL
PRIFTIN		Nonpreferred brand	
pyrazinamide oral		Generic	
rifampin oral		Generic	
SIRTURO		Preferred brand	PA; QL
TRECTOR		Nonpreferred brand	
Antineoplastics			
Alkylating Agents			
cyclophosphamide oral capsule		Generic	
CYCLOPHOSPHAMIDE ORAL TABLET		Nonpreferred brand	ABA
GLEOSTINE		Preferred brand	
LEUKERAN		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
MATULANE		Preferred brand specialty	SP
melphalan oral tablet 2 mg		Generic	
MYLERAN		Nonpreferred brand	
temozolomide		Generic specialty	SP
VALCHLOR		Nonpreferred specialty	PA; SP; QL
Antiandrogens			
abiraterone acetate oral tablet 250 mg	Zytiga	Generic specialty	SP; QL
abiraterone acetate oral tablet 500 mg	Zytiga	Not covered	SP; QL
bicalutamide	Casodex	Generic	
ERLEADA		Preferred brand specialty	PA; SP; QL
EULEXIN		Nonpreferred specialty	PA; 15DS; SP; QL
nilutamide	Nilandron	Generic	PA; QL
NUBEQA		Preferred brand specialty	PA; 15DS; SP; QL
ORGOVYX		Nonpreferred specialty	PA; SP; QL
XTANDI		Preferred brand specialty	PA; 15DS; SP; QL
YONSA		Not covered	SP; QL
Antiangiogenic Agents			
lenalidomide	Revlimid	Generic specialty	SP; QL
POMALYST		Nonpreferred specialty	PA; SP; QL
REVLIMID		Nonpreferred specialty	SP; QL
THALOMID		Preferred brand specialty	SP
Antiestrogens/Modifiers			
EMCYT		Preferred brand	
fulvestrant	Faslodex	Generic	
ORSERDU		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
SOLTAMOX		Nonpreferred brand	
tamoxifen citrate oral		Generic	PV3; QL
toremifene citrate	Fareston	Generic	
Antimetabolites			
capecitabine	Xeloda	Generic specialty	SP
DROXIA		Preferred brand	
hydroxyurea oral	Hydrea	Generic	
mercaptopurine oral		Generic	
PURIXAN		Nonpreferred specialty	SP
SIKLOS		Nonpreferred brand	PA
TABLOID		Nonpreferred brand	
Antineoplastics, Other			
AKEEGA		Preferred brand specialty	PA; 15DS; SP; QL
AUGTYRO		Nonpreferred specialty	PA; 15DS; SP; QL
BESREMI		Preferred brand specialty	PA; 15DS; SP; QL
CARAC		Not covered	QL
COPIKTRA		Preferred brand specialty	PA; SP; QL
diclofenac sodium external gel 3 %		Generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %		Not covered	ABA; QL
fluorouracil external cream 5 %	Efudex	Generic	
fluorouracil external solution		Generic	
INREBIC		Nonpreferred specialty	PA; 15DS; SP; QL
KISQALI (200 MG DOSE)		Preferred brand specialty	PA; SP; QL
KISQALI (400 MG DOSE)		Preferred brand specialty	PA; SP; QL
KISQALI (600 MG DOSE)		Preferred brand specialty	PA; SP; QL
KLISYRI		Nonpreferred brand	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
KRAZATI		Preferred brand specialty	PA; 15DS; SP; QL
leucovorin calcium oral		Generic	
LONSURF		Preferred brand specialty	PA; SP; QL
LUMAKRAS		Preferred brand specialty	PA; 15DS; SP; QL
NINLARO		Preferred brand specialty	PA; SP; QL
OJJAARA		Preferred brand specialty	PA; SP; QL
ONUREG		Preferred brand specialty	PA; SP; QL
PIQRAY		Preferred brand specialty	PA; SP; QL
ROZLYTREK ORAL CAPSULE		Preferred brand specialty	PA; 15DS; SP; QL
ROZLYTREK ORAL PACKET		Nonpreferred specialty	PA; SP; QL
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED 3.5 MG		Preferred brand specialty	PA; SP; QL
TAZVERIK		Preferred brand specialty	PA; 15DS; SP; QL
TOLAK		Nonpreferred brand	QL
VERZENIO		Preferred brand specialty	PA; 15DS; SP; QL
VONJO		Preferred brand specialty	PA; SP; QL
WELIREG		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (100 MG ONCE WEEKLY)		Preferred brand specialty	PA; SP; QL
XPOVIO (40 MG ONCE WEEKLY)		Preferred brand specialty	PA; SP; QL
XPOVIO (40 MG TWICE WEEKLY)		Preferred brand specialty	PA; SP; QL
XPOVIO (60 MG ONCE WEEKLY)		Preferred brand specialty	PA; SP; QL
XPOVIO (60 MG TWICE WEEKLY)		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
XPOVIO (80 MG ONCE WEEKLY)		Preferred brand specialty	PA; SP; QL
XPOVIO (80 MG TWICE WEEKLY)		Preferred brand specialty	PA; SP; QL
ZOLINZA		Preferred brand specialty	PA; 15DS; SP
Aromatase Inhibitors, 3rd Generation			
anastrozole oral	Arimidex	Generic	PV3; QL
exemestane	Aromasin	Generic	PV3; QL
letrozole oral	Femara	Generic	
Enzyme Inhibitors			
BALVERSA		Preferred brand specialty	PA; 15DS; SP; QL
etoposide oral		Generic	
HYCAMTIN ORAL		Preferred brand specialty	SP
LYTGOBI (12 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
LYTGOBI (16 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
LYTGOBI (20 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
OJEMDA ORAL SUSPENSION RECONSTITUTED		Preferred brand specialty	PA; 15DS; SP; QL
OJEMDA ORAL TABLET		Preferred brand specialty	PA; SP; QL
PEMAZYRE		Preferred brand specialty	PA; SP; QL
RUBRACA		Not covered	SP; QL
TALZENNA		Preferred brand specialty	PA; 15DS; SP; QL
ZEJULA		Preferred brand specialty	PA; SP; QL
Molecular Target Inhibitors			
ALECENSA		Preferred brand specialty	PA; SP; QL
ALUNBRIG		Preferred brand specialty	PA; SP; QL
AYVAKIT		Preferred brand specialty	PA; 15DS; SP; QL

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

Drug Name	Brand Reference	Drug Tier	Notes
ICLUSIG		Preferred brand specialty	PA; 15DS; SP; QL
IDHIFA		Preferred brand specialty	PA; SP; QL
imatinib mesylate	Gleevec	Generic specialty	SP
IMBRUVICA ORAL CAPSULE		Preferred brand specialty	PA; 15DS; SP; QL
IMBRUVICA ORAL SUSPENSION		Preferred brand specialty	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG		Not covered	SP; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG		Preferred brand specialty	PA; SP; QL
INLYTA		Preferred brand specialty	PA; 15DS; SP; QL
INQOVI		Preferred brand specialty	PA; SP; QL
JAKAFI		Preferred brand specialty	PA; 15DS; SP; QL
JAYPIRCA		Preferred brand specialty	PA; 15DS; SP; QL
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG		Preferred brand specialty	PA; SP; QL
KOSELUGO		Preferred brand specialty	PA; SP; QL
lapatinib ditosylate	Tykerb	Generic 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 brand specialty	PA; 15DS; SP; QL
LORBRENA		Preferred brand specialty	PA; 15DS; SP; QL
LYNPARZA		Preferred brand specialty	PA; SP; QL
MEKINIST		Preferred brand specialty	PA; SP; QL
MEKTOVI		Preferred brand specialty	PA; SP; QL
NERLYNX		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ODOMZO		Preferred brand specialty	PA; 15DS; SP; QL
OGSIVEO		Preferred brand specialty	PA; 15DS; SP; QL
pazopanib hcl	Votrient	Generic specialty	PA; 15DS; SP
QINLOCK		Preferred brand specialty	PA; SP; QL
RETEVMO		Preferred brand specialty	PA; 15DS; SP; QL
REZLIDHIA		Preferred brand specialty	PA; 15DS; SP; QL
RYDAPT		Preferred brand specialty	PA; SP; QL
SCEMBLIX		Preferred brand specialty	PA; SP; QL
sorafenib tosylate	NexAVAR	Generic specialty	PA; 15DS; SP; QL
STIVARGA		Preferred brand specialty	PA; SP; QL
sunitinib malate	Sutent	Generic specialty	PA; 15DS; SP; QL
TABRECTA		Preferred brand specialty	PA; 15DS; SP; QL
TAFINLAR		Preferred brand specialty	PA; SP; QL
TAGRISO		Preferred brand specialty	PA; 15DS; SP; QL
TASIGNA		Preferred brand specialty	PA; 15DS; SP; QL
TEPMETKO		Preferred brand specialty	PA; 15DS; SP; QL
TIBSOVO		Preferred brand specialty	PA; 15DS; SP; QL
torpenz	Torpenz	Generic specialty	PA; 15DS; SP; QL
TRUQAP		Preferred brand specialty	PA; SP; QL
TUKYSA		Preferred brand specialty	PA; SP; QL
TURALIO		Preferred brand specialty	PA; SP; QL

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

Drug Name	Brand Reference	Drug Tier	Notes
ivermectin oral	Stromectol	Generic	QL
praziquantel oral	Biltricide	Generic	
Antiprotozoals			
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML		Preferred brand	
ARAKODA		Nonpreferred brand	QL
atovaquone	Mepron	Generic	
atovaquone-proguanil hcl	Malarone	Generic	
BENZNIDAZOLE		Preferred brand	QL
chloroquine phosphate oral		Generic	
COARTEM		Preferred brand	QL
hydroxychloroquine sulfate oral		Generic	
IMPAVIDO		Preferred brand	QL
KRINTAFEL		Preferred brand	QL
LAMPIT		Nonpreferred brand	QL
mefloquine hcl		Generic	
nitazoxanide oral		Generic	
pentamidine isethionate inhalation	Nebupent	Generic	
primaquine phosphate		Generic	
pyrimethamine oral	Daraprim	Generic specialty	PA; SP
quinine sulfate	Qualaquin	Generic	
SOVUNA		Not covered	
Pediculicides/Scabicides			
CROTAN		Nonpreferred brand	
malathion	Ovide	Generic	
permethrin external		Generic	
spinosad	Natroba	Generic	
Antiparkinson Agents			
Anticholinergics			
benztropine mesylate oral		Generic	
trihexyphenidyl hcl		Generic	
Antiparkinson Agents, Other			
amantadine hcl oral		Generic	
carbidopa-levodopa-entacapone		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
entacapone		Generic	
GOCOVRI		Not covered	QL
NOURIANZ		Nonpreferred brand	PA; QL
ONGENTYS		Nonpreferred brand	PA; QL
OSMOLEX ER		Not covered	
tolcapone	Tasmar	Generic	
Dopamine Agonists			
apomorphine hcl subcutaneous	Apokyn	Not covered	SP; QL
bromocriptine mesylate oral	Parlodel	Generic	
INBRIJA		Nonpreferred brand	PA; QL
NEUPRO		Not covered	QL
pramipexole dihydrochloride		Generic	
pramipexole dihydrochloride er	Mirapex ER	Not covered	QL
ropinirole hcl		Generic	
ropinirole hcl er		Generic	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			
carbidopa oral	Lodosyn	Generic	
carbidopa-levodopa er		Generic	
carbidopa-levodopa oral tablet		Generic	
carbidopa-levodopa oral tablet dispersible		Generic	
DHIVY		Not covered	QL
DUOPA		Preferred brand specialty	PA; SP; QL
RYTARY		Not covered	QL
Monoamine Oxidase B (MAO-B) Inhibitors			
rasagiline mesylate oral	Azilect	Generic	
selegiline hcl oral		Generic	
XADAGO		Nonpreferred brand	QL
ZELAPAR		Not covered	QL
Antipsychotics			
1st Generation/Typical			
chlorpromazine hcl oral tablet		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
fluphenazine decanoate injection		Generic	
fluphenazine hcl oral		Generic	
haloperidol decanoate intramuscular	Haldol Decanoate	Generic	
haloperidol lactate oral concentrate 2 mg/ml		Generic	
haloperidol oral		Generic	
loxapine succinate		Generic	
molindone hcl		Generic	QL
pimozide		Generic	
thioridazine hcl oral		Generic	
thiothixene		Generic	
trifluoperazine hcl		Generic	
2nd Generation/Atypical			
ABILIFY ASIMTUFII		Preferred brand	QL
ABILIFY MAINTENA		Preferred brand	
aripiprazole oral solution		Generic	
aripiprazole oral tablet	Abilify	Generic	
aripiprazole oral tablet dispersible		Generic	
ARISTADA		Preferred brand	QL
ARISTADA INITIO		Preferred brand	
asenapine maleate	Saphris	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	Generic	
LYBALVI		Nonpreferred brand	ST; QL
NUPLAZID		Nonpreferred brand	PA; QL
olanzapine oral	ZyPREXA	Generic	
paliperidone er	Invega	Generic	QL
PERSERIS		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
quetiapine fumarate	SEROquel	Generic	
quetiapine fumarate er	SEROquel XR	Generic	QL
REXULTI		Nonpreferred brand	PA; QL
risperidone	RisperDAL	Generic	
risperidone microspheres er	RisperDAL Consta	Generic	
RYKINDO		Preferred brand	QL
SECUADO		Nonpreferred brand	ST; QL
UZEDY		Preferred brand	QL
VRAYLAR		Nonpreferred brand	ST; QL
ziprasidone hcl	Geodon	Generic	
ZYPREXA RELPREVV		Preferred brand	
Treatment-Resistant			
clozapine oral tablet	Clozaril	Generic	
clozapine oral tablet dispersible		Generic	
VERSACLOZ		Not covered	
Antivirals			
LAGEVRIO CAPSULE 200 MG ORAL (govt supply)		Covered \$0	QL; AL (Min 18 Years)
LAGEVRIO CAPSULE 200 MG ORAL		Preferred brand	QL; AL (Min 18 Years)
PAXLOVID (150/100)		Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100)		Preferred brand	QL; AL (Min 12 Years)
Anti-cytomegalovirus (CMV) Agents			
LIVTENCITY		Preferred brand specialty	PA; SP; QL
PREVYMIS ORAL		Nonpreferred brand	QL
valganciclovir hcl	Valcyte	Generic	
Anti-hepatitis B (HBV) Agents			
adefovir dipivoxil		Generic specialty	SP
BARACLUDE ORAL SOLUTION		Preferred brand specialty	SP
entecavir	Baraclude	Generic specialty	SP
lamivudine oral tablet 100 mg		Generic	
VEMLIDY		Preferred brand specialty	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
Anti-hepatitis C (HCV) Agents			
EPCLUSA		Preferred brand specialty	PA; SP; QL
HARVONI ORAL PACKET		Nonpreferred specialty	PA; SP; QL
HARVONI ORAL TABLET		Not covered	SP; QL
LEDIPASVIR-SOFOSBUVIR		Not covered	ABA; SP; QL
MAVYRET		Nonpreferred specialty	PA; SP; QL
PEGASYS		Preferred brand specialty	SP; QL
ribavirin oral		Generic specialty	SP
SOFOSBUVIR-VELPATASVIR		Preferred brand 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 brand specialty	PA; SP; QL
Antiherpetic Agents			
acyclovir external cream	Zovirax	Not covered	
acyclovir external ointment	Zovirax	Generic	
acyclovir oral		Generic	
famciclovir oral		Generic	
penciclovir	Denavir	Not covered	
SITAVIG		Not covered	QL
valacyclovir hcl oral	Valtrex	Generic	
XERESE		Not covered	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)			
BIKTARVY		Preferred brand	QL
DOVATO		Preferred brand	QL
GENVOYA		Preferred brand	QL
ISENTRESS		Preferred brand	
ISENTRESS HD		Preferred brand	
JULUCA		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
STRIBILD		Preferred brand	QL
TIVICAY		Preferred brand	
TIVICAY PD		Preferred brand	QL
TYBOST		Preferred brand	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)			
COMPLERA		Preferred brand	QL
DELSTRIGO		Preferred brand	QL
EDURANT		Preferred brand	QL
efavirenz	Sustiva	Generic	
efavirenz-emtricitab-tenofo df	Atripla	Generic	
efavirenz-lamivudine-tenofovir	Symfi	Generic	QL
etravirine	Intelence	Generic	
INTELENCE ORAL TABLET 25 MG		Preferred brand	
nevirapine		Generic	
nevirapine er		Generic	
PIFELTRO		Preferred brand	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
abacavir sulfate	Ziagen	Generic	
abacavir sulfate-lamivudine	Epzicom	Generic	
CIMDUO		Preferred brand	QL
DESCOVY		Preferred brand	PA; QL
emtricitabine	Emtriva	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Truvada	Generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	Generic	PV2; QL
EMTRIVA ORAL SOLUTION		Preferred brand	
lamivudine oral solution	Epivir	Generic	
lamivudine oral tablet 150 mg, 300 mg	Epivir	Generic	
lamivudine-zidovudine		Generic	
ODEFSEY		Preferred brand	QL
tenofovir disoproxil fumarate	Viread	Generic	
TRIUMEQ		Preferred brand	QL
TRIUMEQ PD		Preferred brand	QL

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

Drug Name	Brand Reference	Drug Tier	Notes
XOFLUZA (80 MG DOSE)		Preferred brand	QL
Anxiolytics			
Anxiolytics, Other			
buspirone hcl oral		Generic	
hydroxyzine hcl oral		Generic	
hydroxyzine pamoate oral	Vistaril	Generic	
meprobamate		Generic	
Benzodiazepines			
alprazolam er	Xanax XR	Generic	
alprazolam intensol		Generic	
alprazolam oral	Xanax	Generic	
alprazolam xr	Xanax XR	Generic	
chlordiazepoxide hcl		Generic	
clonazepam oral	KlonoPIN	Generic	
clorazepate dipotassium		Generic	
diazepam intensol	diazePAM Intensol	Generic	
diazepam oral	diazePAM Intensol	Generic	
estazolam		Generic	QL
lorazepam intensol	LORazepam Intensol	Generic	
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	Generic	
lorazepam oral tablet	Ativan	Generic	
LOREEV XR		Not covered	QL
midazolam hcl oral		Generic	
oxazepam		Generic	
quazepam	Doral	Not covered	QL
Bipolar Agents			
Mood Stabilizers			
divalproex sodium er	Depakote ER	Generic	
divalproex sodium oral	Depakote	Generic	
EQUETRO		Nonpreferred brand	
lithium		Generic	
lithium carbonate er	Lithobid	Generic	
lithium carbonate oral		Generic	
Blood Glucose Monitoring			
ACCU-CHEK AVIVA PLUS TEST STRIPS		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
ACCU-CHEK GUIDE TEST STRIPS		Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS		Preferred brand	QL
AGAMATRIX PRESTO TEST		Preferred brand	QL
ASSURE PLATINUM		Preferred brand	QL
BLOOD GLUCOSE TEST		Preferred brand	QL
CARESENS LANCETS 30G		Preferred brand	QL
CARETOUCH TEST		Preferred brand	QL
CEQUR SIMPLICITY 2U 10PK		Preferred brand	QL
CEQUR SIMPLICITY INSERTER		Preferred brand	QL
CHOSEN LANCETS 30G		Preferred brand	QL
CHOSEN SAFETY LANCETS 28G		Preferred brand	QL
CLEVER CHOICE COMFORT EZ		Preferred brand	QL
COMFORT TOUCH TWIST LANCET 30G		Preferred brand	QL
CONTOUR MONITOR DEVICE		Covered \$0	QL
CONTOUR NEXT EZ KIT W/DEVICE		Covered \$0	QL
CONTOUR NEXT GEN MONITOR		Covered \$0	QL
CONTOUR NEXT MONITOR KIT W/DEVICE		Covered \$0	QL
CONTOUR NEXT ONE KIT		Covered \$0	QL
CONTOUR NEXT GEN TEST STRIPS		Preferred brand	QL
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

Drug Name	Brand Reference	Drug Tier	Notes
EMBRACE WAVE BLOOD GLUCOSE IN VITRO		Preferred brand	QL
FORA 6 CONNECT IN VITRO		Preferred brand	QL
FORA 6 CONNECT/GTEL TEST		Preferred brand	QL
FORA GTEL BLOOD GLUCOSE TEST		Preferred brand	QL
FORA TN'G ADVANCE PRO IN VITRO		Preferred brand	QL
FREESTYLE INSULINX TEST		Preferred brand	QL
FREESTYLE LIBRE 14 DAY READER		Preferred brand	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE 2 READER		Preferred brand	PA; QL
FREESTYLE LIBRE 2 SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE 3 READER		Preferred brand	PA; QL
FREESTYLE LIBRE 3 SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE READER		Preferred brand	PA; QL
FREESTYLE LITE TEST		Preferred brand	QL
FREESTYLE PRECISION NEO TEST		Preferred brand	QL
FREESTYLE TEST		Preferred brand	QL
GLUCOCARD 01 SENSOR PLUS		Preferred brand	QL
GLUCOCARD EXPRESSION TEST		Preferred brand	QL
GLUCOCARD SHINE TEST		Preferred brand	QL
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

Drug Name	Brand Reference	Drug Tier	Notes
ONETOUCH DELICA SAFETY LANCING		Preferred brand	QL
ONETOUCH FINEPOINT LANCETS		Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS		Preferred brand	QL
ONETOUCH ULTRA 2 KIT W/DEVICE		Covered \$0	QL
ONETOUCH ULTRA TEST STRIPS		Preferred brand	QL
ONETOUCH VERIO FLEX SYSTEM KIT		Covered \$0	QL
ONETOUCH VERIO TEST STRIPS		Preferred brand	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE		Covered \$0	QL
PERFECT POINT SAFETY LANCETS		Preferred brand	QL
PRECISION XTRA BLOOD GLUCOSE		Preferred brand	QL
RELION 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
Blood Glucose Regulators			
Antidiabetic Agents			
acarbose oral		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

Drug Name	Brand Reference	Drug Tier	Notes
DAPAGLIFLOZIN PRO-METFORMIN ER		Not covered	ABA; QL
DAPAGLIFLOZIN PROPANEDIOL		Not covered	ABA; QL
FARXIGA		Preferred brand	QL
glimepiride		Generic	
glipizide er	Glucotrol XL	Generic	
glipizide ir		Generic	
glipizide xl	Glucotrol XL	Generic	
glipizide-metformin hcl		Generic	
glyburide micronized		Generic	
glyburide oral		Generic	
glyburide-metformin		Generic	
GLYXAMBI		Preferred brand	QL
INVOKAMET		Not covered	QL
INVOKAMET XR		Not covered	QL
INVOKANA		Not covered	QL
JANUMET		Preferred brand	QL
JANUMET XR		Preferred brand	QL
JANUVIA		Preferred brand	QL
JARDIANCE		Preferred brand	QL
JENTADUETO		Preferred brand	QL
JENTADUETO XR		Preferred brand	QL
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG		Not covered	QL
LIRAGLUTIDE		Not covered	ABA; QL
metformin hcl er		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		Generic	
metformin hcl oral tablet 625 mg		Not covered	
miglitol		Generic	
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		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
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	Generic	
pioglitazone hcl-glimepiride	Duetact	Generic	
pioglitazone hcl-metformin hcl	Actoplus Met	Generic	
QTERN		Not covered	QL
repaglinide		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
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
Glycemic Agents			
BAQSIMI ONE PACK		Preferred brand	QL
BAQSIMI TWO PACK		Preferred brand	QL
diazoxide oral	Proglycem	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG		Not covered	
glucagon emergency kit		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
Insulins			
ADMELOG		Not covered	
ADMELOG SOLOSTAR		Not covered	
AFREZZA		Not covered	
APIDRA SOLOSTAR		Not covered	
APIDRA VIAL		Not covered	
BASAGLAR KWIKPEN		Preferred brand	
FIASP		Preferred brand	
FIASP FLEXTOUCH		Preferred brand	
FIASP PENFILL		Preferred brand	
FIASP PUMPCART		Preferred brand	
HUMALOG		Not covered	
HUMALOG KWIKPEN		Not covered	
HUMALOG MIX 50/50 KWIKPEN		Not covered	
HUMALOG MIX 50/50 VIAL		Not covered	
HUMALOG MIX 75/25 KWIKPEN		Not covered	
HUMALOG MIX 75/25 VIAL		Not covered	
HUMALOG U-100 JUNIOR KWIKPEN		Not covered	
HUMULIN 70/30 KWIKPEN		Not covered	
HUMULIN 70/30 VIAL		Not covered	
HUMULIN N KWIKPEN		Not covered	
HUMULIN N VIAL		Not covered	
HUMULIN R U-500 KWIKPEN		Preferred brand	
HUMULIN R U-500 VIAL		Preferred brand	
HUMULIN R VIAL		Not covered	
INSULIN ASP PROT & ASP FLEXPEN		Not covered	ABA
INSULIN ASPART		Not covered	ABA
INSULIN ASPART FLEXPEN		Not covered	ABA

Drug Name	Brand Reference	Drug Tier	Notes
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 brand	
LANTUS U-100 VIAL		Preferred brand	
LEVEMIR FLEXPEN		Preferred brand	
LEVEMIR U-100 VIAL		Preferred brand	
LYUMJEV KWIKPEN		Not covered	
LYUMJEV VIAL		Not covered	
NOVOLIN 70/30 FLEXPEN		Preferred brand	
NOVOLIN 70/30 RELION		Not covered	
NOVOLIN 70/30 VIAL		Preferred brand	
NOVOLIN N FLEXPEN		Preferred brand	
NOVOLIN N RELION		Not covered	
NOVOLIN N VIAL		Preferred brand	
NOVOLIN R FLEXPEN		Preferred brand	
NOVOLIN R RELION		Not covered	
NOVOLIN R VIAL		Preferred brand	
NOVOLOG 70/30 FLEXPEN RELION		Not covered	
NOVOLOG FLEXPEN		Preferred brand	
NOVOLOG FLEXPEN RELION		Not covered	
NOVOLOG MIX 70/30 FLEXPEN		Preferred brand	
NOVOLOG MIX 70/30 RELION		Not covered	
NOVOLOG MIX 70/30 VIAL		Preferred brand	
NOVOLOG PENFILL		Preferred brand	
NOVOLOG RELION		Not covered	
NOVOLOG U-100 VIAL		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
REZVOGLAR KWIKPEN		Preferred brand	
SEMGLEE (YFGN)		Not covered	
TOUJEO MAX SOLOSTAR		Preferred brand	
TOUJEO SOLOSTAR		Preferred brand	
TRESIBA		Preferred brand	
TRESIBA FLEXTOUCH		Preferred brand	
Blood Products and Modifiers			
EMPAVELI		Preferred brand specialty	PA; SP; QL
FABHALTA		Nonpreferred specialty	PA; SP; QL
VOYDEYA		Nonpreferred specialty	PA; SP; QL
Anticoagulants			
dabigatran etexilate mesylate	Pradaxa	Generic	QL
ELIQUIS		Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK		Preferred brand	QL
enoxaparin sodium	Lovenox	Generic	
fondaparinux sodium	Arixtra	Generic	
FRAGMIN		Nonpreferred brand	
heparin sodium (porcine)		Generic	
heparin sodium (porcine) pf		Generic	
jantoven	Jantoven	Generic	
PRADAXA ORAL CAPSULE		Preferred brand	QL
PRADAXA ORAL PACKET		Nonpreferred brand	QL
SAVAYSA		Nonpreferred brand	QL
warfarin sodium oral	Jantoven	Generic	
XARELTO		Preferred brand	QL
XARELTO STARTER PACK		Preferred brand	QL
ZONTIVITY		Nonpreferred brand	QL
Blood Formation Modifiers			
ALVAIZ		Not covered	SP; QL
anagrelide hcl	Agrylin	Generic	
ARANESP (ALBUMIN FREE)		Not covered	SP

Drug Name	Brand Reference	Drug Tier	Notes
DOPTELET		Preferred brand 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 brand specialty	SP; QL
NEUPOGEN		Not covered	SP
NIVESTYM		Preferred brand specialty	SP; QL
NYVEPRIA		Nonpreferred specialty	ST; SP; QL
OXBRYTA		Not covered	QL
PROCRIT		Preferred brand specialty	SP
PROMACTA		Preferred brand specialty	PA; SP
PYRUKYND		Preferred brand specialty	PA; SP; QL
PYRUKYND TAPER PACK		Preferred brand 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 brand 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 brand specialty	PA; SP; QL
ZARXIO		Preferred brand specialty	SP
ZIEXTENZO		Preferred brand specialty	SP; QL
Hemostasis Agents			
ADVATE		Preferred brand	
ADYNOVATE		Preferred brand	
AFSTYLA		Preferred brand	
ALPHANATE		Preferred brand	
ALPHANINE SD		Preferred brand	
ALPROLIX		Preferred brand	
ALTUVIIIO		Preferred brand	
aminocaproic acid oral		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	
PROFILNINE		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
REBINYN		Preferred brand	
RECOMBINATE		Preferred brand	
RIXUBIS		Preferred brand	
SEVENFACT		Preferred brand	
TAVALISSE		Nonpreferred specialty	PA; SP; QL
tranexamic acid oral		Generic	QL
TRETEN		Preferred brand	
VONVENDI		Preferred brand	
WILATE		Preferred brand	
XYNTHA		Preferred brand	
XYNTHA SOLOFUSE		Preferred brand	
Platelet Modifying Agents			
aspirin-dipyridamole er		Generic	
BRILINTA		Preferred brand	QL
CABLIVI		Preferred brand specialty	PA; SP; QL
cilostazol		Generic	
clopidogrel bisulfate oral	Plavix	Generic	
dipyridamole oral		Generic	
prasugrel hcl	Effient	Generic	QL
YOSPRALA		Not covered	
Cardiovascular Agents			
Alpha-adrenergic Agonists			
clonidine	Catapres-TTS-1	Generic	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG		Not covered	ABA
clonidine hcl oral		Generic	
guanfacine hcl		Generic	
METHYLDOPA		Nonpreferred brand	
midodrine hcl		Generic	
NEXICLON XR		Not covered	
Alpha-adrenergic Blocking Agents			
doxazosin mesylate oral	Cardura	Generic	
phenoxybenzamine hcl oral	Dibenzylamine	Generic	PA; QL
prazosin hcl oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Angiotensin II Receptor Antagonists			
candesartan cilexetil	Atacand	Generic	
EDARBI		Nonpreferred brand	ST; QL
irbesartan	Avapro	Generic	
losartan potassium oral	Cozaar	Generic	
olmesartan medoxomil oral	Benicar	Generic	
telmisartan	Micardis	Generic	
VALSARTAN ORAL SOLUTION		Not covered	
valsartan oral tablet	Diovan	Generic	
Angiotensin-converting Enzyme (ACE) Inhibitors			
benazepril hcl oral	Lotensin	Generic	
captopril oral		Generic	
enalapril maleate oral solution	Epaned	Not covered	
enalapril maleate oral tablet	Vasotec	Generic	
fosinopril sodium		Generic	
lisinopril oral	Zestril	Generic	
moexipril hcl		Generic	
perindopril erbumine		Generic	
QBRELIS		Not covered	QL
quinapril hcl	Accupril	Generic	
ramipril	Altace	Generic	
trandolapril		Generic	
Antiarrhythmics			
amiodarone hcl oral	Pacerone	Generic	
disopyramide phosphate	Norpace	Generic	
dofetilide	Tikosyn	Generic	
flecainide acetate		Generic	
mexiletine hcl oral		Generic	
MULTAQ		Preferred brand	QL
NORPACE CR		Preferred brand	
propafenone hcl		Generic	
propafenone hcl er		Generic	
quinidine gluconate er		Generic	
quinidine sulfate		Generic	
sotalol hcl (af)	Betapace AF	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
sotalol hcl oral	Betapace	Generic	
SOTYLIZE		Not covered	
Beta-adrenergic Blocking Agents			
acebutolol hcl oral		Generic	
atenolol oral	Tenormin	Generic	
betaxolol hcl oral		Generic	
bisoprolol fumarate oral		Generic	
carvedilol	Coreg	Generic	
carvedilol phosphate er	Coreg CR	Not covered	QL
HEMANGEOL		Not covered	QL
INDERAL XL		Not covered	
INNOPRAN XL		Not covered	
KAPSPARGO SPRINKLE		Not covered	
labetalol hcl oral		Generic	
metoprolol succinate er	Toprol XL	Generic	
metoprolol tartrate oral	Lopressor	Generic	
nadolol oral	Corgard	Generic	
nebivolol hcl	Bystolic	Generic	QL
pindolol		Generic	
propranolol hcl er	Inderal LA	Generic	
propranolol hcl oral		Generic	
timolol maleate oral		Generic	
Calcium Channel Blocking Agents			
amlodipine besylate oral	Norvasc	Generic	
cartia xt	Cartia XT	Generic	
CONJUPRI		Not covered	
diltiazem hcl er	Cardizem LA	Generic	
diltiazem hcl er beads	Tiadylt ER	Generic	
diltiazem hcl er coated beads	Cardizem CD	Generic	
diltiazem hcl oral	Cardizem	Generic	
dilt-xr		Generic	
felodipine er		Generic	
isradipine		Generic	
KATERZIA		Not covered	QL
LEVAMLODIPINE MALEATE		Not covered	ABA
matzim la	Matzim LA	Generic	
nicardipine hcl oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
nifedipine er		Generic	
nifedipine er osmotic release	Procardia XL	Generic	
nifedipine oral		Generic	
nimodipine oral		Generic	
nisoldipine er	Sular	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	Tiadytl ER	Generic	
tiadytl er	Tiadytl ER	Generic	
verapamil hcl er	Verelan	Generic	
verapamil hcl oral		Generic	
Cardiovascular Agents, Other			
aliskiren fumarate	Tekturna	Generic	
amiloride-hydrochlorothiazide		Generic	
amlodipine besylate-benazepril hcl	Lotrel	Generic	
amlodipine besylate-valsartan	Exforge	Generic	
amlodipine-atorvastatin	Caduet	Generic	QL
amlodipine-olmesartan	Azor	Generic	
amlodipine-valsartan-hctz	Exforge HCT	Generic	
ASPRUZYO SPRINKLE		Nonpreferred brand	QL
atenolol-chlorthalidone	Tenoretic 100	Generic	
benazepril-hydrochlorothiazide	Lotensin HCT	Generic	
bisoprolol-hydrochlorothiazide		Generic	
CAMZYOS		Preferred brand specialty	PA; SP; QL
candesartan cilexetil-hctz	Atacand HCT	Generic	
captopril-hydrochlorothiazide		Generic	
CORLANOR ORAL SOLUTION		Preferred brand	QL
digoxin oral solution		Generic	
digoxin oral tablet 125 mcg, 250 mcg	Digox	Generic	
digoxin oral tablet 62.5 mcg	Lanoxin	Not covered	
droxidopa	Northera	Generic specialty	SP; QL
EDARBYCLOR		Nonpreferred brand	ST; QL

Drug Name	Brand Reference	Drug Tier	Notes
enalapril-hydrochlorothiazide	Vaseretic	Generic	
ENTRESTO		Preferred brand	QL
fosinopril sodium-hctz		Generic	
INPEFA		Not covered	QL
irbesartan-hydrochlorothiazide	Avalide	Generic	
isosorb dinitrate-hydralazine	BiDil	Generic	
ivabradine hcl	Corlanor	Generic	QL
lisinopril-hydrochlorothiazide	Zestoretic	Generic	
LODOCO		Not covered	QL
losartan potassium-hctz	Hyzaar	Generic	
metoprolol-hydrochlorothiazide		Generic	
metyrosine	Demser	Generic	
olmesartan medoxomil-hctz	Benicar HCT	Generic	
olmesartan-amlodipine-hctz	Tribenzor	Generic	QL
pentoxifylline er		Generic	
PRESTALIA		Not covered	QL
quinapril-hydrochlorothiazide	Accuretic	Generic	
ranolazine er		Generic	
spironolactone-hctz		Generic	
telmisartan-amlodipine		Generic	
telmisartan-hctz	Micardis HCT	Generic	
trandolapril-verapamil hcl er		Generic	
triamterene-hctz		Generic	
valsartan-hydrochlorothiazide	Diovan HCT	Generic	
VECAMYL		Not covered	QL
VERQUVO		Nonpreferred brand	PA; QL
VYNDAMAX		Preferred brand specialty	PA; SP; QL
VYNDAQEL		Preferred brand specialty	PA; SP; QL
Diuretics, Carbonic Anhydrase Inhibitors			
acetazolamide er		Generic	
acetazolamide oral		Generic	
dichlorphenamide	Keveyis	Generic specialty	PA; SP; QL
methazolamide oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Diuretics, Loop			
bumetanide oral	Bumex	Generic	
ethacrynic acid	Edecrin	Generic	
FUROSCIX		Nonpreferred specialty	PA; SP; QL
furosemide oral	Lasix	Generic	
SOAANZ		Not covered	
torseamide		Generic	
Diuretics, Potassium-sparing			
amiloride hcl oral		Generic	
eplerenone	Inspra	Generic	
spironolactone oral suspension	CaroSpir	Not covered	
spironolactone oral tablet	Aldactone	Generic	
triamterene oral	Dyrenium	Generic	
Diuretics, Thiazide			
chlorthalidone		Generic	
DIURIL		Nonpreferred brand	
hydrochlorothiazide oral		Generic	
indapamide		Generic	
metolazone		Generic	
THALITONE		Not covered	
Dyslipidemics, Fibric Acid Derivatives			
fenofibrate micronized oral capsule 130 mg, 43 mg		Generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Generic	
FENOFIBRATE MICRONIZED ORAL CAPSULE 90 MG		Not covered	ABA
fenofibrate oral capsule 134 mg, 200 mg, 67 mg		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	Generic	
fenofibrate oral tablet 160 mg, 54 mg		Generic	
fenofibric acid oral capsule delayed release	Trilipix	Generic	
fenofibric acid oral tablet	Fibricor	Not covered	
FIBRICOR		Not covered	

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

Drug Name	Brand Reference	Drug Tier	Notes
colestipol hcl	Colestid	Generic	
ezetimibe	Zetia	Generic	QL
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG		Not covered	ABA
ezetimibe-simvastatin	Vytorin	Generic	QL
icosapent ethyl	Vascepa	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)		Generic	
niacor	Niacor	Not covered	
omega-3-acid ethyl esters	Lovaza	Generic	QL
PRALUENT		Not covered	QL
prevalite	Prevalite	Generic	
REPATHA		Preferred brand	PA; QL
REPATHA PUSHTRONEX SYSTEM		Preferred brand	PA; QL
REPATHA SURECLICK		Preferred brand	PA; QL
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG		Not covered	
Vasodilators, Direct-acting Arterial/Venous			
isosorbide dinitrate	Isordil Titradose	Generic	
isosorbide mononitrate		Generic	
isosorbide mononitrate er		Generic	
NITRO-BID		Preferred brand	
NITRO-DUR		Not covered	
nitroglycerin rectal	Rectiv	Generic	QL
nitroglycerin sublingual	Nitrostat	Generic	
nitroglycerin transdermal	Nitro-Dur	Generic	
nitroglycerin translingual	Nitrolingual	Generic	
NITRO-TIME		Preferred brand	
Vasodilators, Direct-acting Arterial			
hydralazine hcl oral		Generic	
minoxidil oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
ADDERALL XR		Nonpreferred brand	QL
ADZENYS XR-ODT		Not covered	QL
amphetamine sulfate	Evekeo	Generic	PA; QL
amphetamine-dextroamphetamine	Adderall	Generic	QL
amphetamine-dextroamphetamine er	Adderall XR	Generic	QL
amphet-dextroamphet 3-bead er	Mydayis	Generic	QL
dextroamphetamine sulfate	ProCentra	Generic	QL
dextroamphetamine sulfate er	Dexedrine	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	Generic	QL
methamphetamine hcl	Desoxyn	Generic	QL
VYVANSE		Preferred brand	QL
XELSTRYM		Not covered	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
atomoxetine hcl	Strattera	Generic	QL
AZSTARYS		Nonpreferred brand	PA; QL
clonidine hcl er		Generic	QL
CONCERTA		Nonpreferred brand	QL
COTEMPLA XR-ODT		Not covered	QL
dexmethylphenidate hcl	Focalin	Generic	QL
dexmethylphenidate hcl er	Focalin XR	Generic	QL
guanfacine hcl er	Intuniv	Generic	QL
JORNAY PM		Nonpreferred brand	PA; QL
methylphenidate	Daytrana	Generic	QL
methylphenidate hcl er		Generic	QL
methylphenidate hcl er (cd)	Metadate CD	Generic	QL
methylphenidate hcl er (la)	Ritalin LA	Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Concerta	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	Generic	QL
QELBREE		Nonpreferred brand	PA; QL
QUILLICHEW ER		Not covered	QL
QUILLIVANT XR		Not covered	QL
RELEXXII		Not covered	QL
Central Nervous System, Other			
AUSTEDO		Preferred brand specialty	PA; SP; QL
AUSTEDO XR		Nonpreferred specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION		Nonpreferred specialty	PA; SP; QL
caffeine citrate oral		Generic	
DAYBUE		Preferred brand 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 brand specialty	PA; SP; QL
INGREZZA		Nonpreferred specialty	PA; SP; QL
NUDEXTA		Preferred brand	PA; QL
RADICAVA ORS		Nonpreferred specialty	PA; SP; QL
RADICAVA ORS STARTER KIT		Nonpreferred specialty	PA; SP; QL
riluzole		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
SKYCLARYS		Preferred brand specialty	PA; SP; QL
TEGLUTIK		Nonpreferred specialty	PA; SP; QL
tetrabenazine	Xenazine	Generic specialty	PA; SP; QL
TIGLUTIK ORAL SUSPENSION 50 MG/10ML		Nonpreferred specialty	PA; SP; QL
Fibromyalgia Agents			
pregabalin er	Lyrica CR	Not covered	QL
pregabalin oral	Lyrica	Generic	QL
SAVELLA		Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK		Nonpreferred brand	PA; QL
Multiple Sclerosis Agents			
AVONEX PEN		Preferred brand specialty	SP; QL
AVONEX PREFILLED		Preferred brand specialty	SP; QL
BAFIERTAM		Preferred brand specialty	SP; QL
BETASERON		Preferred brand specialty	SP; QL
dalfampridine er	Ampyra	Generic specialty	SP; QL
dimethyl fumarate oral	Tecfidera	Generic specialty	SP; QL
dimethyl fumarate starter pack	Tecfidera	Generic specialty	SP; QL
EXTAVIA		Not covered	SP; QL
fingolimod hcl	Gilenya	Generic specialty	SP; QL
GILENYA ORAL CAPSULE 0.25 MG		Nonpreferred specialty	SP; QL
glatiramer acetate	Glatopa	Generic specialty	SP; QL
glatopa	Glatopa	Generic specialty	SP; QL
KESIMPTA		Preferred brand specialty	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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
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	Generic specialty	SP; QL
VUMERITY		Preferred brand 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

Drug Name	Brand Reference	Drug Tier	Notes
Cholestatic Pruritus Agent			
Ileal Bile Acid Transporter Inhibitor			
BYLVAY		Preferred brand specialty	PA; SP; QL
BYLVAY (PELLETS)		Preferred brand specialty	PA; SP; QL
LIVMARLI		Preferred brand specialty	PA; SP; QL
Dental and Oral Agents			
cevimeline hcl	Evoxac	Generic	
chlorhexidine gluconate mouth/throat	Periogard	Not covered	
kourzeq	Kourzeq	Generic	
oralone	Kourzeq	Generic	
periogard	Periogard	Not covered	
pilocarpine hcl oral	Salagen	Generic	
triamcinolone acetonide mouth/throat	Kourzeq	Generic	
Dermatological Agents			
ABSORICA LD		Not covered	QL
accutane	Accutane	Generic	QL
acitretin		Generic	
adapalene external cream	Differin	Generic	
adapalene external gel	Differin	Generic	
ADAPALENE EXTERNAL PAD		Not covered	
ADAPALENE EXTERNAL SOLUTION		Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	Generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Epiduo Forte	Not covered	QL
ADBRY		Preferred brand specialty	PA; SP; QL
AKLIEF		Not covered	QL
ALTRENO		Nonpreferred brand	QL
ammonium lactate external	AL12	Generic	
amnesteem	Accutane	Generic	QL
AMZEEQ		Not covered	QL
ARAZLO		Not covered	QL
azelaic acid external	Finacea	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
AZELEX		Not covered	
benzoyl peroxide-erythromycin	Benzamycin	Generic	
BIMZELX		Not covered	SP; QL
CABTREO		Not covered	QL
calcipotriene external cream		Generic	
CALCIPOTRIENE EXTERNAL FOAM		Not covered	ABA
calcipotriene external ointment	Calcitrene	Generic	
calcipotriene external solution		Generic	
calcipotriene-betameth diprop	Taclonex	Generic	
calcitriol external	Vectical	Generic	
CIBINQO		Preferred brand specialty	PA; SP; QL
claravis	Accutane	Generic	QL
clindacin	Clindacin	Not covered	
clindacin etz external swab	Clindacin ETZ	Generic	
clindacin-p	Clindacin ETZ	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	Generic	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %		Generic	
clindamycin phosphate external foam	Clindacin	Not covered	
clindamycin phosphate external gel	Clindagel	Generic	
clindamycin phosphate external lotion	Cleocin-T	Generic	
clindamycin phosphate external solution		Generic	
clindamycin phosphate external swab	Clindacin ETZ	Generic	
clindamycin-tretinoin	Ziana	Not covered	
COSENTYX (300 MG DOSE)		Not covered	SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS		Not covered	SP; QL
COSENTYX SENSOREADY (300 MG)		Not covered	SP; QL
COSENTYX SENSOREADY PEN		Not covered	SP; QL
COSENTYX UNOREADY		Not covered	SP; QL
dapsone external gel 5 %	Aczone	Not covered	QL
dapsone external gel 7.5 %	Aczone	Not covered	

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

Drug Name	Brand Reference	Drug Tier	Notes
OPZELURA		Nonpreferred brand	PA; QL
pimecrolimus	Elidel	Generic	
podofilox external	Condylox	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		Generic	
SILIQ		Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE		Preferred brand specialty	PA; SP; QL
sodium sulfacetamide wash	Ovace Plus Wash	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	Generic	
STELARA SUBCUTANEOUS		Preferred brand specialty	PA; SP; QL
sulfacetamide sodium (acne)	Klaron	Generic	
sulfacetamide sodium external	Ovace Plus Wash	Generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Avar-e Emollient	Generic	
sulfacetamide sodium-sulfur external liquid 10-5 %	Avar Cleanser	Generic	
sulfacetamide sodium-sulfur external liquid 9-4.5 %	Sumadan Wash	Generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	SulfaCleanse 8/4	Generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Sumadan Wash	Generic	
tacrolimus external		Generic	
TALTZ		Nonpreferred specialty	PA; SP; QL
tazarotene external cream	Tazorac	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
TAZAROTENE EXTERNAL FOAM		Not covered	ABA; QL
tazarotene external gel	Tazorac	Generic	
TREMFYA INTRAVENOUS		Not covered	
TREMFYA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/2ML		Preferred brand specialty	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML		Preferred brand specialty	PA; SP; QL
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
tretinoin external cream	Retin-A	Generic	
tretinoin external gel 0.01 %, 0.025 %	Retin-A	Generic	
tretinoin external gel 0.05 %	Atralin	Not covered	
tretinoin microsphere	RETIN-A MICRO GEL 0.04 %, 0.1 %	Not covered	
tretinoin microsphere pump	RETIN-A MICRO GEL 0.04 %, 0.1 %	Not covered	
TWYNEO		Not covered	QL
VEREGEN		Nonpreferred brand	
VTAMA		Nonpreferred brand	PA; QL
WINLEVI		Not covered	QL
WYNZORA		Not covered	QL
zenatane	Accutane	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
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
ACCRUFER		Nonpreferred brand	PA; QL
carglumic acid	Carbaglu	Generic specialty	PA; SP

Drug Name	Brand Reference	Drug Tier	Notes
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ		Not covered	
effer-k oral tablet effervescent 25 meq		Generic	
GALZIN		Nonpreferred brand	
iodine strong oral		Generic	
klor-con	Klor-Con	Generic	
klor-con 10	Klor-Con 10	Generic	
klor-con m10	Klor-Con M10	Generic	
klor-con m15	Klor-Con M15	Generic	
klor-con m20	Klor-Con M20	Generic	
klor-con/ef		Generic	
K-PHOS		Nonpreferred brand	
K-PHOS NO 2		Not covered	
k-prime		Generic	
levocarnitine oral solution	Carnitor	Generic	
levocarnitine oral tablet	Carnitor	Generic	
levocarnitine sf	Carnitor	Generic	
PHOSPHO-TRIN K500		Nonpreferred brand	
POKONZA		Not covered	
potassium chloride crys er	Klor-Con M10	Generic	
potassium chloride er	K-Tab	Generic	
potassium chloride oral	Klor-Con	Generic	
potassium citrate er	Urocit-K 10	Generic	
sodium fluoride oral	SoluVita	Generic	PV2; AL (Min 6 Months and Max 16 Years)
Electrolyte/Mineral/Metal Modifiers			
CHEMET		Preferred brand	
CUVRIOR		Not covered	SP; QL
deferasirox granules	Jadenu Sprinkle	Not covered	15DS; SP
deferasirox oral packet	Jadenu Sprinkle	Not covered	15DS; SP
deferasirox oral tablet	Jadenu	Generic specialty	15DS; SP
deferasirox oral tablet soluble	Exjade	Generic specialty	15DS; SP

Drug Name	Brand Reference	Drug Tier	Notes
deferiprone	Ferriprox	Generic specialty	PA; SP; QL
FERRIPROX ORAL SOLUTION		Nonpreferred specialty	PA; SP; QL
FERRIPROX TWICE-A-DAY		Nonpreferred specialty	PA; SP; QL
JYNARQUE		Preferred brand specialty	PA; SP; QL
KIONEX ORAL SUSPENSION 15 GM/60ML		Nonpreferred brand	
LOKELMA		Preferred brand	QL
sodium polystyrene sulfonate		Generic	
SPS ORAL SUSPENSION 15 GM/60ML		Nonpreferred brand	
tolvaptan		Generic specialty	PA; SP; QL
trientine hcl	Syprine	Generic 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
Phosphate Binders			
AURYXIA		Nonpreferred brand	
calcium acetate (phos binder)	Calphron	Generic	
calcium acetate oral tablet 667 mg	Calphron	Generic	
FOSRENOL ORAL PACKET		Not covered	
lanthanum carbonate	Fosrenol	Generic	
sevelamer carbonate	Renvela	Generic	
sevelamer hcl	Renagel	Generic	
VELPHORO		Not covered	
Vitamins			
cyanocobalamin injection solution 1000 mcg/ml	Dodex	Generic	
cyanocobalamin nasal	Nascobal	Not covered	
DODEX		Nonpreferred brand	
ergocalciferol oral capsule	Drisdol	Generic	
folate		Preventive	PV1
folic acid oral tablet 1 mg		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
folic acid oral tablet 400 mcg, 800 mcg		Preventive	PV1
ft folic acid oral tablet 800 mcg		Preventive	PV1
hydroxocobalamin acetate		Generic	
phytonadione injection solution 10 mg/ml		Generic	
phytonadione oral		Generic	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Drisdol	Generic	
vitamin k1 injection		Generic	
yl folic acid		Preventive	PV1
Gastrointestinal Agents			
Antispasmodics, Gastrointestinal			
belladonna alkaloids-opium		Generic	
dicyclomine hcl oral		Generic	
GLYCATE		Not covered	
glycopyrrolate oral solution	Cuvposa	Generic	
glycopyrrolate oral tablet 1 mg	Robinul	Generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG		Not covered	
glycopyrrolate oral tablet 2 mg	Robinul-Forte	Generic	
hyoscyamine sulfate er	Levbid	Generic	
hyoscyamine sulfate oral	Levsin	Generic	
hyoscyamine sulfate sublingual	Levsin/SL	Generic	
hyosyne		Generic	
LEVVID		Not covered	
LEVSIN		Not covered	
LEVSIN/SL		Not covered	
methscopolamine bromide oral		Generic	
NULEV		Not covered	
OSCIMIN		Not covered	
Gastrointestinal Agents, Other			
amoxicill-clarithro-lansopraz		Generic	
bis subcit-metronid-tetracyc	Pylera	Not covered	
bismuth/metronidaz/tetracyclin	Pylera	Not covered	
CHENODAL		Nonpreferred specialty	PA; SP
chlordiazepoxide-clidinium	Librax	Generic	
cromolyn sodium oral	Gastrocrom	Generic	
diphenoxylate-atropine	Lomotil	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
GATTEX		Preferred brand 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 brand 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		Generic	
ursodiol oral tablet	Urso Forte	Generic	
VOQUEZNA		Not covered	QL
VOQUEZNA DUAL PAK		Not covered	QL
VOQUEZNA TRIPLE PAK		Not covered	QL
VOWST		Nonpreferred specialty	PA; SP; QL
XERMELO		Preferred brand specialty	PA; SP; QL
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG		Nonpreferred specialty	PA; SP
Histamine2 (H2) Receptor Antagonists			
cimetidine hcl		Generic	
cimetidine oral	Tagamet HB	Generic	
famotidine oral suspension reconstituted		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
famotidine oral tablet 20 mg	MM Acid-Pep Maximum Strength	Generic	
famotidine oral tablet 40 mg	Pepcid	Generic	
nizatidine		Generic	
Irritable Bowel Syndrome Agents			
alosetron hcl	Lotronex	Generic	QL
IBSRELA		Not covered	QL
LINZESS		Preferred brand	QL
lubiprostone	Amitiza	Generic	QL
VIBERZI		Not covered	QL
Laxatives			
bisacodyl ec	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl oral	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
citroma	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ		Nonpreferred brand	QL
constulose		Generic	
enulose		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)

Drug Name	Brand Reference	Drug Tier	Notes
gavilyte-c		Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	GaviLyte-G	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	GaviLyte-N with Flavor Pack	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac		Generic	
gentle laxative oral	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gentlelax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE		Not covered	
lactulose encephalopathy oral solution 10 gm/15ml		Generic	
lactulose oral packet	Kristalose	Not covered	
lactulose oral solution		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	Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
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	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	GaviLyte-G	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	MoviPrep	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	MoviPrep	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU		Nonpreferred brand	QL
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)
Protectants			
misoprostol oral	Cytotec	Generic	
sucralfate oral	Carafate	Generic	
Proton Pump Inhibitors			
dexlansoprazole	Dexilant	Not covered	
esomeprazole magnesium oral capsule delayed release		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
esomeprazole magnesium oral packet	NexIUM	Generic	
KONVOMEF		Not covered	
lansoprazole oral capsule delayed release	Prevacid	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		Generic	QL
omeprazole-sodium bicarbonate oral capsule	Zegerid	Generic	QL
omeprazole-sodium bicarbonate oral packet	Zegerid	Not covered	QL
pantoprazole sodium oral packet	Protonix	Not covered	
pantoprazole sodium oral tablet delayed release	Protonix	Generic	QL
PRILOSEC		Not covered	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE		Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Aciphex	Generic	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			
betaine	Cystadane	Generic specialty	SP
CERDELGA		Preferred brand specialty	PA; SP; QL
CHOLBAM		Preferred brand specialty	PA; SP; QL
CREON		Preferred brand	
CYSTAGON		Preferred brand specialty	SP
DUVYZAT		Nonpreferred specialty	PA; SP; QL
EVRYSDI		Preferred brand specialty	PA; SP; QL
GALAFOLD		Preferred brand specialty	PA; SP; QL
GLASSIA		Preferred brand specialty	PA; SP; QL
miglustat	Yargesa	Generic specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
MYALEPT		Nonpreferred specialty	PA; SP; QL
nitisinone	Orfadin	Generic specialty	PA; SP
NITYR		Nonpreferred specialty	PA; SP
OCALIVA		Preferred brand specialty	PA; SP; QL
OLPRUVA (2 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (3 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (4 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (5 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (6 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OLPRUVA (6.67 GM DOSE)		Nonpreferred specialty	PA; SP; QL
OPFOLDA		Nonpreferred specialty	SP; QL
ORFADIN ORAL SUSPENSION		Preferred brand specialty	PA; SP
PALYNZIQ		Preferred brand 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 brand specialty	PA; SP; QL
sapropterin dihydrochloride	Javygtor	Generic specialty	PA; SP
sodium phenylbutyrate oral powder	Buphenyl	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
sodium phenylbutyrate oral tablet	Buphenyl	Generic	QL
STRENSIQ		Preferred brand specialty	PA; SP; QL
SUCRAID		Nonpreferred specialty	PA; SP; QL
TEGSEDI		Preferred brand specialty	PA; SP; QL
VIOKACE		Not covered	
VOXZOGO		Preferred brand specialty	PA; SP; QL
WAINUA		Nonpreferred specialty	PA; SP; QL
XURIDEN		Preferred brand specialty	PA; SP; QL
yargesa	Yargesa	Generic specialty	PA; SP; QL
ZENPEP		Preferred brand	
Genitourinary Agents			
Antispasmodics, Urinary			
darifenacin hydrobromide er		Not covered	QL
fesoterodine fumarate er	Toviaz	Generic	QL
flavoxate hcl		Generic	
GELNIQUE		Not covered	QL
GEMTESA		Not covered	QL
mirabegron er	Myrbetriq	Generic	PA; QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER		Nonpreferred brand	PA; QL
oxybutynin chloride er		Generic	
oxybutynin chloride oral		Generic	
OXYTROL		Not covered	QL
solifenacin succinate	VESIcare	Generic	QL
tolterodine tartrate	Detrol	Generic	
tolterodine tartrate er	Detrol LA	Generic	
tropium chloride		Generic	QL
tropium chloride er		Generic	QL
VESICARE LS		Nonpreferred brand	PA; QL
Benign Prostatic Hypertrophy Agents			
alfuzosin hcl er	Uroxatral	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
CARDURA XL		Nonpreferred brand	
dutasteride oral	Avodart	Generic	
dutasteride-tamsulosin hcl		Generic	QL
ENTADFI		Not covered	QL
finasteride oral tablet 5 mg	Proscar	Generic	
silodosin	Rapaflo	Generic	QL
tamsulosin hcl	Flomax	Generic	
terazosin hcl		Generic	
Genitourinary Agents, Other			
acetic acid irrigation		Generic	
ARGYLE STERILE SALINE		Nonpreferred brand	
bethanechol chloride oral		Generic	
CURITY STERILE SALINE		Nonpreferred brand	
ELMIRON		Preferred brand	
FILSPARI		Preferred brand specialty	PA; 15DS; SP; QL
LITHOSTAT		Nonpreferred brand	
OPTIONS GYNOL II CONTRACEPTIVE		Preventive	PV1; QL
penicillamine oral	Cuprimine	Generic	QL
RENACIDIN		Preferred brand	
RIVFLOZA		Nonpreferred specialty	PA; SP; QL
sodium chloride irrigation	Argyle Sterile Saline	Generic	
tiopronin	Thiola	Generic	PA
TODAY SPONGE		Preventive	PV1; QL
VCF VAGINAL CONTRACEPTIVE		Preventive	PV1; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
AGAMREE		Nonpreferred specialty	PA; SP; QL
ALA SCALP		Nonpreferred brand	
ala-cort	Aveeno Anti-Itch Max St	Generic	
alclometasone dipropionate		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
ALKINDI SPRINKLE		Nonpreferred brand	PA; QL
amcinonide		Not covered	
amcinonide external lotion 0.1 %		Not covered	
APEXICON E		Not covered	
betamethasone dipropionate aug	Diprolene	Generic	
betamethasone dipropionate external		Generic	
betamethasone valerate external		Generic	
BRYHALI		Nonpreferred brand	QL
CAPEX EXTERNAL SHAMPOO 0.01 %		Preferred brand	
clobetasol prop emollient base external cream 0.05 %		Generic	
clobetasol propionate e		Generic	
clobetasol propionate emulsion	Tovet	Generic	
clobetasol propionate external	Clobex	Generic	
clocortolone pivalate	Cloderm	Not covered	
clodan	Clodan	Generic	
CORDRAN		Not covered	
CORTISONE ACETATE ORAL		Not covered	
deflazacort	Emflaza	Generic specialty	PA; SP
desonide external cream	DesOwen	Generic	
desonide external gel		Not covered	
desonide external lotion		Generic	
desonide external ointment		Generic	
desoximetasone external	Topicort	Generic	
DEXABLISS		Not covered	
dexamethasone intensol		Generic	
dexamethasone oral elixir		Generic	
dexamethasone oral solution		Generic	
dexamethasone oral tablet		Generic	
dexamethasone oral tablet therapy pack		Generic	
diflorasone diacetate		Not covered	
fludrocortisone acetate oral		Generic	
fluocinolone acetonide body	Derma-Smoothe/FS Body	Generic	
fluocinolone acetonide external	Synalar	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
fluocinolone acetonide scalp	Derma-Smoothe/FS Scalp	Generic	
fluocinonide emulsified base		Generic	
fluocinonide external cream 0.05 %		Generic	
fluocinonide external cream 0.1 %	Vanos	Generic	QL
fluocinonide external gel		Generic	
fluocinonide external ointment		Generic	
fluocinonide external solution		Generic	
flurandrenolide		Not covered	
fluticasone propionate external		Generic	
halcinonide	Halog	Not covered	
halobetasol propionate external cream		Generic	
halobetasol propionate external foam	Lexette	Not covered	
halobetasol propionate external ointment		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	Generic	
hydrocortisone butyrate	Locoid	Generic	
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	Generic	
hydrocortisone external cream 2.5 %		Generic	
hydrocortisone external lotion 2 %	Ala Scalp	Not covered	
hydrocortisone external lotion 2.5 %		Generic	
hydrocortisone external ointment 1 %	Aquaphor Itch Relief Children	Generic	
hydrocortisone external ointment 2.5 %		Generic	
hydrocortisone oral	Cortef	Generic	
hydrocortisone valerate		Generic	
HYDROXYM EXTERNAL CREAM		Not covered	
IMPOYZ		Not covered	
LOCOID LIPOCREAM		Nonpreferred brand	
MEDROL ORAL TABLET 2 MG		Nonpreferred brand	
methylprednisolone oral	Medrol	Generic	
mometasone furoate external		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
PANDEL		Not covered	
prednisolone oral solution		Generic	
prednisolone oral tablet		Generic	
prednisolone sodium phosphate oral solution	Pediapred	Generic	
prednisolone sodium phosphate oral tablet dispersible	Orapred ODT	Not covered	
prednisone intensol		Generic	
prednisone oral		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	Generic	
triamcinolone acetonide external aerosol solution	Kenalog	Generic	QL
triamcinolone acetonide external cream	Triderm	Generic	
triamcinolone acetonide external lotion		Generic	
triamcinolone acetonide external ointment		Generic	
triamcinolone in absorbbase		Generic	
triderm	Triderm	Generic	
ULTRAVATE		Not covered	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
ACTHAR		Not covered	SP; QL
ACTHAR GEL		Not covered	SP; QL
cabergoline		Generic	
CHORIONIC GONADOTROPIN INTRAMUSCULAR		Not covered	SP; QL
CORTROPHIN		Not covered	SP; QL
desmopressin ace spray refrig		Generic	
desmopressin acetate injection	DDAVP	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
desmopressin acetate oral	DDAVP	Generic	
desmopressin acetate pf	DDAVP PF	Generic	
desmopressin acetate spray		Generic	
EGRIFTA SV		Not covered	SP; QL
FOLLISTIM AQ		Nonpreferred specialty	PA; SP; QL
GENOTROPIN		Preferred brand specialty	PA; SP
GENOTROPIN MINIQUICK		Preferred brand specialty	PA; SP
GONAL-F		Preferred brand specialty	PA; SP; QL
GONAL-F RFF		Preferred brand specialty	PA; SP; QL
GONAL-F RFF REDIJECT		Preferred brand specialty	PA; SP; QL
HUMATROPE		Nonpreferred specialty	PA; SP
INCRELEX		Preferred brand 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 brand specialty	PA; SP
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 brand specialty	PA; SP; QL
PREGNYL		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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
Selective Estrogen Receptor Modifying Agents			
CLOMID		Nonpreferred brand	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
mifepristone oral tablet 300 mg	Korlym	Generic specialty	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
ANDRODERM		Preferred brand	PA; QL
danazol oral		Generic	
INTRAROSA		Nonpreferred brand	
JATENZO		Not covered	QL
KYZATREX		Not covered	QL
METHITEST		Nonpreferred brand	QL
methyltestosterone oral		Not covered	QL
NATESTO		Not covered	QL
testosterone cypionate intramuscular	Depo-Testosterone	Generic	
testosterone enanthate intramuscular		Generic	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	AndroGel Pump	Generic	PA; QL
testosterone transdermal gel 10 mg/act (2%)		Not covered	QL
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	Generic	PA; QL

Drug Name	Brand Reference	Drug Tier	Notes
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)		Generic	PA; QL
testosterone transdermal gel 50 mg/5gm (1%)	Testim	Generic	PA; QL
testosterone transdermal solution		Not covered	QL
TLANDO		Not covered	QL
XYOSTED		Not covered	QL
Estrogens			
afirmelle	Afirmelle	Generic	PV2
ALORA		Preferred brand	
altavera	Altavera	Generic	PV2
alyacen 1/35	Dasetta 1/35	Generic	PV2
alyacen 7/7/7	Dasetta 7/7/7	Generic	PV2
amabelz oral tablet 0.5-0.1 mg		Generic	
amabelz oral tablet 1-0.5 mg	Mimvey	Generic	
amethia oral tablet 0.15-0.03 & 0.01 mg	Ashlyna	Generic	PV2; QL
amethyst	Amethyst	Generic	PV2
ANGELIQ		Nonpreferred brand	
ANNOVERA		Nonpreferred brand	QL
apri		Generic	PV2
aranelle		Generic	PV2
ashlyna	Ashlyna	Generic	PV2; QL
aubra eq	Afirmelle	Generic	PV2
aurovela 1.5/30	Aurovela 1.5/30	Generic	PV2
aurovela 1/20	Aurovela 1/20	Generic	PV2
aurovela 24 fe		Generic	PV2
aurovela fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
aurovela fe 1/20	Aurovela FE 1/20	Generic	PV2
aviane	Afirmelle	Generic	PV2
ayuna	Altavera	Generic	PV2
azurette	Azurette	Generic	PV2
balziva	Balziva	Generic	PV2
BIJUVA		Not covered	QL
blisovi 24 fe		Generic	PV2
blisovi fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
blisovi fe 1/20	Aurovela FE 1/20	Generic	PV2
briellyn	Balziva	Generic	PV2
camrese	Ashlyna	Generic	PV2; QL
camrese lo	Camrese Lo	Generic	PV2; QL
charlotte 24 fe	Charlotte 24 Fe	Generic	PV2
chateal eq	Altavera	Generic	PV2
CLIMARA PRO		Nonpreferred brand	
COMBIPATCH		Nonpreferred brand	
COVARYX		Not covered	
COVARYX HS		Not covered	
cryselle-28		Generic	PV2
cyred eq		Generic	PV2
dasetta 1/35	Dasetta 1/35	Generic	PV2
dasetta 7/7/7	Dasetta 7/7/7	Generic	PV2
daysee	Ashlyna	Generic	PV2; QL
delyla	Afirmelle	Generic	PV2
DEPO-ESTRADIOL		Nonpreferred brand	
desogestrel-ethinyl estradiol	Azurette	Generic	PV2
dolishale	Amethyst	Generic	PV2
dotti	Dotti	Generic	
drospiren-eth estrad-levomefol	Beyaz	Generic	PV2
drospirenone-ethinyl estradiol	Jasmiel	Generic	PV2
DUAVEE		Nonpreferred brand	
EEMT		Not covered	
EEMT HS		Not covered	
ELESTRIN		Nonpreferred brand	
elinest		Generic	PV2
eluryng	EluRyng	Generic	PV2; QL
enilloring	EluRyng	Generic	PV2; QL
enpresse-28	Enpresse-28	Generic	PV2
enskyce		Generic	PV2
est estrogens-methyltest	Estratest F.S.	Generic	
est estrogens-methyltest ds	Estratest F.S.	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
est estrogens-methyltest hs	Covaryx HS	Generic	
estarylla	Estarylla	Generic	PV2
estradiol oral	Estrace	Generic	
estradiol transdermal	Climara	Generic	
estradiol vaginal	Estrace	Generic	
estradiol valerate intramuscular	Delestrogen	Generic	
estradiol-norethindrone acet	Mimvey	Generic	
estratest f.s.	Estratest F.S.	Generic	
ESTRING		Preferred brand	
ethynodiol diac-eth estradiol	Kelnor 1/35	Generic	PV2
etonogestrel-ethinyl estradiol	EluRyng	Generic	PV2; QL
EVAMIST		Nonpreferred brand	
falmina	Afirmelle	Generic	PV2
FEMLYV		Not covered	
FEMRING		Nonpreferred brand	
finzala	Charlotte 24 Fe	Generic	PV2
fyavolv	Fyavolv	Generic	
gemmily	Gemmily	Generic	PV2
hailey 1.5/30	Aurovela 1.5/30	Generic	PV2
hailey 24 fe		Generic	PV2
hailey fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
hailey fe 1/20	Aurovela FE 1/20	Generic	PV2
haloette	EluRyng	Generic	PV2; QL
iclevia	Iclevia	Generic	PV2; QL
IMVEXXY MAINTENANCE PACK		Nonpreferred brand	
IMVEXXY STARTER PACK		Nonpreferred brand	
introvale	Iclevia	Generic	PV2; QL
isibloom		Generic	PV2
jaimiess	Ashlyna	Generic	PV2; QL
jasmiel	Jasmiel	Generic	PV2
jinteli	Fyavolv	Generic	
jolessa	Iclevia	Generic	PV2; QL
joyeaux	Joyeaux	Generic	PV2
juleber		Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
junel 1.5/30	Aurovela 1.5/30	Generic	PV2
junel 1/20	Aurovela 1/20	Generic	PV2
junel fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
junel fe 1/20	Aurovela FE 1/20	Generic	PV2
junel fe 24		Generic	PV2
kaitlib fe	Kaitlib Fe	Generic	PV2
kalliga		Generic	PV2
kariva	Azurette	Generic	PV2
kelnor 1/35	Kelnor 1/35	Generic	PV2
kelnor 1/50	Kelnor 1/50	Generic	PV2
kurvelo	Altavera	Generic	PV2
larin 1.5/30	Aurovela 1.5/30	Generic	PV2
larin 1/20	Aurovela 1/20	Generic	PV2
larin 24 fe		Generic	PV2
larin fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
larin fe 1/20	Aurovela FE 1/20	Generic	PV2
layolis fe	Kaitlib Fe	Generic	PV2
leena		Generic	PV2
lessina	Afirmelle	Generic	PV2
levonest	Enpresse-28	Generic	PV2
levonorgest-eth est & eth est	Rivelsa	Generic	PV2; QL
levonorgest-eth estrad 91-day	Ashlyna	Generic	PV2; QL
levonorgest-eth estradiol-iron	Joyeaux	Generic	PV2
levonorgestrel-ethinyl estrad	Afirmelle	Generic	PV2
levonorg-eth estrad triphasic	Enpresse-28	Generic	PV2
levora 0.15/30 (28)	Altavera	Generic	PV2
LO LOESTRIN FE		Nonpreferred brand	
lojaimiess	Camrese Lo	Generic	PV2; QL
loryna	Jasmiel	Generic	PV2
low-ogestrel		Generic	PV2
lo-zumandimine	Jasmiel	Generic	PV2
luteru	Afirmelle	Generic	PV2
lyllana	Dotti	Generic	
marlissa	Altavera	Generic	PV2
MENEST		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
MENOSTAR		Nonpreferred brand	
merzee	Gemmily	Generic	PV2
mibelas 24 fe	Charlotte 24 Fe	Generic	PV2
microgestin 1.5/30	Aurovela 1.5/30	Generic	PV2
microgestin 1/20	Aurovela 1/20	Generic	PV2
microgestin fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
microgestin fe 1/20	Aurovela FE 1/20	Generic	PV2
mili	Estarylla	Generic	PV2
mimvey	Mimvey	Generic	
mono-linyah	Estarylla	Generic	PV2
MYFEMBREE		Nonpreferred brand	PA; QL
NATAZIA		Nonpreferred brand	
necon 0.5/35 (28)		Generic	PV2
NEXTSTELLIS		Nonpreferred brand	
nikki	Jasmiel	Generic	PV2
norelgestromin-eth estradiol	Xulane	Generic	PV2; QL
norethin ace-eth estrad-fe	Aurovela Fe 1.5/30	Generic	PV2
norethindrone acet-ethinyl est	Aurovela 1.5/30	Generic	PV2
norethindrone-eth estradiol	Fyavolv	Generic	
norethindron-ethinyl estrad-fe	Tilia Fe	Generic	PV2
norethin-eth estradiol-fe	Kaitlib Fe	Generic	PV2
norgestimate-eth estradiol	Estarylla	Generic	PV2
norgestimate-ethinyl estradiol triphasic	Tri-Estarylla	Generic	PV2
nortrel 0.5/35 (28)		Generic	PV2
nortrel 1/35 (21)	Dasetta 1/35	Generic	PV2
nortrel 1/35 (28)	Dasetta 1/35	Generic	PV2
nortrel 7/7/7	Dasetta 7/7/7	Generic	PV2
nylia 1/35	Dasetta 1/35	Generic	PV2
nylia 7/7/7	Dasetta 7/7/7	Generic	PV2
ocella	Ocella	Generic	PV2
ORIAHNN		Nonpreferred brand	PA; QL
philith	Balziva	Generic	PV2
pimtrea	Azurette	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
portia-28	Altavera	Generic	PV2
PREMARIN ORAL		Preferred brand	
PREMARIN VAGINAL		Preferred brand	
PREMPHASE		Preferred brand	
PREMPRO		Preferred brand	
reclipsen		Generic	PV2
rivelsa	Rivelsa	Generic	PV2; QL
setlakın	Iclevia	Generic	PV2; QL
simliya	Azurette	Generic	PV2
simpesse	Ashlyna	Generic	PV2; QL
sprintec 28	Estarylla	Generic	PV2
sronyx	Afirmelle	Generic	PV2
syeda	Ocella	Generic	PV2
tarina 24 fe		Generic	PV2
tarina fe 1/20 eq	Aurovela FE 1/20	Generic	PV2
taysofy	Gemmily	Generic	PV2
tilia fe	Tilia Fe	Generic	PV2
tri-estarylla	Tri-Estarylla	Generic	PV2
tri-legest fe	Tilia Fe	Generic	PV2
tri-linyah	Tri-Estarylla	Generic	PV2
tri-lo-estarylla	Tri-Lo-Estarylla	Generic	PV2
tri-lo-marzia	Tri-Lo-Estarylla	Generic	PV2
tri-lo-mili	Tri-Lo-Estarylla	Generic	PV2
tri-lo-sprintec	Tri-Lo-Estarylla	Generic	PV2
tri-mili	Tri-Estarylla	Generic	PV2
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	Tri-Estarylla	Generic	PV2
tri-sprintec	Tri-Estarylla	Generic	PV2
trivora (28)	Enpresse-28	Generic	PV2
tri-vylibra	Tri-Estarylla	Generic	PV2
tri-vylibra lo	Tri-Lo-Estarylla	Generic	PV2
turqoz		Generic	PV2
TWIRLA		Not covered	QL
TYBLUME		Nonpreferred brand	
tydemy	Tydemy	Generic	PV2
velivet		Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
vestura	Jasmiel	Generic	PV2
vienva	Afirmelle	Generic	PV2
viorele	Azurette	Generic	PV2
volnea	Azurette	Generic	PV2
vyfemla	Balziva	Generic	PV2
vylibra	Estarylla	Generic	PV2
wera		Generic	PV2
wymzya fe	Wymzya Fe	Generic	PV2
xulane	Xulane	Generic	PV2; QL
yuvafem	Yuvafem	Generic	
zafemy	Xulane	Generic	PV2; QL
zovia 1/35 (28)	Kelnor 1/35	Generic	PV2
zumandimine	Ocella	Generic	PV2
Progestins			
aftera	Aftera	Preventive	PV1; QL
camila	Camila	Generic	PV2
CRINONE VAGINAL GEL 8 %		Not covered	
curae	Aftera	Preventive	PV1; QL
deblitane	Camila	Generic	PV2
DEPO-SUBQ PROVERA 104		Preferred brand	
econtra one-step	Aftera	Preventive	PV1; QL
ELLA		Nonpreferred brand	PV2; QL
emzahh	Camila	Generic	PV2
ENDOMETRIN		Not covered	
errin	Camila	Generic	PV2
gallifrey	Gallifrey	Generic	
heather	Camila	Generic	PV2
her style	Aftera	Preventive	PV1; QL
incassia	Camila	Generic	PV2
jencycla	Camila	Generic	PV2
levonorgestrel	Aftera	Preventive	PV1; QL
lyleq	Camila	Generic	PV2
lyza	Camila	Generic	PV2
medroxyprogesterone acetate intramuscular	Depo-Provera	Generic	PV2
medroxyprogesterone acetate oral	Provera	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
megestrol acetate oral		Generic	
my choice	Aftera	Preventive	PV1; QL
my way	Aftera	Preventive	PV1; QL
new day	Aftera	Preventive	PV1; QL
nora-be	Camila	Generic	PV2
norethindrone acetate oral	Gallifrey	Generic	
norethindrone oral	Camila	Generic	PV2
norlyroc	Camila	Generic	PV2
opcicon one-step	Aftera	Preventive	PV1; QL
option 2	Aftera	Preventive	PV1; QL
progesterone intramuscular		Generic	
progesterone oral	Prometrium	Generic	
react	Aftera	Preventive	PV1; QL
sharobel	Camila	Generic	PV2
SLYND		Nonpreferred brand	QL
take action	Aftera	Preventive	PV1; QL
Selective Estrogen Receptor Modifying Agents			
OSPHENA		Nonpreferred brand	
raloxifene hcl	Evista	Generic	PV3; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
ADTHYZA		Nonpreferred brand	
ARMOUR THYROID		Nonpreferred brand	
ERMEZA		Not covered	
euthyrox	Euthyrox	Generic	
levo-t	Euthyrox	Generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE		Nonpreferred brand	ABA
levothyroxine sodium oral tablet	Euthyrox	Generic	
levoxyl	Euthyrox	Generic	
liothyronine sodium oral	Cytomel	Generic	
NIVA THYROID		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
np thyroid	NP Thyroid	Generic	
THYQUIDITY		Not covered	
thyroid oral	NP Thyroid	Generic	
TIROSINT		Nonpreferred brand	
TIROSINT-SOL		Nonpreferred brand	
unithroid	Euthyrox	Generic	
Hormonal Agents, Suppressant (Adrenal)			
LYSODREN		Preferred brand	
Hormonal Agents, Suppressant (pituitary)			
cetorelix acetate	Cetrotide	Not covered	SP
fyremadel	Fyremadel	Not covered	SP
ganirelix acetate	Fyremadel	Not covered	SP
leuprolide acetate injection		Generic specialty	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG		Preferred brand specialty	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG		Preferred brand specialty	SP
LUPRON DEPOT-PED (1-MONTH)		Preferred brand specialty	SP
LUPRON DEPOT-PED (3-MONTH)		Preferred brand specialty	SP
LUPRON DEPOT-PED (6-MONTH)		Preferred brand specialty	SP
MYCAPSSA		Not covered	SP; QL
octreotide acetate	SandoSTATIN	Generic specialty	SP
ORLISSA		Preferred brand	PA; QL
SIGNIFOR		Preferred brand specialty	PA; SP; QL
SOMAVERT		Preferred brand specialty	PA; SP
SYNAREL		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
Hormonal Agents, Suppressant (Thyroid)			
Antithyroid Agents			
methimazole oral		Generic	
propylthiouracil oral		Generic	
Immunological Agents			
Angioedema Agents			
HAEGARDA		Preferred brand specialty	PA; SP; QL
icatibant acetate		Generic specialty	PA; SP; QL
ORLADEYO		Nonpreferred specialty	PA; SP; QL
RUCONEST		Nonpreferred specialty	PA; SP; QL
sajazir	Sajazir	Not covered	SP; QL
TAKHZYRO		Preferred brand specialty	PA; SP; QL
Immune Suppressants			
ABRILADA (1 PEN)		Not covered	SP; QL
ABRILADA (2 PEN)		Not covered	SP; QL
ABRILADA (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-AACF (2 PEN)		Not covered	SP; QL
ADALIMUMAB-AACF (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-AACF(CD/UC/HS STRT)		Not covered	SP; QL
ADALIMUMAB-AACF(PS/UV STARTER)		Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)		Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)		Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)		Not covered	SP; QL
ADALIMUMAB-ADAZ		Not covered	SP
ADALIMUMAB-ADB (2 PEN)		Not covered	SP
ADALIMUMAB-ADB (2 SYRINGE)		Not covered	SP
ADALIMUMAB-ADB(CD/UC/HS STRT)		Not covered	SP
ADALIMUMAB-ADB(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

Drug Name	Brand Reference	Drug Tier	Notes
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	Generic	
CIMZIA (2 SYRINGE)		Preferred brand specialty	PA; SP; QL
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML		Preferred brand specialty	PA; SP; QL
cyclosporine modified	Gengraf	Generic specialty	SP
cyclosporine oral	SandIMMUNE	Generic 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 brand specialty	PA; SP; QL
ENBREL MINI		Preferred brand specialty	PA; SP; QL
ENBREL SURECLICK		Preferred brand specialty	PA; SP; QL
ENVARUSUS XR		Nonpreferred specialty	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	Generic specialty	SP
gengraf	Gengraf	Generic specialty	SP
HADLIMA		Not covered	SP
HADLIMA PUSHTOUCH		Not covered	SP
HULIO (2 PEN)		Not covered	SP
HULIO (2 SYRINGE)		Not covered	SP
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
HUMIRA (2 SYRINGE)		Preferred brand specialty	PA; SP; QL
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML		Preferred brand specialty	PA; SP; QL
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML		Preferred brand specialty	PA; SP; QL
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML		Preferred brand specialty	PA; SP; QL
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML		Preferred brand specialty	PA; SP; QL
HUMIRA-PSORIASIS/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML		Preferred brand 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/UEIT 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)		Generic	
methotrexate sodium injection solution		Generic	
methotrexate sodium oral		Generic	
mycophenolate mofetil oral	CellCept	Generic specialty	SP

Drug Name	Brand Reference	Drug Tier	Notes
mycophenolate sodium	Myfortic	Generic specialty	SP
mycophenolic acid	Myfortic	Generic specialty	SP
MYHIBBIN		Not covered	SP; QL
OLUMIANT		Nonpreferred specialty	PA; SP; QL
OMVOH SUBCUTANEOUS		Not covered	SP; QL
ORENCIA CLICKJECT		Nonpreferred specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS		Nonpreferred specialty	PA; SP; QL
OTREXUP		Not covered	SP; QL
PROGRAF ORAL PACKET		Nonpreferred specialty	SP
RASUVO		Not covered	SP; QL
REZUROCK		Preferred brand 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 brand specialty	PA; SP; QL
sirolimus oral	Rapamune	Generic specialty	SP
SKYRIZI PEN		Preferred brand specialty	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
tacrolimus oral	Prograf	Generic specialty	SP
TREXALL		Preferred brand	
XATMEP		Nonpreferred specialty	SP
XELJANZ		Preferred brand specialty	PA; SP; QL
XELJANZ XR		Preferred brand specialty	PA; SP; QL
YUFLYMA (1 PEN)		Not covered	SP; QL
YUFLYMA (2 PEN)		Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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
Immunoglobulins			
CUTAQUIG		Nonpreferred specialty	PA; SP
CUVITRU		Not covered	SP
GAMMAGARD		Preferred brand specialty	PA; SP
GAMMAKED		Nonpreferred specialty	PA; SP
GAMUNEX-C		Nonpreferred specialty	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION		Preferred brand specialty	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML		Preferred brand specialty	PA; SP
HYQVIA		Nonpreferred specialty	PA; SP
XEMBIFY		Nonpreferred specialty	PA; SP
Immunomodulators			
ACTEMRA ACTPEN		Nonpreferred specialty	PA; SP; QL
ACTEMRA SUBCUTANEOUS		Nonpreferred specialty	PA; SP; QL
ACTIMMUNE		Preferred brand specialty	SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML		Preferred brand	
ARCALYST		Nonpreferred specialty	PA; SP; QL
BENLYSTA SUBCUTANEOUS		Preferred brand specialty	PA; SP; QL
BEYFORTUS		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
ENSPRYNG		Preferred brand 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	Generic	
OTEZLA		Preferred brand specialty	PA; SP; QL
RIDAURA		Preferred brand	
RINVOQ		Preferred brand specialty	PA; SP; QL
RINVOQ LQ		Preferred brand specialty	PA; SP; QL
TYENNE SUBCUTANEOUS		Not covered	SP; QL
VELSIPITY		Not covered	SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred brand specialty	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
Immunosuppressants			
JOENJA		Preferred brand specialty	PA; SP; QL
Vaccines			
ABRYSVO		Preventive	PV1; QL
ACTHIB		Preventive	PV1; QL
ADACEL		Preventive	PV1; QL
AFLURIA		Preventive	PV1; QL
AFLURIA PRESERVATIVE FREE		Preventive	PV1; QL
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

Drug Name	Brand Reference	Drug Tier	Notes
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
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

Drug Name	Brand Reference	Drug Tier	Notes
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
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

Drug Name	Brand Reference	Drug Tier	Notes
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
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML		Preventive	PV1; QL
VAXELIS		Preventive	PV1; QL
VAXNEUVANCE		Preventive	PV1; QL
Inflammatory Bowel Disease Agents			
Aminosalicylates			
balsalazide disodium	Colazal	Generic	
DIPENTUM		Nonpreferred brand	
mesalamine er	Apriso	Generic	
mesalamine oral capsule delayed release 400 mg	Delzicol	Generic	
mesalamine oral tablet delayed release 1.2 gm	Lialda	Generic	QL
mesalamine oral tablet delayed release 800 mg		Generic	
mesalamine rectal	Canasa	Generic	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG		Preferred brand	
SFROWASA		Not covered	
Glucocorticoids			
ANALPRAM HC		Nonpreferred brand	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %		Nonpreferred brand	
ANALPRAM-HC EXTERNAL LOTION		Nonpreferred brand	

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

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

Drug Name	Brand Reference	Drug Tier	Notes
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	Generic	
DOJOLVI		Preferred brand specialty	PA; SP
DUREX EXTRA SENSITIVE THIN		Preventive	PV1; QL
DUREX TROPICAL		Preventive	PV1; QL
EASIVENT		Nonpreferred brand	QL
ergoloid mesylates oral		Generic	
FC2 FEMALE CONDOM		Preventive	PV1; QL
FEMCAP		Nonpreferred brand	PV2; QL

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

Drug Name	Brand Reference	Drug Tier	Notes
PALFORZIA ORAL PACKET 300 MG		Preferred brand 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	Generic	
SOHONOS		Preferred brand specialty	PA; SP; QL
sterile water for irrigation	Argyle Sterile Water	Generic	
TAVNEOS		Nonpreferred specialty	PA; SP; QL
TIS-U-SOL		Not covered	
TRUE COVER		Preventive	PV1; QL
VEOZAH		Nonpreferred brand	PA; QL
V-GO 20		Preferred brand	QL
V-GO 30		Preferred brand	QL
V-GO 40		Preferred brand	QL
VISTOGARD		Preferred brand specialty	SP; QL
VORTEX VALVED HOLDING CHAMBER		Nonpreferred brand	QL
water for irrigation, sterile	Argyle Sterile Water	Generic	
WIDE-SEAL DIAPHRAGM 60		Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 65		Nonpreferred brand	PV2; QL

Drug Name	Brand Reference	Drug Tier	Notes
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 brand specialty	PA; SP; QL
Ophthalmic Agents			
Aminoglycosides			
gentamicin sulfate ophthalmic		Generic	
neomycin-polymyxin-gramicidin		Generic	
TOBRADEX		Preferred brand	
TOBRADEX ST		Nonpreferred brand	
tobramycin ophthalmic		Generic	
tobramycin-dexamethasone		Generic	
TOBEX		Nonpreferred brand	
Antibacterials, Other			
bacitracin ophthalmic		Generic	
bacitracin-polymyxin b	Polycin	Generic	
bacitra-neomycin-polymyxin-hc	Neo-Polycin HC	Generic	
neomycin-bacitracin zn-polymyx	Neo-Polycin	Generic	
neomycin-polymyxin-dexameth ophthalmic ointment	Maxitrol	Generic	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	Generic	
neomycin-polymyxin-hc ophthalmic		Generic	
neo-polycin	Neo-Polycin	Generic	
neo-polycin hc	Neo-Polycin HC	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
polycin	Polycin	Generic	
polymyxin b-trimethoprim		Generic	
XDEMVY		Preferred brand	PA; QL
Anti-cytomegalovirus (CMV) Agents			
ZIRGAN		Preferred brand	
Antifungals			
NATACYN		Preferred brand	
Antiherpetic Agents			
trifluridine		Generic	
Macrolides			
AZASITE		Nonpreferred brand	
erythromycin ophthalmic		Generic	
Ophthalmic Agents, Other			
atropine sulfate ophthalmic ointment		Generic	
atropine sulfate ophthalmic solution 1 %		Generic	
CEQUA		Not covered	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %		Nonpreferred brand	
cyclopentolate hcl ophthalmic	Cyclogyl	Generic	
cyclosporine ophthalmic		Generic	
CYSTADROPS		Nonpreferred specialty	PA; SP; QL
CYSTARAN		Preferred brand specialty	PA; SP; QL
HOMATROPAIRE		Nonpreferred brand	
LACRISERT OPHTHALMIC INSERT 5 MG		Nonpreferred brand	
MIEBO		Preferred brand	QL
OXERVATE		Preferred brand specialty	PA; SP; QL
RESTASIS MULTIDOSE		Not covered	
sulfacetamide-prednisolone		Generic	
tropicamide ophthalmic	Mydracyl	Generic	
TYRVAYA		Not covered	QL
VERKAZIA		Not covered	QL
VEVYE		Not covered	QL
XIIDRA		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
ZYLET		Nonpreferred brand	
Ophthalmic Anti-allergy Agents			
ALOCRIL		Nonpreferred brand	
ALOMIDE		Nonpreferred brand	
altafrin	Altafrin	Generic	
azelastine hcl ophthalmic		Generic	
bepotastine besilate	Bepreve	Generic	
cromolyn sodium ophthalmic		Generic	
CYCLOMYDRIL		Nonpreferred brand	
epinastine hcl		Generic	
olopatadine hcl ophthalmic solution 0.2 %	Pataday	Generic	
phenylephrine hcl ophthalmic	Altafrin	Generic	
UPNEEQ		Not covered	QL
ZERVIAE		Not covered	
Ophthalmic Antiglaucoma Agents			
apraclonidine hcl		Generic	
betaxolol hcl ophthalmic		Generic	
BETIMOL		Not covered	
BETOPTIC-S		Preferred brand	
brimonidine tartrate ophthalmic	Alphagan P	Generic	
brimonidine tartrate-timolol	Combigan	Generic	
brinzolamide	Azopt	Generic	
carteolol hcl		Generic	
dorzolamide hcl ophthalmic		Generic	
dorzolamide hcl-timolol mal	Cosopt	Generic	
dorzolamide hcl-timolol mal pf	Cosopt PF	Generic	
IOPIDINE		Nonpreferred brand	
levobunolol hcl		Generic	
PHOSPHOLINE IODIDE		Not covered	
pilocarpine hcl ophthalmic		Generic	
RHOPRESSA		Preferred brand	ST; QL
ROCKLATAN		Preferred brand	ST; QL

Drug Name	Brand Reference	Drug Tier	Notes
SIMBRINZA		Not covered	
timolol maleate (once-daily)	Istalol	Not covered	
timolol maleate ocudose	Timolol Maleate Ocudose	Not covered	
timolol maleate ophthalmic		Generic	
timolol maleate pf	Timolol Maleate Ocudose	Not covered	
Ophthalmic Anti-inflammatories			
ACUVAIL		Not covered	
bromfenac sodium (once-daily)		Generic	
bromfenac sodium ophthalmic solution 0.07 %	Prolensa	Generic	
bromfenac sodium ophthalmic solution 0.075 %	BromSite	Not covered	QL
CLOBETASOL PROPIONATE OPTHALMIC		Not covered	
dexamethasone sodium phosphate ophthalmic		Generic	
diclofenac sodium ophthalmic		Generic	
difluprednate	Durezol	Generic	
EYSUVIS		Not covered	QL
FLAREX		Not covered	
fluorometholone	FML Liquifilm	Generic	
flurbiprofen sodium		Generic	
FML FORTE		Preferred brand	
ILEVRO		Not covered	
INVELTYS		Not covered	QL
ketorolac tromethamine ophthalmic	Acular	Generic	
LOTEMAX OPTHALMIC OINTMENT		Nonpreferred brand	
LOTEMAX SM		Not covered	QL
loteprednol etabonate	Alrex	Generic	
MAXIDEX		Nonpreferred brand	
NEVANAC		Not covered	
PRED MILD		Preferred brand	
prednisolone acetate ophthalmic	Pred Forte	Generic	
PREDNISOLONE ACETATE P-F		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
prednisolone sodium phosphate ophthalmic		Generic	
Ophthalmic Prostaglandin and Prostanoid Analogs			
bimatoprost ophthalmic		Generic	
IYUZEH		Not covered	QL
latanoprost ophthalmic	Xalatan	Generic	
LUMIGAN		Preferred brand	
tafluprost (pf)	Zioptan	Generic	
travoprost (bak free)	Travatan Z	Generic	
VYZULTA		Not covered	
XELPROS		Nonpreferred brand	PA; QL
Quinolones			
BESIVANCE		Nonpreferred brand	
CILOXAN		Preferred brand	
ciprofloxacin hcl ophthalmic		Generic	
gatifloxacin ophthalmic		Generic	
levofloxacin ophthalmic		Generic	
moxifloxacin hcl (2x day)		Generic	
moxifloxacin hcl ophthalmic	Vigamox	Generic	
ofloxacin ophthalmic	Ocuflox	Generic	
Sulfonamides			
sulfacetamide sodium ophthalmic		Generic	
Otic Agents			
acetic acid otic		Generic	
CIPRO HC		Nonpreferred brand	
ciprofloxacin hcl otic	Cetraxal	Generic	
ciprofloxacin-dexamethasone		Generic	
CIPROFLOXACIN-FLUOCINOLONE PF		Preferred brand	
CORTISPORIN-TC		Nonpreferred brand	
flac	Flac	Generic	
fluocinolone acetonide otic	Flac	Generic	
hydrocortisone-acetic acid		Generic	
neomycin-polymyxin-hc otic		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
ofloxacin otic		Generic	
OTOVEL		Preferred brand	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
azelastine hcl nasal solution 0.1 %, 137 mcg/spray		Generic	QL
azelastine hcl nasal solution 0.15 %	Astepro	Not covered	QL
carbinoxamine maleate	RyVent	Not covered	
clemastine fumarate oral syrup		Not covered	
clemastine fumarate oral tablet		Generic	
cyproheptadine hcl oral		Generic	
diphenhydramine hcl oral elixir		Generic	
olopatadine hcl nasal		Not covered	QL
RYCLORA		Not covered	
ryvent	RyVent	Not covered	
Anti-inflammatories, Inhaled Corticosteroids			
ADVAIR HFA		Preferred brand	QL
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT		Not covered	
AIRDUO RESPICLICK 113/14		Not covered	QL
AIRDUO RESPICLICK 232/14		Not covered	QL
AIRDUO RESPICLICK 55/14		Not covered	QL
ALVESCO		Not covered	QL
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT		Not covered	QL
ARNUITY 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

Drug Name	Brand Reference	Drug Tier	Notes
BREO ELLIPTA		Preferred brand	QL
breyna	Symbicort	Not covered	QL
budesonide inhalation	Pulmicort	Generic	
budesonide-formoterol fumarate	Symbicort	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT		Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT		Not covered	
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		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	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		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 REDIMALER		Not covered	QL
SYMBICORT		Generic	QL
wixela inhub	Wixela Inhub	Generic	QL
XHANCE		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT		Not covered	QL
Antileukotrienes			
montelukast sodium oral	Singulair	Generic	QL
zafirlukast	Accolate	Generic	QL
zileuton er		Generic	QL
ZYFLO		Not covered	QL
Bronchodilators, Anticholinergic			
ATROVENT HFA		Preferred brand	QL
INCRUSE ELLIPTA		Not covered	QL
ipratropium bromide inhalation		Generic	
ipratropium bromide nasal		Generic	QL
SPIRIVA RESPIMAT		Preferred brand	QL
tiotropium bromide monohydrate	Spiriva HandiHaler	Generic	QL
TUDORZA PRESSAIR		Not covered	QL
YUPELRI		Preferred brand	QL
Bronchodilators, Sympathomimetic			
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation		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		Generic	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation		Generic	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION		Preferred brand	
albuterol sulfate oral		Generic	
arformoterol tartrate	Brovana	Generic	QL
AUVI-Q		Not covered	QL
epinephrine injection solution auto-injector		Generic	QL
formoterol fumarate inhalation	Perforomist	Generic	QL
levalbuterol hcl inhalation		Generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT		Nonpreferred brand	ABA; QL

Drug Name	Brand Reference	Drug Tier	Notes
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		Generic	
VENTOLIN HFA		Not covered	QL
XOPENEX HFA		Nonpreferred brand	QL
Cystic Fibrosis Agents			
BRONCHITOL		Nonpreferred specialty	PA; SP; QL
BRONCHITOL TOLERANCE TEST		Nonpreferred specialty	PA; SP; QL
CAYSTON		Nonpreferred specialty	PA; SP; QL
KALYDECO		Preferred brand specialty	PA; SP; QL
ORKAMBI		Preferred brand specialty	PA; SP; QL
PULMOZYME		Preferred brand specialty	PA; SP
SYMDEKO		Preferred brand specialty	PA; SP; QL
TOBI PODHALER		Not covered	SP; QL
tobramycin inhalation	Bethkis	Generic specialty	SP; QL
TRIKAFTA		Preferred brand specialty	PA; SP; QL
Mast Cell Stabilizers			
cromolyn sodium inhalation		Generic	
Phosphodiesterase Inhibitors, Airways Disease			
elixophyllin	Elixophyllin	Generic	
OHTUVAYRE		Not covered	SP; QL
roflumilast	Daliresp	Generic	QL
THEO-24		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
theophylline er		Generic	
theophylline oral	Elixophyllin	Generic	
Pulmonary Antihypertensives			
ADEMPAS		Preferred brand specialty	PA; SP; QL
alyq	Alyq	Generic specialty	PA; SP; QL
ambrisentan	Letairis	Generic specialty	PA; SP; QL
bosentan	Tracleer	Generic specialty	PA; SP; QL
LIQREV ORAL SUSPENSION 10 MG/ML		Not covered	QL
OPSUMIT		Preferred brand 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		Generic	PA; QL
sildenafil citrate oral tablet 20 mg	Revatio	Generic	PA; QL
tadalafil (pah)	Alyq	Generic specialty	PA; SP; QL
TADLIQ		Nonpreferred specialty	PA; SP; QL
TRACLEER 32 MG		Nonpreferred specialty	PA; SP; QL
TYVASO		Preferred brand specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT		Preferred brand specialty	PA; SP; QL
TYVASO DPI TITRATION KIT		Preferred brand specialty	PA; SP; QL
TYVASO REFILL KIT		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
TYVASO STARTER KIT		Preferred brand specialty	PA; SP; QL
UPTRAVI ORAL		Nonpreferred specialty	PA; SP; QL
UPTRAVI TITRATION		Nonpreferred specialty	PA; SP; QL
VENTAVIS		Nonpreferred specialty	PA; SP; QL
WINREVAIR		Nonpreferred specialty	PA; SP; QL
Pulmonary Fibrosis Agents			
OFEV		Preferred brand specialty	PA; SP; QL
pirfenidone	Esbriet	Generic specialty	PA; SP; QL
Respiratory Tract Agents, Other			
acetylcysteine inhalation		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 brand specialty	PA; SP; QL
HYPERSAL		Nonpreferred brand	
ipratropium-albuterol		Generic	
mometasone furoate nasal	Nasonex 24HR	Generic	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %		Nonpreferred brand	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %		Not covered	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred brand specialty	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
ORALAIR		Not covered	QL
potassium iodide oral	SSKI	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
PULMOSAL		Nonpreferred brand	
RYALTRIS		Not covered	QL
sodium chloride inhalation	HyperSal	Generic	
SSKI		Nonpreferred brand	
STIOLTO RESPIMAT		Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred brand specialty	PA; SP; QL
TRELEGY ELLIPTA		Preferred brand	QL
Skeletal Muscle Relaxants			
BACLOFEN ORAL SOLUTION		Not covered	ABA; QL
baclofen oral suspension	Fleqsuvy	Not covered	QL
baclofen oral tablet		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		Generic	
cyclobenzaprine hcl er	Amrix	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		Generic	
cyclobenzaprine hcl oral tablet 7.5 mg	Fexmid	Not covered	
dantrolene sodium oral	Dantrium	Generic	
LYVISPAH		Not covered	QL
metaxalone		Generic	
methocarbamol oral tablet 1000 mg	Tanlor	Not covered	
methocarbamol oral tablet 500 mg, 750 mg		Generic	
NORGESIC		Not covered	QL
NORGESIC FORTE		Not covered	
orphenadrine citrate er		Generic	
orphenadrine-aspirin-caffeine	Norgesic	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	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Sleep Disorder Agents			
GABA Receptor Modulators			
EDLUAR		Not covered	QL
eszopiclone	Lunesta	Generic	QL
flurazepam hcl		Generic	QL
temazepam	Restoril	Generic	QL
triazolam	Halcion	Generic	QL
zaleplon		Generic	QL
zolpidem tartrate er	Ambien CR	Generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE		Not covered	QL
zolpidem tartrate oral tablet	Ambien	Generic	QL
zolpidem tartrate sublingual		Not covered	QL
Sleep Disorders, Other			
BELSOMRA		Not covered	QL
DAYVIGO		Not covered	QL
doxepin hcl oral tablet	Silenor	Not covered	QL
HETLIOZ LQ		Nonpreferred specialty	PA; SP; QL
QUVIVIQ		Not covered	QL
ramelteon	Rozerem	Generic	QL
tasimelteon	Hetloz	Generic specialty	PA; SP; QL
Wakefulness Promoting Agents			
armodafinil	Nuvigil	Generic	QL
LUMRYZ		Nonpreferred specialty	PA; SP; QL
modafinil oral	Provigil	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.....	45	ADALIMUMAB-		AFSTYLA.....	57
abacavir sulfate-lamivudine.....	45	ADBM(CD/UC/HS STRT).....	100	aftera.....	97
ABILIFY ASIMTUFII.....	42	ADALIMUMAB-ADBM(PS/UV		AGAMATRIX PRESTO TEST...	48
ABILIFY MAINTENA.....	42	STARTER).....	100	AGAMREE.....	85
abiraterone acetate.....	32	ADALIMUMAB-FKJP (2 PEN)	100	AIMOVIG.....	30
ABRILADA (1 PEN).....	100	ADALIMUMAB-FKJP (2		AIRDUO DIGIHALER.....	119
ABRILADA (2 PEN).....	100	SYRINGE).....	100	AIRDUO RESPICLICK 113/14	119
ABRILADA (2 SYRINGE).....	100	ADALIMUMAB-RYVK (2 PEN)	100	AIRDUO RESPICLICK 232/14	119
ABRYSVO.....	105	ADALIMUMAB-RYVK (2		AIRDUO RESPICLICK 55/14..	119
ABSORICA LD.....	70	SYRINGE).....	101	AIRSUPRA.....	124
acamprosate calcium.....	17	adapalene.....	70	AJOVY.....	30
acarbose.....	50	ADAPALENE.....	70	AKEEGA.....	33
ACCRUFER.....	74	adapalene-benzoyl peroxide....	70	AKLIEF.....	70
ACCU-CHEK AVIVA PLUS		ADBRY.....	70	AKYNZEO.....	27
KIT W/DEVICE.....	47	ADDERALL XR.....	66	ALA SCALP.....	85
ACCU-CHEK GUIDE TEST		adefovir dipivoxil.....	43	ala-cort.....	85
STRIPS.....	48	ADEMPAS.....	123	albendazole.....	39
ACCU-CHEK SMARTVIEW		ADLARITY.....	24	albuterol sulfate.....	121
TEST STRIPS.....	48	ADMELOG.....	53	ALBUTEROL SULFATE.....	121
accutane.....	70	ADMELOG SOLOSTAR.....	53	albuterol sulfate hfa.....	121
acebutolol hcl.....	60	ADTHYZA.....	98	ALBUTEROL SULFATE HFA.	121
acetaminophen-codeine.....	14	ADVAIR HFA.....	119	alclometasone dipropionate....	85
acetazolamide.....	62	ADVATE.....	57	ALECENSA.....	35
acetazolamide er.....	62	ADYNOVATE.....	57	alendronate sodium.....	109
acetic acid.....	85, 118	ADZENYS XR-ODT.....	66	ALFERON N.....	104
acetylcysteine.....	124	AEMCOLO.....	18	alfuzosin hcl er.....	84
acitretin.....	70	AEROCHAMBER HOLDING		ALINIA.....	40
ACTEMRA.....	104	CHAMBER.....	110	aliskiren fumarate.....	61
ACTEMRA ACTPEN.....	104	AEROCHAMBER MINI		ALKINDI SPRINKLE.....	86
ACTHAR.....	88	CHAMBER.....	110	allopurinol.....	29
ACTHAR GEL.....	88	AEROCHAMBER MV.....	110	ALLZITAL.....	14
ACTHIB.....	105	AEROCHAMBER PLS FLOVU		almotriptan malate.....	30
ACTIMMUNE.....	104	MTHPIECE.....	110	ALOCRIL.....	116
ACUVAIL.....	117	AEROCHAMBER PLUS FLO-		ALOGLIPTIN BENZOATE.....	50
acyclovir.....	44	VU.....	110	ALOGLIPTIN-METFORMIN	
ADACEL.....	105	AEROCHAMBER PLUS FLO-		HCL.....	50
ADALIMUMAB-AACF (2 PEN)	100	VU INTERM.....	110	ALOGLIPTIN-PIOGLITAZONE.	50
ADALIMUMAB-AACF (2		AEROCHAMBER PLUS FLO-		ALOMIDE.....	116
SYRINGE).....	100	VU LARGE.....	110	ALORA.....	91
ADALIMUMAB-		AEROCHAMBER PLUS FLO-		alosetron hcl.....	79
AACF(CD/UC/HS STRT).....	100	VU MEDIUM.....	110	ALPHANATE.....	57
ADALIMUMAB-AACF(PS/UV		AEROCHAMBER PLUS FLO-		ALPHANINE SD.....	57
STARTER).....	100	VU SMALL.....	110	alprazolam.....	47
ADALIMUMAB-AATY (1 PEN)	100	AEROCHAMBER PLUS		alprazolam er.....	47
ADALIMUMAB-AATY (2 PEN)	100	FLOW VU.....	110	alprazolam intensol.....	47
ADALIMUMAB-AATY (2		AEROCHAMBER		alprazolam xr.....	47
SYRINGE).....	100	W/FLOWSIGNAL.....	110	ALPROLIX.....	57
ADALIMUMAB-ADAZ.....	100	afirmelle.....	91	ALTABAX.....	18
ADALIMUMAB-ADBM (2 PEN)		AFLURIA.....	105	altafrin.....	116
.....	100	AFLURIA PRESERVATIVE		altavera.....	91
ADALIMUMAB-ADBM (2		FREE.....	105	ALTOPREV.....	64
SYRINGE).....	100	AFLURIA QUADRIVALENT ...	105	ALTRENO.....	70
		AFREZZA.....	53	ALTUVIIIO.....	57

ALUNBRIG.....	35	anastrozole.....	35	aspirin childrens.....	11
ALVAIZ.....	55	ANDRODERM.....	90	aspirin ec adult low dose.....	11
ALVESCO.....	119	ANGELIQ.....	91	aspirin ec low dose.....	11
alyacen 1/35.....	91	ANNOVERA.....	91	aspirin ec low strength.....	11
alyacen 7/7/7.....	91	ANORO ELLIPTA.....	124	aspirin low dose.....	11
alyq.....	123	ANTIVERT.....	27	aspirin regimen.....	11
amabelz.....	91	anucort-hc.....	109	aspirin-dipyridamole er.....	58
amantadine hcl.....	40	ANUSOL-HC.....	109	ASPRUZYO SPRINKLE.....	61
ambrisentan.....	123	ANZEMET.....	27	ASSURE PLATINUM.....	48
amcinonide.....	86	APADAZ.....	14	ASTAGRAF XL.....	101
amethia.....	91	apap-caff-dihydrocodeine.....	14	atazanavir sulfate.....	46
amethyst.....	91	APEXICON E.....	86	atenolol.....	60
amiloride hcl.....	63	APIDRA SOLOSTAR.....	53	atenolol-chlorthalidone.....	61
amiloride-hydrochlorothiazide.....	61	APIDRA VIAL.....	53	atomoxetine hcl.....	66
aminocaproic acid.....	57	APLENZIN.....	25	ATORVALIQ.....	64
amiodarone hcl.....	59	apomorphine hcl.....	41	atorvastatin calcium.....	64
amitriptyline hcl.....	27	apraclonidine hcl.....	116	atovaquone.....	40
AMJEVITA.....	101	aprepitant.....	27	atovaquone-proguanil hcl.....	40
AMJEVITA-PED 10KG TO		apri.....	91	atropine sulfate.....	115
<15KG SUBCUTANEOUS		APTIOM.....	24	ATROVENT HFA.....	121
SOLUTION PREFILLED		APTIVUS.....	46	aubra eq.....	91
SYRINGE 10MG/0.2ML.....	101	AQUASTAT.....	110	AUGMENTIN.....	20
AMJEVITA-PED 15KG TO		AQUASTAT SFR.....	110	AUGTYRO.....	33
<30KG.....	101	ARAKODA.....	40	aurovela 1.5/30.....	91
amlodipine besylate.....	60	aranelle.....	91	aurovela 1/20.....	91
amlodipine besylate-benzepiril		ARANESP (ALBUMIN FREE).....	55	aurovela 24 fe.....	91
hcl.....	61	ARAZLO.....	70	aurovela fe 1.5/30.....	91
amlodipine besylate-valsartan..	61	ARCALYST.....	104	aurovela fe 1/20.....	91
amlodipine-atorvastatin.....	61	AREXVY.....	105	AURYXIA.....	76
amlodipine-olmesartan.....	61	arformoterol tartrate.....	121	AUSTEDO.....	67
amlodipine-valsartan-hctz.....	61	ARGYLE STERILE SALINE.....	85	AUSTEDO XR.....	67
ammonium lactate.....	70	ARIKAYCE.....	18	AUSTEDO XR PATIENT	
amnestem.....	70	aripiprazole.....	42	TITRATION.....	67
amoxapine.....	27	ARISTADA.....	42	AUVELITY.....	25
amoxicill-clarithro-lansopraz.....	77	ARISTADA INITIO.....	42	AUVI-Q.....	121
amoxicillin.....	20	armodafinil.....	126	aviane.....	91
amoxicillin-potassium		ARMONAIR DIGIHALER.....	119	avidoxy.....	21
clavulanate.....	20	ARMOUR THYROID.....	98	AVONEX PEN.....	68
amoxicillin-potassium		ARNUITY ELLIPTA.....	119	AVONEX PREFILLED.....	68
clavulanate er.....	20	ascomp-codeine.....	14	ayuna.....	91
amphetamine sulfate.....	66	asenapine maleate.....	42	AYVAKIT.....	35
amphetamine-		ashlyna.....	91	AZASITE.....	115
dextroamphetamine.....	66	ASMANEX (120 METERED		azathioprine.....	101
amphetamine-		DOSES).....	119	azelaic acid.....	70
dextroamphetamine er.....	66	ASMANEX (30 METERED		azelastine hcl.....	116, 119
amphet-dextroamphet 3-bead		DOSES).....	119	azelastine-fluticasone.....	124
er.....	66	ASMANEX (60 METERED		AZELEX.....	71
ampicillin.....	20	DOSES).....	119	azithromycin.....	20
AMZEEQ.....	70	ASMANEX HFA.....	119	AZSTARYS.....	66
anagrelide hcl.....	55	aspirin.....	11	azurette.....	91
ANALPRAM HC.....	108	aspirin 81.....	11	bac.....	14
ANALPRAM HC SINGLES.....	108	aspirin adult low dose.....	11	bacitracin.....	114
ANALPRAM-HC.....	108	aspirin adult low strength.....	11	bacitracin-polymyxin b.....	114

bacitra-neomycin-polymyxin-hc		bicalutamide.....	32	budesonide-formoterol	
.....	114	BIJUVA.....	91	fumarate.....	120
BACLOFEN.....	125	BIKTARVY.....	44	bumetanide.....	63
baclofen.....	125	bimatoprost.....	118	buprenorphine.....	13
BAFIERTAM.....	68	BIMZELX.....	71	buprenorphine hcl.....	17
balsalazide disodium.....	108	BINOSTO.....	109	buprenorphine hcl-naloxone	
BALVERSA.....	35	bis subcit-metronid-tetracyc.....	77	hcl.....	17
balziva.....	91	bisacodyl.....	79	bupropion hcl.....	25
BAQSIMI ONE PACK.....	52	bisacodyl ec.....	79	bupropion hcl er (smoking det).....	17
BAQSIMI TWO PACK.....	52	bismuth/metronidaz/tetracyclin.....	77	bupropion hcl er (sr).....	25
BARACLUDGE.....	43	bisoprolol fumarate.....	60	bupropion hcl er (xl).....	25
BASAGLAR KWIKPEN.....	53	bisoprolol-hydrochlorothiazide..	61	BUPROPION HCL ER (XL).....	25
BAXDELA.....	20	blisovi 24 fe.....	91	buspirone hcl.....	47
BD AUTOSHIELD DUO PEN		blisovi fe 1.5/30.....	91	butalbital-acetaminophen.....	15
NEEDLES.....	110	blisovi fe 1/20.....	92	BUTALBITAL-	
BD POSIFLUSH.....	110	BLOOD GLUCOSE TEST.....	48	ACETAMINOPHEN.....	15
BD POSIFLUSH SAFESCRUB		BONJESTA.....	27	butalbital-apap-caff-cod.....	15
.....	111	BOOSTRIX.....	105	butalbital-apap-caffeine.....	15
BD ULTRA-FINE INSULIN		bosentan.....	123	butalbital-asa-caff-codeine.....	15
SYRINGES.....	111	BOSULIF.....	36	butalbital-aspirin-caffeine.....	15
BD ULTRA-FINE PEN		BRAFTOVI.....	36	butorphanol tartrate.....	15
NEEDLES.....	111	BREATHE COMFORT		BYDUREON BCISE	
BECONASE AQ.....	119	CHAMBER/ADULT.....	111	AUTOINJECTOR.....	50
BELBUCA.....	13	BREATHE COMFORT		BYETTA 10 MCG PEN.....	50
belladonna alkaloids-opium.....	77	CHAMBER/CHILD.....	111	BYETTA 5 MCG PEN.....	50
BELSOMRA.....	126	BREATHE EASE LARGE.....	111	BYLVAY.....	70
benazepril hcl.....	59	BREATHE EASE MEDIUM.....	111	BYLVAY (PELLETS).....	70
benazepril-hydrochlorothiazide.....	61	BREATHE EASE SMALL.....	111	cabergoline.....	88
BENEFIX.....	57	BREATHERITE VALVED MDI		CABLIVI.....	58
BENLYSTA.....	104	CHAMBER.....	111	CABOMETRYX.....	36
BENZHYDROCODONE-		BRENZAVVY.....	50	CABTREO.....	71
ACETAMINOPHEN.....	14	BREO ELLIPTA.....	120	caffeine citrate.....	67
BENZNIDAZOLE.....	40	BREXAFEMME.....	28	calcipotriene.....	71
benzoyl peroxide-erythromycin.....	71	breyana.....	120	CALCIPOTRIENE.....	71
benztropine mesylate.....	40	BREZTRI AEROSPHERE.....	124	calcipotriene-betameth diprop...71	
bepotastine besilate.....	116	briellyn.....	92	calcitonin (salmon).....	109
BESIVANCE.....	118	BRILINTA.....	58	calcitriol.....	71, 109
BESREMI.....	33	brimonidine tartrate.....	116	calcium acetate.....	76
betaine.....	82	brimonidine tartrate-timolol.....	116	calcium acetate (phos binder)...76	
betamethasone dipropionate....	86	brinzolamide.....	116	CALQUENCE.....	36
betamethasone dipropionate		BRIVIACT.....	22	camila.....	97
aug.....	86	bromfenac sodium.....	117	camrese.....	92
betamethasone valerate.....	86	bromfenac sodium (once-daily)		camrese lo.....	92
BETASERON.....	68	.....	117	CAMZYOS.....	61
betaxolol hcl.....	60, 116	bromocriptine mesylate.....	41	candesartan cilexetil.....	59
bethanechol chloride.....	85	BRONCHITOL.....	122	candesartan cilexetil-hctz.....	61
BETIMOL.....	116	BRONCHITOL TOLERANCE		capecitabine.....	33
BETOPTIC-S.....	116	TEST.....	122	CAPEX.....	86
BEVESPI AEROSPHERE.....	119	BRUKINSA.....	36	CAPLYTA.....	42
BEXAGLIFLOZIN.....	50	BRYHALI.....	86	CAPRELSA.....	36
bexarotene.....	39	budesonide.....	109, 120	captopril.....	59
BEXSERO.....	105	budesonide er.....	109	captopril-hydrochlorothiazide....	61
BEYFORTUS.....	104			CAPVAXIVE.....	106

CARAC.....	33	CHORIONIC		clobetasol propionate e.....	86
carbamazepine.....	24	GONADOTROPIN.....	88	clobetasol propionate emulsion	86
carbamazepine er.....	24	CHOSEN LANCETS 30G.....	48	clocortolone pivalate.....	86
carbidopa.....	41	CHOSEN SAFETY LANCETS		clodan.....	86
carbidopa-levodopa.....	41	28G.....	48	CLOMID.....	90
carbidopa-levodopa er.....	41	CIBINQO.....	71	clomipramine hcl.....	27
carbidopa-levodopa-		ciclodan.....	28	clonazepam.....	47
entacapone.....	40	ciclopirox.....	28	clonidine.....	58
carbinoxamine maleate.....	119	ciclopirox olamine.....	28	clonidine hcl.....	58
CARDURA XL.....	85	cilostazol.....	58	CLONIDINE HCL ER.....	58
CARESENS LANCETS 30G.....	48	CILOXAN.....	118	clonidine hcl er.....	66
CARETOUCH TEST.....	48	CIMDUO.....	45	clopidogrel bisulfate.....	58
carglumic acid.....	74	cimetidine.....	78	clorazepate dipotassium.....	47
carisoprodol.....	125	cimetidine hcl.....	78	clotrimazole.....	28
carteolol hcl.....	116	CIMZIA (2 SYRINGE).....	101	clotrimazole-betamethasone.....	28
cartia xt.....	60	CIMZIA STARTER KIT.....	101	clozapine.....	43
carvedilol.....	60	cinacalcet hcl.....	109	COAGADEx.....	57
carvedilol phosphate er.....	60	CIPRO.....	20	COARTEM.....	40
CAYA.....	111	CIPRO HC.....	118	codeine sulfate.....	15
CAYSTON.....	122	ciprofloxacin hcl.....	20, 118	colchicine.....	29
cefaclor.....	19	ciprofloxacin-dexamethasone.....	118	colchicine-probenecid.....	29
cefaclor er.....	19	CIPROFLOXACIN-		colesevelam hcl.....	64
cefadroxil.....	19	FLUOCINOLONE PF.....	118	colestipol hcl.....	65
cefdinir.....	20	CITALOPRAM		COMBIPATCH.....	92
cefixime.....	20	HYDROBROMIDE.....	26	COMBIVENT RESPIMAT.....	124
cefepodoxime proxetil.....	20	citalopram hydrobromide.....	26	COMETRIQ.....	36
cefprozil.....	20	citroma.....	79	COMFORT TOUCH TWIST	
cefuroxime axetil.....	20	claravis.....	71	LANCET 30G.....	48
celecoxib.....	11	clarithromycin.....	20	COMIRNATY.....	106
cephalexin.....	20	clarithromycin er.....	20	COMPACT SPACE	
CEQUA.....	115	clearlax.....	79	CHAMBER.....	111
CEQR SIMPLICITY 2U 10PK.....	48	clemastine fumarate.....	119	COMPACT SPACE	
CEQR SIMPLICITY		CLENPIQ.....	79	CHAMBER/LG MASK.....	111
INSERTER.....	48	CLEOCIN.....	18	COMPACT SPACE	
CERDELGA.....	82	CLEVER CHOICE COMFORT		CHAMBER/MED MASK.....	111
cetorelix acetate.....	99	EZ.....	48	COMPACT SPACE	
cevimeline hcl.....	70	CLEVER CHOICE HOLDING		CHAMBER/SM MASK.....	111
charlotte 24 fe.....	92	CHAMBER.....	111	COMPLERA.....	45
chateal eq.....	92	CLIMARA PRO.....	92	compro.....	27
CHEMET.....	75	clindacin.....	71	CONCERTA.....	66
CHENODAL.....	77	clindacin etz.....	71	CONDOMS.....	111
chlordiazepoxide hcl.....	47	clindacin-p.....	71	CONJUPRI.....	60
chlordiazepoxide-amitriptyline.....	25	clindamycin hcl.....	18	constulose.....	79
chlordiazepoxide-clidinium.....	77	clindamycin palmitate hcl.....	18	CONTOUR MONITOR	
chlorhexidine gluconate.....	70	clindamycin phosphate.....	18, 71	DEVICE.....	48
chloroquine phosphate.....	40	clindamycin phosphate-		CONTOUR NEXT EZ KIT	
chlorpromazine hcl.....	41	benzoyl peroxide.....	71	W/DEVICE.....	48
chlorthalidone.....	63	clindamycin-tretinoin.....	71	CONTOUR NEXT GEN	
chlorzoxazone.....	125	CLINDESSE.....	18	MONITOR.....	48
CHOLBAM.....	82	clobazam.....	22	CONTOUR NEXT GEN TEST	
cholestyramine.....	64	clobetasol prop emollient base.....	86	STRIPS.....	48
cholestyramine light.....	64	clobetasol propionate.....	86	CONTOUR NEXT MONITOR	
		CLOBETASOL PROPIONATE.....	117	KIT W/DEVICE.....	48

CONTOUR NEXT ONE KIT.....	48	cyproheptadine hcl.....	119	DEXCOM G6 SENSOR.....	48
CONTOUR PLUS TEST.....	48	cyred eq.....	92	DEXCOM G6 TRANSMITTER..	48
CONTOUR TEST STRIPS.....	48	CYSTADROPS.....	115	DEXCOM G7 RECEIVER.....	48
CONZIP.....	13	CYSTAGON.....	82	DEXCOM G7 SENSOR.....	48
COPIKTRA.....	33	CYSTARAN.....	115	dexlansoprazole.....	81
CORDRAN.....	86	dabigatran etexilate mesylate...	55	dexmethylphenidate hcl.....	66
CORIFACT.....	57	dalfampridine er.....	68	dexmethylphenidate hcl er.....	66
CORLANOR.....	61	danazol.....	90	dextroamphetamine sulfate.....	66
CORTIFOAM.....	109	dantrolene sodium.....	125	dextroamphetamine sulfate er..	66
CORTISONE ACETATE.....	86	DAPAGLIFLOZIN PRO-		DHIVY.....	41
CORTISPORIN-TC.....	118	METFORMIN ER.....	51	DIACOMIT.....	22
CORTROPHIN.....	88	DAPAGLIFLOZIN		DIATHRIVE BLOOD	
COSENTYX (300 MG DOSE)...	71	PROPANEDIOL.....	51	GLUCOSE TEST.....	48
COSENTYX 150 MG/ML.....	71	dapsone.....	31, 71	DIATHRIVE GLUCOSE TEST..	48
COSENTYX SENSOREADY		DAPTACEL.....	106	DIATHRIVE+ GLUCOSE	
(300 MG).....	71	darifenacin hydrobromide er.....	84	TEST.....	48
COSENTYX SENSOREADY		darunavir.....	46	diazepam.....	22, 47
PEN.....	71	dasatinib.....	36	diazepam intensol.....	47
COSENTYX UNOREADY.....	71	dasetta 1/35.....	92	diazoxide.....	52
COTELLIC.....	36	dasetta 7/7/7.....	92	dichlorphenamide.....	62
COTEMPLA XR-ODT.....	66	DAURISMO.....	36	DICLOFENAC PATCH 1.3%....	11
COVARYX.....	92	DAYBUE.....	67	diclofenac potassium.....	11
COVARYX HS.....	92	daysee.....	92	diclofenac potassium(migraine)	30
COXANTO.....	11	DAYVIGO.....	126	diclofenac sodium.....	11, 33, 117
CREON.....	82	deblitane.....	97	diclofenac sodium er.....	11
CRESEMBA.....	28	deferasirox.....	75	diclofenac-misoprostol.....	11
CRINONE.....	97	deferasirox granules.....	75	dicloxacillin sodium.....	20
cromolyn sodium.....	77, 116, 122	deferiprone.....	76	dicyclomine hcl.....	77
CROTAN.....	40	deferoxamine mesylate.....	111	DIFFERIN.....	72
cryselle-28.....	92	deflazacort.....	86	DIFICID.....	20
curae.....	97	DELSTRIGO.....	45	diflorasone diacetate.....	86
CURITY STERILE SALINE.....	85	delyla.....	92	diflunisal.....	11
CUTAQUIG.....	104	demeclocycline hcl.....	21	difluprednate.....	117
CUVITRU.....	104	DENGVAXIA.....	106	digoxin.....	61
CUVRIOR.....	75	DEPO-ESTRADIOL.....	92	dihydroergotamine mesylate....	30
cyanocobalamin.....	76	DEPO-SUBQ PROVERA 104...	97	DILANTIN.....	24
cyclobenzaprine hcl.....	125	DESCOVY.....	45	diltiazem hcl.....	60
cyclobenzaprine hcl er.....	125	desipramine hcl.....	27	diltiazem hcl er.....	60
CYCLOGYL.....	115	desmopressin ace spray refrig..	88	diltiazem hcl er beads.....	60
CYCLOMYDRIL.....	116	desmopressin acetate.....	88, 89	diltiazem hcl er coated beads...	60
cyclopentolate hcl.....	115	desmopressin acetate pf.....	89	dilt-xr.....	60
cyclophosphamide.....	31	desmopressin acetate spray....	89	dimethyl fumarate.....	68
CYCLOPHOSPHAMIDE.....	31	desogestrel-ethinyl estradiol....	92	dimethyl fumarate starter pack..	68
cycloserine.....	31	desonide.....	86	DIPENTUM.....	108
CYCLOSET.....	50	desoximetasone.....	86	diphenhydramine hcl.....	119
cyclosporine.....	101, 115	DESVENLAFAXINE ER.....	26	diphenoxylate-atropine.....	77
cyclosporine modified.....	101	desvenlafaxine succinate er.....	26	dipyridamole.....	58
CYLTEZO (2 PEN).....	101	DEXABLISS.....	86	disopyramide phosphate.....	59
CYLTEZO (2 SYRINGE).....	101	dexamethasone.....	86	disulfiram.....	17
CYLTEZO-CD/UC/HS		dexamethasone intensol.....	86	DIURIL.....	63
STARTER.....	101	dexamethasone sodium		divalproex sodium.....	47
CYLTEZO-PSORIASIS/UV		phosphate.....	117	divalproex sodium er.....	47
STARTER.....	101	DEXCOM G6 RECEIVER.....	48	DODEX.....	76

dofetilide.....	59	ECOZA.....	28	ENSTILAR.....	72
DOJOLVI.....	111	EDARBI.....	59	entacapone.....	41
dolishale.....	92	EDARBYCLOR.....	61	ENTADFI.....	85
donepezil hcl.....	24, 25	EDLUAR.....	126	entecavir.....	43
DOPTELET.....	56	EDURANT.....	45	ENTRESTO.....	62
DORYX MPC.....	21	EEMT.....	92	ENTYVIO.....	105
dorzolamide hcl.....	116	EEMT HS.....	92	enulose.....	79
dorzolamide hcl-timolol mal....	116	efavirenz.....	45	ENVARBUS XR.....	101
dorzolamide hcl-timolol mal pf	116	efavirenz-emtricitab-tenofo df...	45	EOHILIA.....	109
dotti.....	92	efavirenz-lamivudine-tenofovir..	45	EPCLUSA.....	44
DOVATO.....	44	EFFER-K.....	75	EPIDIOLEX.....	22
doxazosin mesylate.....	58	effer-k.....	75	EPIFOAM.....	72
doxepin hcl.....	27, 72, 126	EGRIFTA SV.....	89	epinastine hcl.....	116
doxercalciferol.....	110	ELEPSIA XR.....	22	epinephrine.....	121
doxycycline.....	72	ELESTRIN.....	92	epitol.....	24
doxycycline hyclate.....	21	eletriptan hydrobromide.....	30	eplerenone.....	63
DOXYCYCLINE HYCLATE.....	21	elimest.....	92	EPOGEN.....	56
doxycycline monohydrate.....	21	ELIQUIS.....	55	EPRONTIA.....	23
doxylamine-pyridoxine.....	27	ELIQUIS DVT/PE STARTER		EPSOLAY.....	72
DRIZALMA SPRINKLE.....	26	PACK.....	55	EQUETRO.....	47
dronabinol.....	28	elixophyllin.....	122	ergocalciferol.....	76
drospiren-eth estrad-levomefol.	92	ELLA.....	97	ergoloid mesylates.....	111
drospirenone-ethinyl estradiol...	92	ELMIRON.....	85	ERGOMAR.....	30
DROXIA.....	33	ELOCTATE.....	57	ergotamine-caffeine.....	30
droxidopa.....	61	eluryng.....	92	ERIVEDGE.....	36
DRYSOL.....	72	ELYXYB.....	11	ERLEADA.....	32
DUAKLIR PRESSAIR.....	124	EMBRACE TALK GLUCOSE		erlotinib hcl.....	36
DUAVEE.....	92	TEST.....	48	ERMEZA.....	98
DULERA.....	120	EMBRACE WAVE BLOOD		errin.....	97
duloxetine hcl.....	26	GLUCOSE.....	49	ERTACZO.....	28
DUOBRII.....	72	EMCYT.....	32	ery pad 2%.....	72
DUOPA.....	41	EMEND.....	28	ERYTHROCIN STEARATE.....	20
DUPIXENT.....	72	EMGALITY.....	30	erythromycin.....	20, 72, 115
DUREX EXTRA SENSITIVE		EMPAVELI.....	55	erythromycin base.....	20
THIN.....	111	EMSAM.....	25	erythromycin ethylsuccinate.....	20
DUREX TROPICAL.....	111	emtricitabine.....	45	escitalopram oxalate.....	26
dutasteride.....	85	emtricitabine-tenofovir df.....	45	esomeprazole magnesium..	81, 82
dutasteride-tamsulosin hcl.....	85	EMTRIVA.....	45	ESPEROCT.....	57
DUVYZAT.....	82	EMVERM.....	39	est estrogens-methyltest.....	92
DYANAVAL XR.....	66	emzahn.....	97	est estrogens-methyltest ds.....	92
E.E.S. 400.....	20	enalapril maleate.....	59	est estrogens-methyltest hs.....	93
EASIVENT.....	111	enalapril-hydrochlorothiazide....	62	estarylla.....	93
EASY MAX BLOOD		ENBREL.....	101	estazolam.....	47
GLUCOSE TEST.....	48	ENBREL MINI.....	101	estradiol.....	93
EASY TALK PLUS II TEST		ENBREL SURECLICK.....	101	estradiol valerate.....	93
STRIPS.....	48	endocet.....	15	estradiol-norethindrone acet....	93
EASY TOUCH HEALTHPRO		ENDOMETRIN.....	97	estratest f.s.....	93
GLUCOSE.....	48	ENGERIX-B.....	106	ESTRING.....	93
EASY TRAK II GLUCOSE		enilloring.....	92	eszopiclone.....	126
TEST.....	48	enoxaparin sodium.....	55	ethacrynic acid.....	63
ec-naproxen.....	11	enpresse-28.....	92	ethambutol hcl.....	31
econazole nitrate.....	28	enskyce.....	92	ethosuximide.....	22
econtra one-step.....	97	ENSPRYNG.....	105	ethynodiol diac-eth estradiol....	93

etodolac.....	11	FIASP FLEXTOUCH.....	53	flurbiprofen sodium.....	117
etodolac er.....	11	FIASP PENFILL.....	53	FLUTICASON FUROATE-	
etonogestrel-ethinyl estradiol....	93	FIASP PUMPCART.....	53	VILANTEROL.....	120
etoposide.....	35	FIBRICOR.....	63	fluticasone propionate.....	87, 120
etravirine.....	45	FILSPARI.....	85	FLUTICASON PROPIONATE	
EUCRISA.....	72	FILSUVEZ.....	72	DISKUS.....	120
EULEXIN.....	32	FINACEA.....	72	FLUTICASON PROPIONATE	
euthyrox.....	98	finasteride.....	85	HFA.....	120
EVAMIST.....	93	fingolimod hcl.....	68	FLUTICASON-	
everolimus.....	36, 101	FINTEPLA.....	22	SALMETEROL.....	120
EVOTAZ.....	46	finzala.....	93	fluticasone-salmeterol.....	120
EVRYSDI.....	82	FIRDAPSE.....	112	fluvastatin sodium.....	64
EXELDERM.....	28	flac.....	118	fluvastatin sodium er.....	64
exemestane.....	35	FLAREX.....	117	fluvoxamine maleate.....	26
EXSERVAN.....	67	flavoxate hcl.....	84	fluvoxamine maleate er.....	26
EXTAVIA.....	68	flecainide acetate.....	59	FLUZONE.....	106
EYSUVIS.....	117	FLECTOR.....	11	FLUZONE HIGH-DOSE.....	106
EZALLOR SPRINKLE.....	64	FLEXICHAMBER.....	112	FLUZONE HIGH-DOSE	
ezetimibe.....	65	FLOLIPID.....	64	QUADRIVALENT.....	106
EZETIMIBE-ROSUVASTATIN..	65	FLOVENT DISKUS.....	120	FLUZONE QUADRIVALENT	
ezetimibe-simvastatin.....	65	FLOVENT HFA.....	120	.....	106, 107
FABHALTA.....	55	FLUAD.....	106	FML FORTE.....	117
FABIOR.....	72	FLUAD QUADRIVALENT.....	106	folate.....	76
falmina.....	93	FLUARIX.....	106	folic acid.....	76, 77
famciclovir.....	44	FLUARIX QUADRIVALENT...	106	FOLLISTIM AQ.....	89
famotidine.....	78, 79	FLUBLOK.....	106	fondaparinux sodium.....	55
FANAPT.....	42	FLUBLOK QUADRIVALENT..	106	FORA 6 CONNECT.....	49
FANAPT TITRATION PACK....	42	FLUCELVAX.....	106	FORA 6 CONNECT/GTEL	
FARXIGA.....	51	FLUCELVAX		TEST.....	49
FASENRA PEN.....	124	QUADRIVALENT.....	106	FORA GTEL BLOOD	
FC2 FEMALE CONDOM.....	111	fluconazole.....	28	GLUCOSE TEST.....	49
febuxostat.....	30	flucytosine.....	28	FORA TN'G ADVANCE PRO...	49
FEIBA.....	57	fludrocortisone acetate.....	86	FORFIVO XL.....	25
felbamate.....	23	FLULAVAL.....	106	formoterol fumarate.....	121
felodipine er.....	60	FLULAVAL QUADRIVALENT.	106	FOSAMAX PLUS D.....	110
FEMCAP.....	111	FLUMIST.....	106	fosamprenavir calcium.....	46
FEMLYV.....	93	FLUMIST QUADRIVALENT...	106	fosfomycin tromethamine.....	18
FEMRING.....	93	flunisolide.....	120	fosinopril sodium.....	59
fenofibrate.....	63	fluocinolone acetonide.....	86, 118	fosinopril sodium-hctz.....	62
fenofibrate micronized.....	63	fluocinolone acetonide body....	86	FOSRENOL.....	76
FENOFIBRATE MICRONIZED.	63	fluocinolone acetonide scalp....	87	FOTIVDA.....	36
fenofibric acid.....	63	fluocinonide.....	87	FRAGMIN.....	55
fenoprofen calcium.....	11	fluocinonide emulsified base....	87	FREESTYLE INSULINX TEST.	49
fentanyl.....	13	fluorometholone.....	117	FREESTYLE LIBRE 14 DAY	
fentanyl citrate.....	15	FLUOROURACIL.....	33	READER.....	49
FENTANYL CITRATE.....	15	fluorouracil.....	33	FREESTYLE LIBRE 14 DAY	
FENTORA.....	15	fluoxetine hcl.....	26	SENSOR.....	49
FERRIPROX.....	76	fluoxetine hcl (pmdd).....	26	FREESTYLE LIBRE 2	
FERRIPROX TWICE-A-DAY...	76	fluphenazine decanoate.....	42	READER.....	49
fesoterodine fumarate er.....	84	fluphenazine hcl.....	42	FREESTYLE LIBRE 2	
FETZIMA.....	26	flurandrenolide.....	87	SENSOR.....	49
FETZIMA TITRATION.....	26	flurazepam hcl.....	126	FREESTYLE LIBRE 3 PLUS	
FIASP.....	53	flurbiprofen.....	11	SENSOR.....	49

FREESTYLE LIBRE 3	generlac.....	80	griseofulvin microsize.....	28	
READER.....	49	gengraf.....	101	griseofulvin ultramicrosize.....	28
FREESTYLE LIBRE 3	GENOTROPIN.....	89	guanfacine hcl.....	58	
SENSOR.....	49	GENOTROPIN MINIQUICK.....	89	guanfacine hcl er.....	66
FREESTYLE LIBRE READER..	49	gentamicin sulfate.....	18, 114	GVOKE HYPOPEN 1-PACK.....	53
FREESTYLE LITE TEST.....	49	gentle laxative.....	80	GVOKE HYPOPEN 2-PACK.....	53
FREESTYLE PRECISION	gentlelax.....	80	GVOKE KIT.....	53	
NEO TEST.....	49	GENVOYA.....	44	GVOKE PFS.....	53
FREESTYLE TEST.....	49	GILENYA.....	68	GYNAZOLE-1.....	28
frovatriptan succinate.....	30	GILOTRIF.....	36	habitrol.....	17
FRUZAQLA.....	36	GIMOTI.....	27	HADLIMA.....	101
ft aspirin.....	12	GLASSIA.....	82	HADLIMA PUSH TOUCH.....	101
ft aspirin low dose.....	11	glatiramer acetate.....	68	HAEGARDA.....	100
ft clearlax.....	79	glatopa.....	68	hailey 1.5/30.....	93
ft folic acid.....	77	GLEOSTINE.....	31	hailey 24 fe.....	93
ft laxative.....	79	glimepiride.....	51	hailey fe 1.5/30.....	93
ft magnesium citrate.....	79	glipizide er.....	51	hailey fe 1/20.....	93
ft milk of magnesia.....	79	glipizide ir.....	51	halcinonide.....	87
ft nicotine.....	17	glipizide xl.....	51	halobetasol propionate.....	87
ft nicotine mini.....	17	glipizide-metformin hcl.....	51	haloette.....	93
FULPHILA.....	56	GLOPERBA.....	30	HALOG.....	87
fulvestrant.....	32	GLUCAGEN HYPOKIT.....	53	haloperidol.....	42
FUROSCIX.....	63	glucagon emergency kit.....	53	haloperidol decanoate.....	42
furosemide.....	63	GLUCAGON EMERGENCY		haloperidol lactate.....	42
FUZEON.....	46	KIT.....	53	HARVONI.....	44
fyavolv.....	93	GLUCOCARD 01 SENSOR		HAVRIX.....	107
FYCOMPA.....	23	PLUS.....	49	healthy lax.....	80
FYLNETRA.....	56	GLUCOCARD EXPRESSION		heather.....	97
fyremadel.....	99	TEST.....	49	HELIDAC THERAPY.....	78
gabapentin.....	22	GLUCOCARD SHINE TEST.....	49	HEMADY.....	87
gabapentin (once-daily).....	67	GLUCOCARD VITAL TEST.....	49	HEMANGEOL.....	60
GALAFOLD.....	82	glyburide.....	51	HEMLIBRA.....	57
galantamine hydrobromide.....	25	glyburide micronized.....	51	HEMMOREX-HC.....	109
galantamine hydrobromide er...	25	glyburide-metformin.....	51	HEMOFIL M.....	57
gallifrey.....	97	GLYCATE.....	77	heparin sodium (porcine).....	55
GALZIN.....	75	glycolax.....	80	heparin sodium (porcine) pf.....	55
GAMMAGARD.....	104	glycopyrrolate.....	77	HEPLISAV-B.....	107
GAMMAKED.....	104	GLYCOPYRROLATE.....	77	her style.....	97
GAMUNEX-C.....	104	glydo.....	16	HETLIOZ LQ.....	126
ganirelix acetate.....	99	GLYXAMBI.....	51	HIBERIX.....	107
GARDASIL 9.....	107	GOCOVRI.....	41	HIDEX 6-DAY.....	87
gatifloxacin.....	118	GOJJI BLOOD GLUCOSE		HIZENTRA.....	104
GATTEX.....	78	TEST.....	49	HOMATROPAIRE.....	115
gavilax.....	79	GONAL-F.....	89	HORIZANT.....	67
gavilyte-c.....	80	GONAL-F RFF.....	89	HULIO (2 PEN).....	101
gavilyte-g.....	80	GONAL-F RFF REDIRECT.....	89	HULIO (2 SYRINGE).....	101
gavilyte-n with flavor pack.....	80	goodsense aspirin low dose.....	12	HUMALOG.....	53
GAVRETO.....	36	goodsense milk of magnesia....	80	HUMALOG KWIKPEN.....	53
gefitinib.....	36	goodsense nicotine.....	17	HUMALOG MIX 50/50	
GELNIQUE.....	84	GRALISE.....	67	KWIKPEN.....	53
gemfibrozil.....	64	granisetron hcl.....	28	HUMALOG MIX 50/50 VIAL.....	53
gemmily.....	93	GRANIX.....	56	HUMALOG MIX 75/25	
GEMTESA.....	84	GRASTEK.....	112	KWIKPEN.....	53

HUMALOG MIX 75/25 VIAL.....	53	hydroxyzine pamoate.....	47	INCRUSE ELLIPTA.....	121
HUMALOG U-100 JUNIOR		HYFTOR.....	72	indapamide.....	63
KWIKPEN.....	53	hyoscyamine sulfate.....	77	INDERAL XL.....	60
HUMATE-P.....	57	hyoscyamine sulfate er.....	77	indomethacin.....	12
HUMATIN.....	18	hyosyne.....	77	INDOMETHACIN.....	12
HUMATROPE.....	89	HYPERSAL.....	124	indomethacin er.....	12
HUMIRA (2 PEN).....	101	HYQVIA.....	104	INFANRIX.....	107
HUMIRA (2 SYRINGE).....	102	HYRIMOZ.....	102	INFINITY BLOOD GLUCOSE	
HUMIRA-CD/UC/HS		HYRIMOZ-CROHNS/UC		TEST.....	49
STARTER.....	102	STARTER.....	102	INGREZZA.....	67
HUMIRA-PED<40KG		HYRIMOZ-PED<40KG		INLYTA.....	37
CROHNS STARTER.....	102	CROHN STARTER.....	102	INNOPRAN XL.....	60
HUMIRA-PED>/=40KG		HYRIMOZ-PED>/=40KG		INPEFA.....	62
CROHNS START.....	102	CROHN START.....	102	INQOVI.....	37
HUMIRA-PED>/=40KG UC		HYRIMOZ-PLAQ		INREBIC.....	33
STARTER.....	102	PSOR/UEVIT START.....	102	INSULIN ASP PROT & ASP	
HUMIRA-PSORIASIS/UEVIT		HYRIMOZ-PLAQUE		FLEXPEN.....	53
STARTER.....	102	PSORIASIS START.....	102	INSULIN ASPART.....	53
HUMULIN 70/30 KWIKPEN.....	53	ibandronate sodium.....	110	INSULIN ASPART FLEXPEN...	53
HUMULIN 70/30 VIAL.....	53	IBRANCE.....	36	INSULIN ASPART PENFILL....	54
HUMULIN N KWIKPEN.....	53	IBSRELA.....	79	INSULIN ASPART PROT &	
HUMULIN N VIAL.....	53	ibuprofen.....	12	ASPART.....	54
HUMULIN R U-500 KWIKPEN..	53	ibuprofen-famotidine.....	12	INSULIN DEGLUDEC.....	54
HUMULIN R U-500 VIAL.....	53	icatibant acetate.....	100	INSULIN DEGLUDEC	
HUMULIN R VIAL.....	53	iclevia.....	93	FLEXTOUCH.....	54
HW EMBRACE PRO		ICLUSIG.....	37	INSULIN GLARGINE.....	54
GLUCOSE TEST.....	49	icosapent ethyl.....	65	INSULIN GLARGINE MAX	
HW EMBRACE TALK		IDACIO (2 PEN).....	102	SOLOSTAR.....	54
GLUCOSE TEST.....	49	IDACIO (2 SYRINGE).....	102	INSULIN GLARGINE	
HYCAMTIN.....	35	IDACIO-CROHNS/UC		SOLOSTAR.....	54
hydralazine hcl.....	65	STARTER.....	102	INSULIN GLARGINE-YFGN....	54
hydrochlorothiazide.....	63	IDACIO-PSORIASIS		INSULIN LISPRO.....	54
hydrocodone bitartrate er.....	13	STARTER.....	102	INSULIN LISPRO (1 UNIT	
hydrocodone-acetaminophen...	15	IDELVION.....	57	DIAL).....	54
hydrocodone-ibuprofen.....	15	IDHIFA.....	37	INSULIN LISPRO JUNIOR	
hydrocortisone.....	87, 109	IHEALTH BLOOD GLUCOSE		KWIKPEN.....	54
hydrocortisone (perianal).....	109	TEST STR.....	49	INSULIN LISPRO PROT &	
hydrocortisone ace-pramoxine		ILEVRO.....	117	LISPRO.....	54
.....	72, 109	imatinib mesylate.....	37	INTELENCE.....	45
hydrocortisone acetate.....	109	IMBRUVICA.....	37	INTRAROSA.....	90
hydrocortisone butyr lipo base..	87	IMCIVREE.....	67	introvale.....	93
hydrocortisone butyrate.....	87	imipramine hcl.....	27	INVEGA HAFYERA.....	42
hydrocortisone valerate.....	87	imipramine pamoate.....	27	INVEGA SUSTENNA.....	42
hydrocortisone-acetic acid.....	118	imiquimod.....	72	INVEGA TRINZA.....	42
hydrocort-pramoxine (perianal)		imiquimod pump.....	72	INVELTYS.....	117
.....	109	IMPAVIDO.....	40	INVOKAMET.....	51
hydromorphone hcl.....	15	IMPOYZ.....	87	INVOKAMET XR.....	51
hydromorphone hcl er.....	13	IMVEXXY MAINTENANCE		INVOKANA.....	51
hydroxocobalamin acetate.....	77	PACK.....	93	iodine strong.....	75
hydroxychloroquine sulfate.....	40	IMVEXXY STARTER PACK.....	93	IOPIDINE.....	116
HYDROXYM.....	87	INBRIJA.....	41	IPOL.....	107
hydroxyurea.....	33	incassia.....	97	ipratropium bromide.....	121
hydroxyzine hcl.....	47	INCRELEX.....	89	ipratropium-albuterol.....	124

IQIRVO.....	78	kalliga.....	94	LACRISERT.....	115
irbesartan.....	59	KALYDECO.....	122	lactulose.....	80
irbesartan-hydrochlorothiazide..	62	KAPSPARGO SPRINKLE.....	60	lactulose encephalopathy.....	80
ISENTRESS.....	44	kariva.....	94	LAGEVRIO.....	43
ISENTRESS HD.....	44	KATERZIA.....	60	LAMICTAL XR.....	23
isibloom.....	93	KAZANO.....	51	lamivudine.....	43, 45
isoniazid.....	31	kelnor 1/35.....	94	lamivudine-zidovudine.....	45
isosorb dinitrate-hydralazine....	62	kelnor 1/50.....	94	lamotrigine.....	23
isosorbide dinitrate.....	65	KERENDIA.....	112	lamotrigine er.....	23
isosorbide mononitrate.....	65	KESIMPTA.....	68	lamotrigine starter kit-blue.....	23
isosorbide mononitrate er.....	65	ketoconazole.....	28	lamotrigine starter kit-green.....	23
isotretinoin.....	72	ketodan.....	29	lamotrigine starter kit-orange....	23
isradipine.....	60	ketoprofen.....	12	LAMPIT.....	40
ISTURISA.....	89	ketoprofen er.....	12	LANCETS.....	49
itraconazole.....	28	ketorolac tromethamine....	12, 117	LANCETS SUPER THIN.....	49
ivabradine hcl.....	62	KETOROLAC.....		lansoprazole.....	82
ivermectin.....	40, 72	TROMETHAMINE.....	12	lanthanum carbonate.....	76
IWILFIN.....	112	KEVZARA.....	105	LANTUS SOLOSTAR.....	54
IXINITY.....	57	KINERET.....	102	LANTUS U-100 VIAL.....	54
IYUZEH.....	118	KINRIX.....	107	lapatinib ditosylate.....	37
jaimiess.....	93	KIONEX.....	76	larin 1.5/30.....	94
JAKAFI.....	37	KISQALI (200 MG DOSE).....	33	larin 1/20.....	94
jantoven.....	55	KISQALI (400 MG DOSE).....	33	larin 24 fe.....	94
JANUMET.....	51	KISQALI (600 MG DOSE).....	33	larin fe 1.5/30.....	94
JANUMET XR.....	51	KISQALI FEMARA.....	37	larin fe 1/20.....	94
JANUVIA.....	51	klayesta.....	29	latanoprost.....	118
JARDIANCE.....	51	KLISYRI.....	33	layolis fe.....	94
jasmiel.....	93	klor-con.....	75	LEDIPASVIR-SOFOSBUVIR....	44
JATENZO.....	90	klor-con 10.....	75	leena.....	94
JAYPIRCA.....	37	klor-con m10.....	75	leflunomide.....	105
jencycla.....	97	klor-con m15.....	75	lenalidomide.....	32
JENTADUETO.....	51	klor-con m20.....	75	LENVIMA.....	37
JENTADUETO XR.....	51	klor-con/ef.....	75	lessina.....	94
JESDUVROQ.....	56	KLOXXADO.....	17	letrozole.....	35
jinteli.....	93	KOATE.....	57	leucovorin calcium.....	34
JIVI.....	57	KOATE-DVI.....	57	LEUKERAN.....	31
JOENJA.....	105	KOGENATE FS.....	57	LEUKINE.....	56
jolessa.....	93	KONVOMEPE.....	82	leuprolide acetate.....	99
JORNAY PM.....	66	KOSELUGO.....	37	levalbuterol hcl.....	121
joyeaux.....	93	kourzeq.....	70	LEVALBUTEROL HFA.....	121
JUBLIA.....	28	KOVALTRY.....	57	LEVAMLODIPINE MALEATE...	60
juleber.....	93	K-PHOS.....	75	LEVBID.....	77
JULUCA.....	44	K-PHOS NO 2.....	75	LEVEMIR FLEXPEN.....	54
junel 1.5/30.....	94	k-prime.....	75	LEVEMIR U-100 VIAL.....	54
junel 1/20.....	94	KRAZATI.....	34	levetiracetam.....	22
junel fe 1.5/30.....	94	KRINTAFEL.....	40	levetiracetam er.....	22
junel fe 1/20.....	94	KRISTALOSE.....	80	levobunolol hcl.....	116
junel fe 24.....	94	KROGER HEALTHPRO.....		levocarnitine.....	75
JUXTAPID.....	65	GLUCOSE TEST.....	49	levocarnitine sf.....	75
JYLAMVO.....	102	kurvelo.....	94	levofloxacin.....	20, 118
JYNARQUE.....	76	KYZATREX.....	90	levonest.....	94
JYNNEOS.....	107	labetalol hcl.....	60	levonorgest-eth est & eth est....	94
kaitlib fe.....	94	lacosamide.....	24	levonorgest-eth estrad 91-day..	94

levonorgest-eth estradiol-iron...	94	loryna.....	94	MAYZENT.....	69	
levonorgestrel.....	97	losartan potassium.....	59	MAYZENT STARTER PACK....	69	
levonorgestrel-ethinyl estrad....	94	losartan potassium-hctz.....	62	meclizine hcl.....	27	
levonorg-eth estrad triphasic....	94	LOTEMAX.....	117	meclofenamate sodium.....	12	
levora 0.15/30 (28).....	94	LOTEMAX SM.....	117	MEDROL.....	87	
levorphanol tartrate.....	13	loteprednol etabonate.....	117	medroxyprogesterone acetate..	97	
levo-t.....	98	lovastatin.....	64	mefenamic acid.....	12	
LEVOTHYROXINE SODIUM....	98	low-ogestrel.....	94	mefloquine hcl.....	40	
levothyroxine sodium.....	98	loxapine succinate.....	42	megestrol acetate.....	98	
levoxyl.....	98	lo-zumandimine.....	94	MEKINIST.....	37	
LEVSIN.....	77	lubiprostone.....	79	MEKTOVI.....	37	
LEVSIN/SL.....	77	LULICONAZOLE.....	29	meloxicam.....	12	
LEXIVA.....	46	LUMAKRAS.....	34	MELOXICAM.....	12	
l-glutamine.....	112	LUMIGAN.....	118	melphalan.....	32	
LIBERVANT.....	22	LUMRYZ.....	126	memantine hcl.....	25	
LICART.....	12	LUPKYNIS.....	102	memantine hcl er.....	25	
lidocaine.....	16	LUPRON DEPOT (1-MONTH)..	99	MENEST.....	94	
lidocaine hcl.....	16	LUPRON DEPOT (3-MONTH)..	99	MENOPUR.....	89	
lidocaine hcl urethral/mucosal...	16	LUPRON DEPOT-PED (1-	MONTH).....	99	MENOSTAR.....	95
lidocaine viscous hcl.....	16	LUPRON DEPOT-PED (3-	MONTH).....	99	MENQUADFI.....	107
lidocaine-hydrocort (perianal).	109	LUPRON DEPOT-PED (6-	MONTH).....	99	MENVEO.....	107
lidocaine-prilocaine.....	16	lurasidone hcl.....	42	mepiperidine hcl.....	15	
LIDOCAN.....	16	luteira.....	94	meprobamate.....	47	
LIDOCORT.....	109	LUZU.....	29	mercaptopurine.....	33	
LIKMEZ.....	18	LYBALVI.....	42	merzee.....	95	
linezolid.....	19	lyleq.....	97	mesalamine.....	108	
LINZESS.....	79	lyllana.....	94	mesalamine er.....	108	
liothyronine sodium.....	98	LYNPARZA.....	37	MESNEX.....	39	
LIQREV.....	123	LYSODREN.....	99	metaxalone.....	125	
LIRAGLUTIDE.....	51	LYTGObI (12 MG DAILY	DOSE).....	35	metformin hcl er.....	51
lisdexamfetamine dimesylate....	66	LYTGObI (16 MG DAILY	DOSE).....	35	metformin hcl er (mod).....	51
lisinopril.....	59	LYTGObI (20 MG DAILY	DOSE).....	35	metformin hcl er (osm).....	51
lisinopril-hydrochlorothiazide....	62	LYTGObI (12 MG DAILY	DOSE).....	35	metformin hcl ir.....	51
LITFULO.....	72	LYTGObI (16 MG DAILY	DOSE).....	35	methadone hcl.....	13
lithium.....	47	LYTGObI (20 MG DAILY	DOSE).....	35	methadone hcl intensol.....	13
lithium carbonate.....	47	LYUMJEV KWIKPEN.....	54	methamphetamine hcl.....	66	
lithium carbonate er.....	47	LYUMJEV VIAL.....	54	methazolamide.....	62	
LITHOSTAT.....	85	LYVISPAH.....	125	methenamine hippurate.....	19	
LIVMARLI.....	70	lyza.....	97	methergine.....	112	
LIVTENCITY.....	43	mafenide acetate.....	19	methimazole.....	100	
LO LOESTRIN FE.....	94	magnesium citrate.....	80	METHITEST.....	90	
LOCOID LIPOCREAM.....	87	malathion.....	40	methocarbamol.....	125	
LODOCO.....	62	maraviroc.....	46	methotrexate sodium.....	102	
lofexidine hcl.....	17	marlissa.....	94	methotrexate sodium (pf).....	102	
lojaimiess.....	94	MARPLAN.....	25	methoxsalen rapid.....	72	
LOKELMA.....	76	MATULANE.....	32	methscopolamine bromide.....	77	
LONSURF.....	34	matzim la.....	60	methsuximide.....	22	
loperamide hcl.....	78	MAVENCLAD.....	69	METHYLDOPA.....	58	
lopinavir-ritonavir.....	46	MAVYRET.....	44	methylergonovine maleate.....	112	
lorazepam.....	47	MAXIDEX.....	117	methylphenidate.....	66	
lorazepam intensol.....	47			methylphenidate hcl.....	67	
LORBRENA.....	37			methylphenidate hcl er.....	66	
LOREEV XR.....	47			methylphenidate hcl er (cd).....	66	

methylphenidate hcl er (la).....	66	mometasone furoate.....	87, 124	NATACYN.....	115
methylphenidate hcl er (osm)....	67	mondoxyne nl.....	22	NATAZIA.....	95
METHYLPHENIDATE HCL ER		MONOJECT FLUSH		nateglinide.....	51
(OSM).....	67	SYRINGE.....	112	NATESTO.....	90
methylphenidate hcl er (xr).....	67	MONOJECT SODIUM		NAYZILAM.....	23
methylprednisolone.....	87	CHLORIDE FLUSH.....	112	nebivolol hcl.....	60
methyltestosterone.....	90	mono-lynyah.....	95	NEBUSAL.....	124
metoclopramide hcl.....	27	montelukast sodium.....	121	necon 0.5/35 (28).....	95
metolazone.....	63	morphine sulfate.....	15	nefazodone hcl.....	26
metoprolol succinate er.....	60	morphine sulfate (concentrate). 15		neomycin sulfate.....	18
metoprolol tartrate.....	60	morphine sulfate er.....	13	neomycin-bacitracin zn-	
metoprolol-hydrochlorothiazide. 62		morphine sulfate er beads.....	13	polymyx.....	114
metronidazole.....	19, 72	MOTEGRITY.....	78	neomycin-polymyxin-dexameth	
metirosine.....	62	MOTOFEN.....	78	.....	114
mexiletine hcl.....	59	MOTPOLY XR.....	24	neomycin-polymyxin-	
mibelas 24 fe.....	95	MOUNJARO.....	51	gramicidin.....	114
miconazole 3.....	29	MOVANTIK.....	78	neomycin-polymyxin-hc.. 114, 118	
MICONAZOLE-ZINC OXIDE-		moxifloxacin hcl.....	20, 118	neo-polycin.....	114
PETROLAT.....	29	moxifloxacin hcl (2x day).....	118	neo-polycin hc.....	114
MICROCHAMBER.....	112	MRESVIA.....	107	NEO-SYNALAR.....	19
MICRODOT TEST.....	49	MULPLETA.....	56	NERLYNX.....	37
microgestin 1.5/30.....	95	MULTAQ.....	59	NESINA.....	52
microgestin 1/20.....	95	mupirocin.....	19	neuac.....	72
microgestin fe 1.5/30.....	95	mupirocin cream.....	19	NEULASTA.....	56
microgestin fe 1/20.....	95	my choice.....	98	NEUPOGEN.....	56
midazolam hcl.....	47	my way.....	98	NEUPRO.....	41
midodrine hcl.....	58	MYALEPT.....	83	NEVANAC.....	117
MIEBO.....	115	MYCAPSSA.....	99	nevirapine.....	45
mifepristone.....	90	mycophenolate mofetil.....	102	nevirapine er.....	45
MIGERGOT.....	30	mycophenolate sodium.....	103	new day.....	98
miglitol.....	51	mycophenolic acid.....	103	NEXICLON XR.....	58
miglustat.....	82	MYFEMBREE.....	95	NEXIUM.....	82
mili.....	95	MYHIBBIN.....	103	NEXLETOL.....	65
milk of magnesia.....	80	MYLERAN.....	32	NEXLIZET.....	65
milk of magnesia concentrate... 80		MYRBETRIQ.....	84	NEXTSTELLIS.....	95
mimvey.....	95	MYTESI.....	78	NGENLA.....	89
minocycline hcl.....	21	na sulfate-k sulfate-mg sulf..... 80		niacin (antihyperlipidemic)..... 65	
MINOCYCLINE HCL ER.....	21	nabumetone.....	12	niacin er (antihyperlipidemic).... 65	
minocycline hcl er.....	21	nadolol.....	60	niacor.....	65
MINOLIRA.....	21	naftifine hcl.....	29	nicardipine hcl.....	60
minoxidil.....	65	NAFTIN.....	29	nicotine.....	18
mirabegron er.....	84	nalbuphine hcl.....	15	nicotine mini.....	17
MIRCERA.....	56	NALOCET.....	15	nicotine polacrilex.....	17
mirtazapine.....	25	naloxone hcl.....	17	nicotine polacrilex mini.....	17
misoprostol.....	81	naltrexone hcl.....	17	nicotine step 1.....	18
mm aspirin.....	12	NAMZARIC.....	24	nicotine step 2.....	18
mm clearlax.....	80	naproxen.....	12	nicotine step 3.....	18
M-M-R II.....	107	naproxen dr.....	12	NICOTROL.....	18
modafinil.....	126	naproxen sodium.....	12	NICOTROL NS.....	18
MODERNA COVID-19 VAC		naproxen sodium er.....	12	nifedipine.....	61
6M-11Y.....	107	naproxen-esomeprazole mg..... 12		nifedipine er.....	61
moexipril hcl.....	59	naratriptan hcl.....	30	nifedipine er osmotic release.... 61	
molindone hcl.....	42	NARCAN.....	17	nikki.....	95

nilutamide.....	32	NOVOFINE PEN NEEDLE.....	112	octreotide acetate.....	99
nimodipine.....	61	NOVOFINE PLUS PEN		ODACTRA.....	112
NINLARO.....	34	NEEDLE.....	112	ODEFSEY.....	45
nisoldipine er.....	61	NOVOLIN 70/30 FLEXPEN.....	54	ODOMZO.....	38
nitazoxanide.....	40	NOVOLIN 70/30 RELION.....	54	OFEV.....	124
nitisinone.....	83	NOVOLIN 70/30 VIAL.....	54	ofloxacin.....	20, 118, 119
NITRO-BID.....	65	NOVOLIN N FLEXPEN.....	54	OGSIVEO.....	38
NITRO-DUR.....	65	NOVOLIN N RELION.....	54	OHTUVAYRE.....	122
nitrofurantoin.....	19	NOVOLIN N VIAL.....	54	OJEMDA.....	35
NITROFURANTOIN.....	19	NOVOLIN R FLEXPEN.....	54	OJJAARA.....	34
nitrofurantoin macrocrystal.....	19	NOVOLIN R RELION.....	54	olanzapine.....	42
nitrofurantoin monohydrate		NOVOLIN R VIAL.....	54	olanzapine-fluoxetine hcl.....	25
macrocrystals.....	19	NOVOLOG 70/30 FLEXPEN		olmesartan medoxomil.....	59
nitroglycerin.....	65	RELION.....	54	olmesartan medoxomil-hctz.....	62
NITRO-TIME.....	65	NOVOLOG FLEXPEN.....	54	olmesartan-amlodipine-hctz.....	62
NITYR.....	83	NOVOLOG FLEXPEN		olopatadine hcl.....	116, 119
NIVA THYROID.....	98	RELION.....	54	OLPRUVA (2 GM DOSE).....	83
NIVESTYM.....	56	NOVOLOG MIX 70/30		OLPRUVA (3 GM DOSE).....	83
nizatidine.....	79	FLEXPEN.....	54	OLPRUVA (4 GM DOSE).....	83
NOCDURNA.....	89	NOVOLOG MIX 70/30		OLPRUVA (5 GM DOSE).....	83
nora-be.....	98	RELION.....	54	OLPRUVA (6 GM DOSE).....	83
NORDITROPIN FLEXPEN.....	89	NOVOLOG MIX 70/30 VIAL.....	54	OLPRUVA (6.67 GM DOSE)....	83
norelgestromin-eth estradiol.....	95	NOVOLOG PENFILL.....	54	OLUMIANT.....	103
norethin ace-eth estrad-fe.....	95	NOVOLOG RELION.....	54	OMECLAMOX-PAK.....	78
norethindrone.....	98	NOVOLOG U-100 VIAL.....	54	omega-3-acid ethyl esters.....	65
norethindrone acetate.....	98	NOVOSEVEN RT.....	57	omeprazole.....	82
norethindrone acet-ethinyl est...	95	NOXAFIL.....	29	omeprazole-sodium	
norethindrone-eth estradiol.....	95	np thyroid.....	99	bicarbonate.....	82
norethindron-ethinyl estrad-fe...	95	NUBEQA.....	32	OMNARIS.....	120
norethin-eth estradiol-fe.....	95	NUCALA.....	124	OMNIPOD 5 DEXG7G6	
NORGESIC.....	125	NUCYNTA.....	15	INTRO GEN 5.....	112
NORGESIC FORTE.....	125	NUCYNTA ER.....	13	OMNIPOD 5 DEXG7G6 PODS	
norgestimate-eth estradiol.....	95	NUDEXTA.....	67	GEN 5.....	112
norgestimate-ethinyl estradiol		NULEV.....	77	OMNIPOD 5 G7 INTRO (GEN	
triphasic.....	95	NUPLAZID.....	42	5).....	112
NORITATE.....	72	NURTEC.....	30	OMNIPOD 5 G7 PODS (GEN	
NORLIQVA.....	61	NUTROPIN AQ NUSPIN 10.....	89	5).....	112
norlyroc.....	98	NUTROPIN AQ NUSPIN 20.....	89	OMNIPOD 5 LIBRE2 PLUS G6	
normal saline flush.....	112	NUTROPIN AQ NUSPIN 5.....	89	.....	112
NORPACE CR.....	59	NUVESSA.....	19	OMNIPOD 5 LIBRE2 PLUS G6	
nortrel 0.5/35 (28).....	95	NUWIQ.....	57	PODS.....	112
nortrel 1/35 (21).....	95	NUZYRA.....	22	OMNIPOD CLASSIC PODS	
nortrel 1/35 (28).....	95	nyamyc.....	29	(GEN 3).....	112
nortrel 7/7/7.....	95	nylia 1/35.....	95	OMNIPOD DASH INTRO	
nortriptyline hcl.....	27	nylia 7/7/7.....	95	(GEN 4).....	112
NORVIR.....	46	NYMALIZE.....	61	OMNIPOD DASH PDM (GEN	
NOURIANZ.....	41	nystatin.....	29	4).....	112
NOVAREL.....	89	nystatin-triamcinolone.....	29	OMNIPOD DASH PODS (GEN	
NOVAVAX COVID-19		nystop.....	29	4).....	112
VACCINE.....	107	NYVEPRIA.....	56	OMNIPOD GO.....	112
NOVOEIGHT.....	57	OBIZUR.....	57	OMNITROPE.....	89
NOVOFINE AUTOCOVER		OCALIVA.....	83	OMVOH.....	103
PEN NEEDLE.....	112	ocella.....	95	ondansetron hcl.....	28

ondansetron odt.....	28	ORLADEYO.....	100	PEDIARIX.....	107
ONE DROP TEST.....	49	orphenadrine citrate er.....	125	PEDVAX HIB.....	107
ONETOUCH DELICA LANCETS 30G.....	49	orphenadrine-aspirin-caffeine.....	125	peg 3350.....	81
ONETOUCH DELICA LANCETS 33G.....	49	ORPHENGESIC FORTE.....	125	peg 3350-kcl-na bicarb-nacl.....	81
ONETOUCH DELICA SAFETY LANCING.....	50	ORSERDU.....	32	peg-3350/electrolytes.....	81
ONETOUCH FINEPOINT LANCETS.....	50	OSCIMIN.....	77	peg-3350/electrolytes/ascorbat.....	81
ONETOUCH ULTRA 2 KIT W/DEVICE.....	50	oseltamivir phosphate.....	46	PEGASYS.....	44
ONETOUCH ULTRA TEST STRIPS.....	50	OSENI.....	52	peg-kcl-nacl-nasulf-na asc-c.....	81
ONETOUCH VERIO FLEX SYSTEM.....	50	OSMOLEX ER.....	41	PEMAZYRE.....	35
ONETOUCH VERIO KIT W/DEVICE.....	50	OSPHENA.....	98	PENBRAYA.....	107
ONETOUCH VERIO REFLECT KIT W/DEVICE.....	50	OTEZLA.....	105	penciclovir.....	44
ONGENTYS.....	41	OTOVEL.....	119	penicillamine.....	85
ONUREG.....	34	OTREXUP.....	103	penicillin v potassium.....	20
ONZETRA XSAIL.....	30	OVIDREL.....	89	PENTACEL.....	107
opcicon one-step.....	98	OXAPROZIN.....	13	pentamidine isethionate.....	40
OPFOLDA.....	83	oxaprozin.....	13	PENTASA.....	108
OPSUMIT.....	123	OXAYDO.....	15	pentazocine-naloxone hcl.....	16
OPSYNVI.....	123	oxazepam.....	47	pentoxifylline er.....	62
OPTICHAMBER DIAMOND... OPTICHAMBER DIAMOND- LG MASK.....	112	OXBRYTA.....	56	PERFECT POINT SAFETY LANCETS.....	50
OPTICHAMBER DIAMOND- MD MASK.....	112	oxcarbazepine.....	24	perindopril erbumine.....	59
OPTICHAMBER DIAMOND- SM MASK.....	112	oxcarbazepine er.....	24	perio gard.....	70
option 2.....	98	OXERVATE.....	115	permethrin.....	40
OPTIONS GYNOL II CONTRACEPTIVE.....	85	oxiconazole nitrate.....	29	perphenazine.....	27
OPVEE.....	17	OXISTAT.....	29	perphenazine-amitriptyline.....	25
OPZELURA.....	73	oxybutynin chloride.....	84	PERSERIS.....	42
ORALAIR.....	124	oxybutynin chloride er.....	84	PERTZYE.....	83
oralone.....	70	oxycodone hcl.....	15, 16	PFIZER COVID-19 VAC-TRIS 5-11Y.....	107
ORAVIG.....	29	OXYCODONE HCL.....	16	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	107
ORENCIA.....	103	OXYCODONE HCL ER.....	14	PHEBURANE.....	83
ORENCIA CLICKJECT.....	103	OXYCODONE- ACETAMINOPHEN.....	16	phenelzine sulfate.....	25
ORENITRAM.....	123	oxycodone-acetaminophen.....	16	phenobarbital.....	23
ORENITRAM MONTH 1.....	123	OXYCONTIN.....	14	phenoxybenzamine hcl.....	58
ORENITRAM MONTH 2.....	123	oxymorphone hcl.....	16	phenylephrine hcl.....	116
ORENITRAM MONTH 3.....	123	oxymorphone hcl er.....	14	phenytek.....	24
ORFADIN.....	83	OXYTROL.....	84	phenytoin.....	24
ORGOVYX.....	32	OZEMPIC.....	52	phenytoin infatabs.....	24
ORIAHNN.....	95	OZOBAX.....	125	phenytoin sodium extended.....	24
ORILISSA.....	99	OZOBAX DS.....	125	PHEXXI.....	113
ORKAMBI.....	122	PALFORZIA.....	113	philith.....	95
		paliperidone er.....	42	PHOSPHOLINE IODIDE.....	116
		PALYNZIQ.....	83	PHOSPHO-TRIN K500.....	75
		PANCREAZE.....	83	phytonadione.....	77
		PANDEL.....	88	PIFELTRO.....	45
		PANRETIN.....	39	pilocarpine hcl.....	70, 116
		pantoprazole sodium.....	82	pimecrolimus.....	73
		paricalcitol.....	110	pimozide.....	42
		paroxetine hcl.....	26	pimtrea.....	95
		paroxetine hcl er.....	26	pindolol.....	60
		paroxetine mesylate.....	26	pioglitazone hcl.....	52
		PAXLOVID (150/100).....	43	pioglitazone hcl-glimepiride.....	52
		PAXLOVID (300/100).....	43		
		pazopanib hcl.....	38		

pioglitazone hcl-metformin hcl..	52	PRESTALIA.....	62	PURIXAN.....	33
PIQRAY.....	34	PRETOMANID.....	31	pyrazinamide.....	31
pirfenidone.....	124	prevalite.....	65	pyridostigmine bromide.....	31
piroxicam.....	13	PREVNAR 20.....	107	pyridostigmine bromide er.....	31
pitavastatin calcium.....	64	PREVYMIS.....	43	pyrimethamine.....	40
PLEGRIDY.....	69	PREZCOBIX.....	46	PYRUKYND.....	56
PLEGRIDY STARTER PACK...	69	PREZISTA.....	46	PYRUKYND TAPER PACK.....	56
PLENVU.....	81	PRIFTIN.....	31	QBRELIS.....	59
PLIAGLIS.....	16	PRIOLOSEC.....	82	QBREXZA.....	73
PNEUMOVAX 23.....	107	primaquine phosphate.....	40	qc magnesium citrate.....	81
POCKET SPACER.....	113	primidone.....	23	QDOLO.....	14
podofilox.....	73	PRIORIX.....	107	QELBREE.....	67
POKONZA.....	75	PRO COMFORT SPACER		QINLOCK.....	38
polycin.....	115	ADULT.....	113	QNASL.....	120
polyethylene glycol 3350.....	81	PRO COMFORT SPACER		QNASL CHILDRENS.....	120
polymyxin b-trimethoprim.....	115	CHILD.....	113	QTERN.....	52
POMALYST.....	32	PRO COMFORT SPACER		QUADRACEL.....	107
PONVORY.....	69	INFANT.....	113	quazepam.....	47
PONVORY STARTER PACK...	69	PROAIR DIGIHALER.....	122	quetiapine fumarate.....	43
portia-28.....	96	PROAIR RESPICLICK.....	122	quetiapine fumarate er.....	43
posaconazole.....	29	probenecid.....	30	QUILLICHEW ER.....	67
potassium chloride.....	75	PROCARE SPACER/ADULT		QUILLIVANT XR.....	67
potassium chloride crys er.....	75	MASK.....	113	quinapril hcl.....	59
potassium chloride er.....	75	PROCARE SPACER/CHILD		quinapril-hydrochlorothiazide....	62
potassium citrate er.....	75	MASK.....	113	quinidine gluconate er.....	59
potassium iodide.....	124	prochlorperazine.....	27	quinidine sulfate.....	59
PRADAXA.....	55	prochlorperazine maleate.....	27	quinine sulfate.....	40
PRALUENT.....	65	PROCRIT.....	56	QULIPTA.....	30
pramipexole dihydrochloride....	41	PROCTOCORT.....	109	QUVIVIQ.....	126
pramipexole dihydrochloride er.	41	PROCTOFOAM HC.....	109	QVAR REDIHALER.....	120
PRAMOSONE.....	73	procto-med hc.....	109	RABEPRAZOLE SODIUM.....	82
prasugrel hcl.....	58	proctosol hc.....	109	rabeprazole sodium.....	82
pravastatin sodium.....	64	proctozone-hc.....	109	RADICAVA ORS.....	67
praziquantel.....	40	PROCYSBI.....	83	RADICAVA ORS STARTER	
prazosin hcl.....	58	PROFILNINE.....	57	KIT.....	67
PRECISION XTRA BLOOD		progesterone.....	98	RADIOGARDASE.....	113
GLUCOSE.....	50	PROGRAF.....	103	RAGWITEK.....	113
PRED MILD.....	117	PROLATE.....	16	raloxifene hcl.....	98
prednisolone.....	88	PROMACTA.....	56	ramelteon.....	126
prednisolone acetate.....	117	promethazine hcl.....	27	ramipril.....	59
PREDNISOLONE ACETATE		promethegan.....	27	ranolazine er.....	62
P-F.....	117	propafenone hcl.....	59	rasagiline mesylate.....	41
prednisolone sodium		propafenone hcl er.....	59	RASUVO.....	103
phosphate.....	88, 118	propranolol hcl.....	60	RAVICTI.....	83
prednisone.....	88	propranolol hcl er.....	60	RAYALDEE.....	110
prednisone intensol.....	88	propylthiouracil.....	100	RAYOS.....	88
pregabalin.....	68	PROQUAD.....	107	react.....	98
pregabalin er.....	68	protriptyline hcl.....	27	REBIF.....	69
PREGNYL.....	89	PULMICORT FLEXHALER....	120	REBIF REBIDOSE.....	69
PREHEVBRIO.....	107	PULMOSAL.....	125	REBIF REBIDOSE	
PREMARIN.....	96	PULMOZYME.....	122	TITRATION PACK.....	69
PREMPHASE.....	96	PURE COMFORT SPACER		REBIF TITRATION PACK.....	69
PREMPRO.....	96	CHAMBER.....	113	REBINYN.....	58

reclipsen.....	96	roflumilast.....	122	SFROWASA.....	108
RECOMBINATE.....	58	ROLVEDON.....	56	sharobel.....	98
RECOMBIVAX HB.....	107	ropinirole hcl.....	41	SHINGRIX.....	108
RECORLEV.....	90	ropinirole hcl er.....	41	SIGNIFOR.....	99
REGRANEX.....	73	rosuvastatin calcium.....	64	SIKLOS.....	33
RELAFEN DS.....	13	ROSZET.....	65	sildenafil citrate.....	123
RELENZA DISKHALER.....	46	ROTARIX.....	108	SILIQ.....	73
RELEUKO.....	56	ROTATEQ.....	108	silodosin.....	85
RELEXXII.....	67	roweepra.....	22	silver sulfadiazine.....	19
RELION PREMIER TEST.....	50	ROXYBOND.....	16	SIMBRINZA.....	117
RELISTOR.....	78	ROZLYTREK.....	34	SIMLANDI (1 PEN).....	103
RELTONE.....	78	RUBRACA.....	35	SIMLANDI (2 PEN).....	103
RENACIDIN.....	85	RUCONEST.....	100	simliya.....	96
repaglinide.....	52	rufinamide.....	24	simpesse.....	96
REPATHA.....	65	RUKOBIA.....	46	SIMPONI.....	103
REPATHA PUSHTRONEX		RYALTRIS.....	125	simvastatin.....	64
SYSTEM.....	65	RYBELSUS.....	52	sirolimus.....	103
REPATHA SURECLICK.....	65	RYCLORA.....	119	SIRTURO.....	31
RESTASIS MULTIDOSE.....	115	RYDAPT.....	38	SITAGLIPTIN.....	52
RETACRIT.....	56	RYKINDO.....	43	SITAGLIPTIN BASE-	
RETEVMO.....	38	RYTARY.....	41	METFORMIN HCL.....	52
RETIN-A MICRO PUMP.....	73	ryvent.....	119	SITAVIG.....	44
REVCОВI.....	83	SAIZEN.....	90	SIVEXTRO.....	19
REVLIMID.....	32	sajazir.....	100	SKYCLARYS.....	68
REXTOVY.....	17	salsalate.....	13	SKYRIZI.....	73, 103
REXULTI.....	43	SANCUSO.....	28	SKYRIZI PEN.....	103
REYATAZ.....	46	SANDIMMUNE.....	103	SKYTROFA.....	90
REYVOW.....	30	SANTYL.....	73	SLYND.....	98
REZDIFFRA.....	78	sapropterin dihydrochloride.....	83	sm milk of magnesia.....	81
REZLIDHIA.....	38	SAVAYSA.....	55	SOANZ.....	63
REZUROCK.....	103	SAVELLA.....	68	sodium chloride.....	85, 125
REZVOGLAR KWIKPEN.....	55	SAVELLA TITRATION PACK...	68	sodium chloride flush.....	113
RHOPRESSA.....	116	saxagliptin hcl.....	52	sodium fluoride.....	75
ribavirin.....	44	saxagliptin-metformin er.....	52	SODIUM OXYBATE.....	126
RIDAURA.....	105	SCSEMBLIX.....	38	sodium phenylbutyrate.....	83, 84
rifabutin.....	31	scopolamine.....	27	sodium polystyrene sulfonate...	76
rifampin.....	31	SECUADO.....	43	sodium sulfacetamide wash.....	73
riluzole.....	67	SEGLENTIS.....	16	SOFOSBUVIR-VELPATASVIR.....	44
rimantadine hcl.....	46	SEGLUROMET.....	52	SOGROYA.....	90
RINVOQ.....	105	selegiline hcl.....	41	SOHONOS.....	113
RINVOQ LQ.....	105	selenium sulfide.....	73	solifenacin succinate.....	84
risedronate sodium.....	110	SELZENTRY.....	46	SOLIQUA.....	52
risperidone.....	43	SEMGLEE (YFGN).....	55	SOLOSEC.....	19
risperidone microspheres er.....	43	SEREVENT DISKUS.....	122	SOLTAMOX.....	33
ritonavir.....	46	SERNIVO.....	88	SOLU-CORTEF.....	88
rivastigmine.....	25	SEROSTIM.....	78	SOMAVERT.....	99
rivastigmine tartrate.....	25	SERTRALINE HCL.....	26	sorafenib tosylate.....	38
rivelsa.....	96	sertraline hcl.....	26	SORILUX.....	73
RIVFLOZA.....	85	setlakin.....	96	sotalol hcl.....	60
RIVIVE.....	17	sevelamer carbonate.....	76	sotalol hcl (af).....	59
RIXUBIS.....	58	sevelamer hcl.....	76	SOTYKTU.....	73
rizatriptan benzoate.....	30	SEVENFACT.....	58	SOTYLIZE.....	60
ROCKLATAN.....	116	SEYSARA.....	22	SOVALDI.....	44

SOVUNA.....	40	SUTAB.....	81	telmisartan-hctz.....	62
SPEVIGO.....	73	syeda.....	96	temazepam.....	126
SPIKEVAX.....	108	SYMBICORT.....	120	temozolomide.....	32
spinosad.....	40	SYMDEKO.....	122	TENCON.....	16
SPIRIVA RESPIMAT.....	121	SYMJEPI.....	122	TENIVAC.....	108
spironolactone.....	63	SYMLINPEN 120.....	52	tenofovir disoproxil fumarate.....	45
spironolactone-hctz.....	62	SYMLINPEN 60.....	52	TEPMETKO.....	38
sprintec 28.....	96	SYMPAZAN.....	23	terazosin hcl.....	85
SPRITAM.....	22	SYMPROIC.....	78	terbinafine hcl.....	29
SPRIX.....	13	SYMTUZA.....	46	terbutaline sulfate.....	122
SPS.....	76	SYNAREL.....	99	terconazole.....	29
sronyx.....	96	SYNDROS.....	28	teriflunomide.....	69
ssd.....	19	SYNJARDY.....	52	teriparatide.....	110
SSKI.....	125	SYNJARDY XR.....	52	TERIPARATIDE.....	110
sss 10-5.....	73	SYNRIBO.....	34	testosterone.....	90, 91
STEGLATRO.....	52	TABLOID.....	33	testosterone cypionate.....	90
STEGLUJAN.....	52	TABRECTA.....	38	testosterone enanthate.....	90
STELARA.....	73	tacrolimus.....	73, 103	tetrabenazine.....	68
sterile water for irrigation.....	113	tadalafil (pah).....	123	tetracycline hcl.....	22
STIMUFEND.....	56	TADLIQ.....	123	TETRACYCLINE HCL.....	22
STIOLTO RESPIMAT.....	125	TAFINLAR.....	38	TEXACORT.....	88
STIVARGA.....	38	tafluprost (pf).....	118	TEZSPIRE.....	125
STRENSIQ.....	84	TAGRISO.....	38	THALITONE.....	63
STRIBILD.....	45	take action.....	98	THALOMID.....	32
STRIVERDI RESPIMAT.....	122	TAKHZYRO.....	100	THEO-24.....	122
subvenite.....	23	TALICIA.....	78	theophylline.....	123
subvenite starter kit-blue.....	23	TALTZ.....	73	theophylline er.....	123
subvenite starter kit-green.....	24	TALZENNA.....	35	thioridazine hcl.....	42
subvenite starter kit-orange.....	24	tamoxifen citrate.....	33	thiothixene.....	42
SUCRAID.....	84	tamsulosin hcl.....	85	THYQUIDITY.....	99
sucrafate.....	81	TAPERDEX 12-DAY.....	88	thyroid.....	99
SUFLAVE.....	81	TAPERDEX 6-DAY.....	88	tiadylt er.....	61
SULCONAZOLE NITRATE.....	29	TAPERDEX 7-DAY.....	88	tiagabine hcl.....	23
sulfacetamide sodium.....	73, 118	tarina 24 fe.....	96	TIBSOVO.....	38
sulfacetamide sodium (acne)....	73	tarina fe 1/20 eq.....	96	TIGLUTIK.....	68
sulfacetamide sodium-sulfur.....	73	TARPEYO.....	109	tilia fe.....	96
sulfacetamide sod-sulfur wash..	73	TASCENSO ODT.....	69	timolol maleate.....	60, 117
sulfacetamide-prednisolone....	115	TASIGNA.....	38	timolol maleate (once-daily)....	117
sulfadiazine.....	20	tasimelteon.....	126	timolol maleate ocudose.....	117
sulfamethoxazole-trimethoprim..	21	tavaborole.....	29	timolol maleate pf.....	117
SULFAMYLON.....	19	TAVALISSE.....	58	tinidazole.....	19
sulfasalazine.....	109	TAVNEOS.....	113	tiopronin.....	85
sulfatrim pediatric.....	21	taysofy.....	96	tiotropium bromide	
sulindac.....	13	tazarotene.....	73, 74	monohydrate.....	121
sumatriptan.....	30	TAZAROTENE.....	74	TIROSINT.....	99
sumatriptan succinate.....	30	taztia xt.....	61	TIROSINT-SOL.....	99
sumatriptan succinate refill		TAZVERIK.....	34	TIS-U-SOL.....	113
subcutaneous solution		TDVAX.....	108	TIVICAY.....	45
cartridge.....	30	TECHLITE LANCETS 26G.....	50	TIVICAY PD.....	45
sumatriptan-naproxen sodium..	31	TEGLUTIK.....	68	tizanidine hcl.....	125
sunitinib malate.....	38	TEGSEDI.....	84	TLANDO.....	91
SUNLENCA.....	46	telmisartan.....	59	TOBI PODHALER.....	122
SUNOSI.....	126	telmisartan-amlodipine.....	62	TOBRADEX.....	114

TOBRADEX ST.....	114	trientine hcl.....	76	TYVASO DPI MAINTENANCE	
tobramycin.....	114, 122	tri-estarylla.....	96	KIT.....	123
tobramycin-dexamethasone....	114	trifluoperazine hcl.....	42	TYVASO DPI TITRATION KIT	123
TOBREX.....	114	trifluridine.....	115	TYVASO REFILL KIT.....	123
TODAY SPONGE.....	85	trihexyphenidyl hcl.....	40	TYVASO STARTER KIT.....	124
TOLAK.....	34	TRIJARDY XR.....	52	UBRELVY.....	30
tolcapone.....	41	TRIKAFTA.....	122	UDENYCA.....	56
TOLECTIN 600.....	13	tri-legest fe.....	96	ULTRAVATE.....	88
tolmetin sodium.....	13	tri-linyah.....	96	unithroid.....	99
TOLSURA.....	29	tri-lo-estarylla.....	96	UPNEEQ.....	116
tolterodine tartrate.....	84	tri-lo-marzia.....	96	UPTRAVI.....	124
tolterodine tartrate er.....	84	tri-lo-mili.....	96	UPTRAVI TITRATION.....	124
tolvaptan.....	76	tri-lo-sprintec.....	96	URSODIOL.....	78
topiramate.....	24	trimethobenzamide hcl.....	27	ursodiol.....	78
topiramate er.....	24	trimethoprim.....	19	UZEDY.....	43
toremifene citrate.....	33	tri-mili.....	96	VAFSEO.....	57
torpenz.....	38	trimipramine maleate.....	27	valacyclovir hcl.....	44
torse mide.....	63	TRINTELLIX.....	26	VALCHLOR.....	32
TOSYMRA.....	31	tri-nymyo.....	96	valganciclovir hcl.....	43
TOUJEO MAX SOLOSTAR.....	55	tri-sprintec.....	96	valproic acid.....	23
TOUJEO SOLOSTAR.....	55	TRIUMEQ.....	45	VALSARTAN.....	59
tovet.....	88	TRIUMEQ PD.....	45	valsartan.....	59
TRACLEER.....	123	trivora (28).....	96	valsartan-hydrochlorothiazide...	62
TRADJENTA.....	52	tri-vylibra.....	96	VALTOCO.....	23
TRAMADOL HCL (ER		tri-vylibra lo.....	96	vancomycin hcl.....	19
BIPHASIC).....	14	TRIZIVIR.....	46	VANDAZOLE.....	19
tramadol hcl (er biphasic).....	14	tropicamide.....	115	VANFLYTA.....	39
tramadol hcl er.....	14	tropium chloride.....	84	VAQTA.....	108
TRAMADOL HCL IR.....	14	tropium chloride er.....	84	varenicline tartrate.....	18
tramadol hcl ir.....	16	TRUDHESA.....	30	varenicline tartrate (starter).....	18
tramadol-acetaminophen.....	16	TRUE COVER.....	113	varenicline tartrate(continue)....	18
trandolapril.....	59	true laxative.....	81	VARIVAX.....	108
trandolapril-verapamil hcl er.....	62	TRUE METRIX BLOOD		VARUBI (180 MG DOSE).....	28
tranexamic acid.....	58	GLUCOSE TEST.....	50	VAXELIS.....	108
tranylcypromine sulfate.....	25	TRUETRACK TEST.....	50	VAXNEUVANCE.....	108
travoprost (bak free).....	118	TRULANCE.....	78	VCF VAGINAL	
trazodone hcl.....	26	TRULICITY.....	52	CONTRACEPTIVE.....	85
TRECTOR.....	31	TRUMENBA.....	108	VECAMYL.....	62
TRELEGY ELLIPTA.....	125	TRUQAP.....	38	velivet.....	96
TREMFYA.....	74	TUDORZA PRESSAIR.....	121	VELPHORO.....	76
TRESIBA.....	55	TUKYSA.....	38	VELSIPITY.....	105
TRESIBA FLEXTOUCH.....	55	TURALIO.....	38	VELTASSA.....	76
tretinoin.....	39, 74	turqoz.....	96	VEMLIDY.....	43
tretinoin microsphere.....	74	TWINRIX.....	108	VENCLEXTA.....	39
tretinoin microsphere pump.....	74	TWIRLA.....	96	VENCLEXTA STARTING	
TRETTEN.....	58	TWYNEO.....	74	PACK.....	39
TREXALL.....	103	TYBLUME.....	96	VENLAFAXINE BESYLATE	
triamcinolone acetonide.....	70, 88	TYBOST.....	45	ER.....	26
triamcinolone in absorbbase.....	88	tydemy.....	96	venlafaxine hcl.....	26
triamterene.....	63	TYENNE.....	105	venlafaxine hcl er.....	26
triamterene-hctz.....	62	TYMLOS.....	110	VENTAVIS.....	124
triazolam.....	126	TYRVAYA.....	115	VENTOLIN HFA.....	122
triderm.....	88	TYVASO.....	123	VEOZAH.....	113

verapamil hcl.....	61	VORTEX VALVED HOLDING		XIFAXAN.....	19
verapamil hcl er.....	61	CHAMBER.....	113	XIGDUO XR.....	52
VEREGEN.....	74	VOSEVI.....	44	XIIDRA.....	115
VERIFINE SAFE LANCET		VOWST.....	78	XIMINO.....	22
MINI 21G.....	50	VOXZOGO.....	84	XOFLUZA (40 MG DOSE).....	46
VERIFINE SAFE LANCET		VOYDEYA.....	55	XOFLUZA (80 MG DOSE).....	47
MINI 23G.....	50	VRAYLAR.....	43	XOLAIR.....	105
VERIFINE SAFE LANCET		VTAMA.....	74	XOLREMDI.....	57
MINI 28G.....	50	VUMERITY.....	69	XOPENEX HFA.....	122
VERIFINE SAFE LANCET		VUSION.....	29	XOSPATA.....	39
MINI 30G.....	50	vyfemla.....	97	XPHOZAH.....	114
VERKAZIA.....	115	vylibra.....	97	XPOVIO (100 MG ONCE	
VERQUVO.....	62	VYNDAMAX.....	62	WEEKLY).....	34
VERSACLOZ.....	43	VYNDAQEL.....	62	XPOVIO (40 MG ONCE	
VERZENIO.....	34	VYVANSE.....	66	WEEKLY).....	34
VESICARE LS.....	84	VYZULTA.....	118	XPOVIO (40 MG TWICE	
vestura.....	97	WAINUA.....	84	WEEKLY).....	34
VEVYE.....	115	WAKIX.....	126	XPOVIO (60 MG ONCE	
V-GO 20.....	113	warfarin sodium.....	55	WEEKLY).....	34
V-GO 30.....	113	water for irrigation, sterile.....	113	XPOVIO (60 MG TWICE	
V-GO 40.....	113	WELIREG.....	34	WEEKLY).....	34
VIBERZI.....	79	wera.....	97	XPOVIO (80 MG ONCE	
VICTOZA.....	52	WIDE-SEAL DIAPHRAGM 60	113	WEEKLY).....	35
vienva.....	97	WIDE-SEAL DIAPHRAGM 65	113	XPOVIO (80 MG TWICE	
vigabatrin.....	23	WIDE-SEAL DIAPHRAGM 70	114	WEEKLY).....	35
vigadrone.....	23	WIDE-SEAL DIAPHRAGM 75	114	XTAMPZA ER.....	14
VIGAFYDE.....	23	WIDE-SEAL DIAPHRAGM 80	114	XTANDI.....	32
vigpoder.....	23	WIDE-SEAL DIAPHRAGM 85	114	xulane.....	97
VIJOICE.....	39	WIDE-SEAL DIAPHRAGM 90	114	XULTOPHY.....	52
vilazodone hcl.....	26	WIDE-SEAL DIAPHRAGM 95	114	XURIDEN.....	84
VIOKACE.....	84	WILATE.....	58	XYNTHA.....	58
viorele.....	97	WINLEVI.....	74	XYNTHA SOLOFUSE.....	58
VIRACEPT.....	46	WINREVAIR.....	124	XYOSTED.....	91
VIREAD.....	46	wixela inhub.....	120	XYREM.....	126
VISTOGARD.....	113	wymzya fe.....	97	XYWAV.....	126
vitamin d (ergocalciferol).....	77	WYNZORA.....	74	yargesa.....	84
vitamin k1.....	77	XACIATO.....	19	yl folic acid.....	77
VITRAKVI.....	39	XADAGO.....	41	YONSA.....	32
VIVAGUARD INO TEST		XALKORI.....	39	YOSPRALA.....	58
STRIPS.....	50	XARELTO.....	55	YUFLYMA (1 PEN).....	103
VIVAGUARD LANCETS 30G...	50	XARELTO STARTER PACK....	55	YUFLYMA (2 PEN).....	103
VIVAGUARD SAFETY		XATMEP.....	103	YUFLYMA (2 SYRINGE).....	104
LANCETS 28G.....	50	XCOPRI.....	23	YUFLYMA-CD/UC/HS	
VIVJOA.....	29	XDEMVI.....	115	STARTER.....	104
VIZIMPRO.....	39	XELJANZ.....	103	YUPELRI.....	121
volnea.....	97	XELJANZ XR.....	103	YUSIMRY.....	104
VONJO.....	34	XELPROS.....	118	yuvafem.....	97
VONVENDI.....	58	XELSTRYM.....	66	zafemy.....	97
VOQUEZNA.....	78	XEMBIFY.....	104	zafirlukast.....	121
VOQUEZNA DUAL PAK.....	78	XEPI.....	19	zaleplon.....	126
VOQUEZNA TRIPLE PAK.....	78	XERESE.....	44	ZARXIO.....	57
voriconazole.....	29	XERMELO.....	78	ZAVZPRET.....	30
		XHANCE.....	120	ZEGALOGUE.....	53

ZEJULA.....	35
ZELAPAR.....	41
ZELBORAF.....	39
ZEMBRACE SYMTOUCH.....	31
zenatane.....	74
ZENPEP.....	84
ZEPATIER.....	44
ZEPOSIA.....	69
ZEPOSIA 7-DAY STARTER PACK.....	69
ZEPOSIA STARTER KIT.....	69
ZERVIAE.....	116
ZETONNA.....	121
zidovudine.....	46
ZIEXTENZO.....	57
ZILBRYSQ.....	114
zileuton er.....	121
ZILXI.....	74
ZIMHI.....	17
ziprasidone hcl.....	43
ZIRGAN.....	115
ZITUVIO.....	52
ZOKINVY.....	114
ZOLINZA.....	35
zolmitriptan.....	31
ZOLPIDEM TARTRATE.....	126
zolpidem tartrate.....	126
zolpidem tartrate er.....	126
ZOMACTON.....	90
ZOMIG.....	31
ZONISADE.....	22
zonisamide.....	22
ZONTIVITY.....	55
ZORBTIVE.....	78
ZORVOLEX.....	13
ZORYVE.....	74
zovia 1/35 (28).....	97
ZTALMY.....	23
ZTLIDO.....	16
ZUBSOLV.....	17
zumandimine.....	97
ZURZUVAE.....	25
ZYCLARA PUMP.....	74
ZYDELIG.....	39
ZYFLO.....	121
ZYKADIA.....	39
ZYLET.....	116
ZYMFENTRA (1 PEN).....	104
ZYMFENTRA (2 PEN).....	104
ZYMFENTRA (2 SYRINGE)...	104
ZYPITAMAG.....	64
ZYPREXA RELPREVV.....	43

We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge.

Call 877-469-2583 TTY: 711 or speak to your provider.

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

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

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

අවධානය යොමු කිරීම: ඔබ ඉංග්‍රීසි භාෂාවේ දී සන්නිවේදන සේවාවන් භාවිතා කිරීම සඳහා නොමිලේ සහාය සේවාවන් ලබා දීමට සූදානම් වෙමු. තවද, තොරතුරු ලබා දීම සඳහා අනෙකුත් සහාය සේවාවන්ද නොමිලේ ලබා දීමට සූදානම් වෙමු. 877-469-2583 TTY: 711 හිටින විට හෝ ඔබගේ සේවා සපයන්නා සමඟ කතා කරන්න.

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

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

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

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

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

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

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

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

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

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

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

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

Discrimination is against the law

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

Blue Cross Blue Shield of Michigan and Blue Care Network:

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

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

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

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

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

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

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

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



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

bcbsm.com/pharmacy

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

Blue Cross Blue Shield of Michigan Custom Select Drug List