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# Your 2025 Blue Care Network Custom Select Drug List

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## HMO

Blue Cross<sup>®</sup> Local HMO

Blue Cross<sup>®</sup> Metro Detroit HMO

Blue Cross<sup>®</sup> Preferred HMO

Blue Cross<sup>®</sup> Select HMO

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

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

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

BCN PCP Focus

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

BCN HMO<sup>SM</sup>

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

HRA<sup>SM</sup> HMO

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

BCN HSA<sup>SM</sup> HMO

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

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

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 Care Network Custom Select Drug List

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

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

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

## About this drug list

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

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

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

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

## Nonformulary (not covered) drugs

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

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

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

## **Preferred alternatives for nonpreferred and nonformulary (not covered) drugs**

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

## **Specialty drugs**

For more information on specialty drugs, see the **Specialty Drug Program Pharmacy Benefit Member Guide**. Specialty drugs are limited to a 30-day supply. Select specialty drugs are managed by the **15-Day Specialty Drug Limitation Program**. Drugs included on this list are limited to a 15-day supply for all fills. Members pay half their usual out-of-pocket cost for a 15-day supply. For more details, visit [bcbsm.com/pharmacy](http://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](http://bcbsm.com/pharmacy). For information specific to your prescription drug benefits, check your plan documents.

## **New generics**

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

## **Brand-for-generic substitution**

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

## **Prescription coverage**

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

## **Vaccines**

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

# Reading your drug list

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

## Tier information

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

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

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

## Drug list information

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

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

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# How to fill a prescription

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

- **Specialty drugs**

- Local retail pharmacy

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

- Limited-distribution specialty drugs

- Pharmacy options vary based on the drug. Refer to the [Specialty Drug Program Pharmacy Benefit Member Guide](#), and search for the drug you take.

- Home delivery

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

- **All other drugs**

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

- Mail order

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

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

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

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

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

# How prior authorization, step therapy and quantity limits work

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## Prior authorization

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

## Step therapy

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

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

## Quantity limits

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

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

## How to request authorization

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

### To request coverage of a drug:

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

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

Doctors can request authorization one of four ways:

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

**This document is current at the time of publication and subject to change. Go to [bcbsm.com/pharmacy](https://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](https://bcbsm.com) and type “How Health Insurance Works” in the search field.

### **Send us your feedback**

Please send your comments and suggestions about this list to:

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



# BCN Custom Select Drug List - February 2025

## Table of Contents

<b>Analgesics</b>	10
<b>Anesthetics</b>	14
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>	15
<b>Antibacterials</b>	16
<b>Anticonvulsants</b>	19
<b>Antidementia Agents</b>	21
<b>Antidepressants</b>	22
<b>Antiemetics</b>	24
<b>Antifungals</b>	25
<b>Antigout Agents</b>	26
<b>Antimigraine Agents</b>	26
<b>Antimyasthenic Agents</b>	27
<b>Antimycobacterials</b>	28
<b>Antineoplastics</b>	28
<b>Antiparasitics</b>	33
<b>Antiparkinson Agents</b>	34
<b>Antipsychotics</b>	35
<b>Antivirals</b>	37
<b>Anxiolytics</b>	40
<b>Bipolar Agents</b>	40
<b>Blood Glucose Monitoring</b>	40
<b>Blood Glucose Regulators</b>	43
<b>Blood Products and Modifiers</b>	47
<b>Cardiovascular Agents</b>	50
<b>Central Nervous System Agents</b>	57
<b>Cholestatic Pruritus Agent</b>	60
<b>Dental and Oral Agents</b>	60
<b>Dermatological Agents</b>	60
<b>Electrolytes/Minerals/Metals/Vitamins</b>	64
<b>Gastrointestinal Agents</b>	66
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>	70
<b>Genitourinary Agents</b>	71
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>	72
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>	75
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>	76
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>	76
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>	84
<b>Hormonal Agents, Suppressant (Adrenal)</b>	84
<b>Hormonal Agents, Suppressant (Pituitary)</b>	84
<b>Hormonal Agents, Suppressant (Thyroid)</b>	85
<b>Immunological Agents</b>	85
<b>Inflammatory Bowel Disease Agents</b>	91
<b>Metabolic Bone Disease Agents</b>	92
<b>Miscellaneous Therapeutic Agents</b>	92
<b>Ophthalmic Agents</b>	95
<b>Otic Agents</b>	99
<b>Respiratory Tract/Pulmonary Agents</b>	99
<b>Skeletal Muscle Relaxants</b>	104
<b>Sleep Disorder Agents</b>	105

Drug Name	Drug Tier	Notes
<b>Analgesics</b>		
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
aspirin 81 oral tablet delayed release	Preventive	PV1
aspirin adult low dose	Preventive	PV1
aspirin adult low strength	Preventive	PV1
aspirin childrens	Preventive	PV1
aspirin ec adult low dose	Preventive	PV1
aspirin ec low dose	Preventive	PV1
aspirin ec low strength	Preventive	PV1
aspirin low dose	Preventive	PV1
aspirin oral tablet chewable	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Preventive	PV1
aspirin regimen	Preventive	PV1
celecoxib oral	Preferred generic	
COXANTO	Not covered	QL
DICLOFENAC PATCH 1.3%	Not covered	ABA; QL
diclofenac potassium oral capsule	Not covered	QL
diclofenac potassium oral tablet 25 mg	Not covered	
diclofenac potassium oral tablet 50 mg	Nonpreferred generic	
diclofenac sodium er	Nonpreferred generic	
diclofenac sodium external gel 1 %	Nonpreferred generic	QL
diclofenac sodium external solution 1.5 %	Nonpreferred generic	
diclofenac sodium external solution 2 %	Not covered	QL
diclofenac sodium oral	Preferred generic	
diclofenac-misoprostol	Nonpreferred generic	
diflunisal oral	Nonpreferred generic	
DOLOBID	Not covered	
ec-naproxen	Preferred generic	
ELYXYB	Not covered	
etodolac	Nonpreferred generic	
etodolac er	Nonpreferred generic	
fenoprofen calcium oral capsule 200 mg	Not covered	QL
fenoprofen calcium oral capsule 400 mg	Nonpreferred generic	QL
fenoprofen calcium oral tablet	Not covered	QL
FLECTOR	Not covered	QL
flurbiprofen oral	Nonpreferred generic	

Drug Name	Drug Tier	Notes
ft aspirin low dose	Preventive	PV1
ft aspirin oral tablet chewable	Preventive	PV1
goodsense aspirin low dose	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Preferred generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Preferred generic	
ibuprofen-famotidine	Not covered	QL
indomethacin er	Nonpreferred generic	
indomethacin oral capsule	Nonpreferred generic	
indomethacin oral suspension	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	Not covered	QL
indomethacin rectal suppository 50 mg	Nonpreferred generic	QL
ketoprofen er	Nonpreferred generic	
ketoprofen oral capsule 25 mg	Nonpreferred generic	PA; QL
ketoprofen oral capsule 50 mg	Nonpreferred generic	
ketorolac tromethamine injection	Nonpreferred generic	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	Nonpreferred brand	
ketorolac tromethamine intramuscular solution 60 mg/2ml	Nonpreferred generic	
ketorolac tromethamine oral	Nonpreferred generic	QL
LICART	Not covered	QL
meclofenamate sodium oral	Nonpreferred generic	
mefenamic acid oral	Nonpreferred generic	
meloxicam oral capsule	Not covered	QL
MELOXICAM ORAL SUSPENSION	Not covered	ABA
meloxicam oral tablet	Preferred generic	
mm aspirin	Preventive	PV1
nabumetone oral	Nonpreferred generic	
naproxen dr	Preferred generic	
naproxen oral suspension	Nonpreferred generic	
naproxen oral tablet	Preferred generic	
naproxen oral tablet delayed release	Preferred generic	
naproxen sodium er	Not covered	
naproxen sodium oral tablet 275 mg, 550 mg	Preferred generic	
naproxen-esomeprazole mg	Not covered	QL
OXAPROZIN ORAL CAPSULE	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
oxaprozin oral tablet	Nonpreferred generic	
piroxicam oral	Nonpreferred generic	
RELAFEN DS	Not covered	
salsalate oral	Nonpreferred generic	
SPRIX	Not covered	QL
sulindac oral	Nonpreferred generic	
TOLECTIN 600	Not covered	
tolmetin sodium oral capsule	Not covered	
tolmetin sodium oral tablet 600 mg	Nonpreferred generic	
TRIFENA PAIN RELIEF	Not covered	
<b>Opioid Analgesics, Long-acting</b>		
BELBUCA	Not covered	QL
buprenorphine	Nonpreferred generic	QL
CONZIP	Not covered	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Nonpreferred generic	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	Not covered	QL
hydrocodone bitartrate er oral capsule extended release 12 hour	Nonpreferred generic	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	Not covered	QL
hydromorphone hcl er	Not covered	QL
levorphanol tartrate oral	Nonpreferred generic	PA; QL
methadone hcl intensol	Nonpreferred generic	
methadone hcl oral concentrate	Nonpreferred generic	
methadone hcl oral solution	Nonpreferred generic	
methadone hcl oral tablet	Nonpreferred generic	
morphine sulfate er beads	Not covered	QL
morphine sulfate er oral capsule extended release 24 hour	Not covered	QL
morphine sulfate er oral tablet extended release	Nonpreferred generic	QL
NUCYNTA ER	Nonpreferred brand	PA; QL
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	Not covered	QL
OXYCONTIN	Not covered	QL
oxymorphone hcl er	Nonpreferred generic	PA; QL

Drug Name	Drug Tier	Notes
QDOLO	Not covered	QL
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Not covered	ABA
tramadol hcl (er biphasic) oral tablet extended release 24 hour	Nonpreferred generic	
tramadol hcl er	Nonpreferred generic	
TRAMADOL HCL ORAL SOLUTION	Not covered	ABA; QL
XTAMPZA ER	Preferred brand	PA; QL
<b>Opioid Analgesics, Short-acting</b>		
acetaminophen-codeine	Nonpreferred generic	
ALLZITAL	Not covered	
APADAZ	Not covered	QL
apap-caff-dihydrocodeine	Nonpreferred generic	
ascomp-codeine	Nonpreferred generic	
bac	Nonpreferred generic	
BENZHYDROCODONE-ACETAMINOPHEN	Not covered	ABA; QL
butalbital-acetaminophen capsule 50-300 mg oral	Not covered	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	Not covered	
butalbital-acetaminophen oral tablet 50-300 mg	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Nonpreferred generic	
butalbital-apap-caff-cod	Nonpreferred generic	
butalbital-apap-caffeine	Nonpreferred generic	
butalbital-asa-caff-codeine	Nonpreferred generic	
butalbital-aspirin-caffeine	Nonpreferred generic	
butorphanol tartrate nasal	Nonpreferred generic	
codeine sulfate	Nonpreferred generic	
endocet	Nonpreferred generic	
fentanyl citrate buccal lozenge on a handle	Nonpreferred generic	PA; QL
FENTANYL CITRATE BUCCAL TABLET	Not covered	ABA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Not covered	QL
hydrocodone-acetaminophen oral solution 10-325 mg/15ml, 7.5-325 mg/15ml	Nonpreferred generic	
hydrocodone-acetaminophen oral tablet	Nonpreferred generic	
hydrocodone-ibuprofen	Nonpreferred generic	
hydromorphone hcl oral	Nonpreferred generic	

Drug Name	Drug Tier	Notes
hydromorphone hcl rectal	Nonpreferred generic	
meperidine hcl oral solution	Nonpreferred generic	
meperidine hcl oral tablet	Not covered	
morphine sulfate (concentrate)	Nonpreferred generic	
morphine sulfate oral	Nonpreferred generic	
morphine sulfate rectal	Nonpreferred generic	
nalbuphine hcl injection	Nonpreferred generic	
NALOCET	Not covered	
NUCYNTA	Nonpreferred brand	PA; QL
oxycodone hcl oral capsule	Nonpreferred generic	QL
oxycodone hcl oral concentrate	Nonpreferred generic	QL
oxycodone hcl oral solution	Nonpreferred generic	QL
oxycodone hcl oral tablet	Nonpreferred generic	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 15 MG	Not covered	ABA
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT 30 MG, 5 MG	Not covered	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Nonpreferred generic	
oxymorphone hcl	Nonpreferred generic	QL
pentazocine-naloxone hcl	Nonpreferred generic	
PROLATE	Not covered	
ROXYBOND	Not covered	
SEGLENTIS	Not covered	
TENCON	Not covered	
tramadol hcl oral tablet 100 mg	Nonpreferred generic	
tramadol hcl oral tablet 25 mg, 75 mg	Not covered	
tramadol hcl oral tablet 50 mg	Preferred generic	
tramadol-acetaminophen	Nonpreferred generic	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
glydo	Nonpreferred generic	
lidocaine external ointment 5 %	Not covered	

Drug Name	Drug Tier	Notes
lidocaine external patch 5 %	Not covered	
lidocaine hcl external solution	Nonpreferred generic	
lidocaine hcl mouth/throat	Nonpreferred generic	
lidocaine hcl urethral/mucosal	Nonpreferred generic	
lidocaine viscous hcl	Nonpreferred generic	
lidocaine-prilocaine external cream	Nonpreferred generic	
LIDOCAN	Nonpreferred brand	
PLIAGLIS	Not covered	
ZTLIDO	Not covered	QL
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium	Nonpreferred generic	
disulfiram oral	Nonpreferred generic	
naltrexone hcl oral	Preferred generic	
<b>Opioid Dependence Treatments</b>		
buprenorphine hcl sublingual	Nonpreferred generic	QL
buprenorphine hcl-naloxone hcl	Nonpreferred generic	QL
lofexidine hcl	Nonpreferred generic	QL
ZUBSOLV	Preferred brand	QL
<b>Opioid Reversal Agents</b>		
KLOXXADO	Preferred brand	QL
naloxone hcl injection	Preferred generic	
naloxone hcl nasal	Preferred generic	QL
NARCAN	Preferred brand	QL
OPVEE	Preferred brand	QL
REXTOVY	Preferred brand	QL
RIVIVE	Preferred brand	QL
ZIMHI	Preferred brand	QL
<b>Smoking Cessation Agents</b>		
bupropion hcl er (smoking det)	Nonpreferred generic	PV2; QL; AL (Min 18 Years)
ft nicotine	Preventive	PV1; QL; AL (Min 18 Years)
ft nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat gum	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
nicotine polacrilex mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 1	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 3	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal kit	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal patch 24 hour 21 mg/24hr	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	Nonpreferred generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)	Nonpreferred generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)	Nonpreferred generic	PV2; QL; AL (Min 18 Years)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
ARIKAYCE	Preferred specialty	PA; SP; QL
gentamicin sulfate external	Nonpreferred generic	
HUMATIN	Nonpreferred brand	
neomycin sulfate oral	Nonpreferred generic	
<b>Antibacterials, Other</b>		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Not covered	QL
ALTABAX EXTERNAL OINTMENT 1 %	Not covered	
CLEOCIN VAGINAL SUPPOSITORY	Nonpreferred brand	
clindamycin hcl oral	Nonpreferred generic	
clindamycin palmitate hcl	Nonpreferred generic	
clindamycin phosphate vaginal	Nonpreferred generic	
CLINDESSE	Nonpreferred brand	
fosfomycin tromethamine	Nonpreferred generic	
LIKMEZ	Nonpreferred brand	QL
linezolid oral	Nonpreferred generic	
mafenide acetate external	Not covered	
methenamine hippurate	Nonpreferred generic	
metronidazole oral capsule	Not covered	
metronidazole oral tablet	Nonpreferred generic	
metronidazole vaginal	Nonpreferred generic	
mupirocin cream	Not covered	
mupirocin ointment	Nonpreferred generic	



Drug Name	Drug Tier	Notes
NEO-SYNALAR	Not covered	
nitrofurantoin macrocrystal	Nonpreferred generic	
nitrofurantoin monohydrate macrocrystals	Nonpreferred generic	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	Nonpreferred generic	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	Not covered	
NUVESSA	Not covered	
silver sulfadiazine external	Nonpreferred generic	
SIVEXTRO ORAL	Nonpreferred brand	QL
SOLOSEC	Not covered	QL
ssd	Nonpreferred generic	
SULFAMYLON	Nonpreferred brand	
tinidazole oral	Nonpreferred generic	QL
trimethoprim oral	Nonpreferred generic	
vancomycin hcl oral capsule	Nonpreferred generic	
vancomycin hcl oral solution reconstituted	Nonpreferred generic	QL
VANDAZOLE	Nonpreferred brand	
XACIATO	Not covered	
XEPI EXTERNAL CREAM 1 %	Not covered	QL
XIFAXAN ORAL TABLET 200 MG	Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG	Nonpreferred brand	PA; QL
<b>Beta-lactam, Cephalosporins</b>		
cefaclor	Nonpreferred generic	
cefaclor er	Nonpreferred generic	
cefadroxil	Nonpreferred generic	
cefdinir	Nonpreferred generic	
cefixime	Nonpreferred generic	
cefepodoxime proxetil	Nonpreferred generic	
cefprozil	Nonpreferred generic	
cefuroxime axetil	Nonpreferred generic	
cephalexin	Nonpreferred generic	
<b>Beta-lactam, Penicillins</b>		
amoxicillin	Nonpreferred generic	
amoxicillin-potassium clavulanate	Nonpreferred generic	
amoxicillin-potassium clavulanate er	Nonpreferred generic	
ampicillin	Nonpreferred generic	

Drug Name	Drug Tier	Notes
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
dicloxacillin sodium	Nonpreferred generic	
penicillin v potassium	Nonpreferred generic	
<b>Macrolides</b>		
azithromycin oral packet 1 gm	Nonpreferred generic	
clarithromycin er	Nonpreferred generic	
clarithromycin oral	Nonpreferred generic	
DIFICID	Nonpreferred brand	QL
E.E.S. 400	Not covered	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Nonpreferred brand	
erythromycin base oral	Nonpreferred generic	
erythromycin ethylsuccinate oral	Nonpreferred generic	
erythromycin oral	Nonpreferred generic	
ZITHROMAX ORAL PACKET	Nonpreferred brand	
<b>Quinolones</b>		
BAXDELA ORAL	Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
ciprofloxacin hcl oral	Nonpreferred generic	
levofloxacin oral	Nonpreferred generic	
moxifloxacin hcl oral	Nonpreferred generic	
ofloxacin oral	Nonpreferred generic	
<b>Sulfonamides</b>		
sulfadiazine oral	Nonpreferred generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Nonpreferred generic	
sulfamethoxazole-trimethoprim oral tablet	Nonpreferred generic	
sulfatrim pediatric	Nonpreferred generic	
<b>Tetracyclines</b>		
demeclocycline hcl	Nonpreferred generic	
DORYX MPC	Not covered	
doxycycline hyclate oral capsule	Preferred generic	
doxycycline hyclate oral tablet 100 mg, 20 mg	Preferred generic	
doxycycline hyclate oral tablet 150 mg	Not covered	QL
doxycycline hyclate oral tablet 50 mg	Not covered	
doxycycline hyclate oral tablet 75 mg	Nonpreferred generic	

Drug Name	Drug Tier	Notes
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, 50 mg	Preferred generic	
doxycycline monohydrate oral capsule 150 mg	Nonpreferred generic	ST
doxycycline monohydrate oral capsule 75 mg	Not covered	
doxycycline monohydrate oral suspension reconstituted	Nonpreferred generic	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Preferred generic	
doxycycline monohydrate oral tablet 150 mg	Nonpreferred generic	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Not covered	
minocycline hcl er oral tablet extended release 24 hour	Not covered	
minocycline hcl oral	Preferred generic	
MINOLIRA	Not covered	
NUZYRA ORAL	Nonpreferred brand	QL
SEYSARA	Not covered	
tetracycline hcl oral capsule	Nonpreferred generic	
TETRACYCLINE HCL ORAL TABLET	Not covered	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Not covered	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT ORAL	Nonpreferred brand	PA; QL
ELEPSIA XR	Not covered	QL
EPIDIOLEX	Nonpreferred specialty	PA; SP; QL
FINTEPLA	Nonpreferred specialty	PA; SP; QL
levetiracetam er	Preferred generic	
levetiracetam oral	Preferred generic	
roweepra	Preferred generic	
SPRITAM	Not covered	QL
<b>Calcium Channel Modifying Agents</b>		
ethosuximide oral	Nonpreferred generic	
methsuximide	Nonpreferred generic	

Drug Name	Drug Tier	Notes
ZONISADE	Nonpreferred brand	PA; QL
zonisamide oral	Preferred generic	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
clobazam	Nonpreferred generic	QL
DIACOMIT	Nonpreferred specialty	PA; SP; QL
diazepam rectal	Nonpreferred generic	
gabapentin oral capsule	Preferred generic	
gabapentin oral solution	Preferred generic	
gabapentin oral tablet 600 mg, 800 mg	Preferred generic	
LIBERVANT	Nonpreferred brand	QL
NAYZILAM	Preferred brand	QL
phenobarbital oral	Nonpreferred generic	
primidone oral	Nonpreferred generic	
SYMPAZAN	Not covered	QL
tiagabine hcl	Nonpreferred generic	
valproic acid oral capsule	Preferred generic	
valproic acid oral solution 250 mg/5ml	Preferred generic	
VALTOCO	Preferred brand	QL
vigabatrin	Preferred specialty	PA; SP; QL
VIGAFYDE	Not covered	SP; QL
vigpoder	Preferred specialty	PA; SP; QL
XCOPRI	Nonpreferred brand	PA; QL
ZTALMY	Preferred specialty	PA; SP; QL
<b>Glutamate Reducing Agents</b>		
EPRONTIA	Nonpreferred brand	PA; QL
felbamate	Nonpreferred generic	
FYCOMPA	Nonpreferred brand	QL
LAMICTAL XR ORAL KIT	Nonpreferred brand	
lamotrigine er	Nonpreferred generic	
lamotrigine oral kit	Nonpreferred generic	
lamotrigine oral tablet	Preferred generic	
lamotrigine oral tablet chewable	Preferred generic	
lamotrigine oral tablet dispersible	Nonpreferred generic	
lamotrigine starter kit-blue	Nonpreferred generic	
lamotrigine starter kit-green	Nonpreferred generic	
lamotrigine starter kit-orange	Nonpreferred generic	

Drug Name	Drug Tier	Notes
subvenite	Preferred generic	
subvenite starter kit-blue	Nonpreferred generic	
subvenite starter kit-green	Nonpreferred generic	
subvenite starter kit-orange	Nonpreferred generic	
topiramate er oral capsule er 24 hour sprinkle	Nonpreferred generic	PA; QL
topiramate er oral capsule extended release 24 hour	Not covered	QL
topiramate oral	Preferred generic	
<b>Sodium Channel Agents</b>		
APTIOM	Not covered	QL
carbamazepine er	Nonpreferred generic	
carbamazepine oral suspension 100 mg/5ml	Preferred generic	
carbamazepine oral tablet	Preferred generic	
carbamazepine oral tablet chewable	Preferred generic	
DILANTIN ORAL CAPSULE 30 MG	Preferred brand	
epitol	Preferred generic	
lacosamide oral solution 10 mg/ml	Nonpreferred generic	
lacosamide oral tablet	Nonpreferred generic	QL
MOTPOLY XR	Not covered	QL
oxcarbazepine er	Not covered	QL
oxcarbazepine oral suspension	Nonpreferred generic	
oxcarbazepine oral tablet	Preferred generic	
phenytek	Preferred generic	
phenytoin infatabs	Preferred generic	
phenytoin oral	Preferred generic	
phenytoin sodium extended	Preferred generic	
rufinamide oral suspension	Nonpreferred generic	
rufinamide oral tablet	Nonpreferred generic	PA; QL
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
NAMZARIC	Not covered	QL
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG	Not covered	QL
<b>Cholinesterase Inhibitors</b>		
ADLARITY	Nonpreferred brand	PA; QL
donepezil hcl oral tablet 10 mg, 5 mg	Preferred generic	
donepezil hcl oral tablet 23 mg	Not covered	QL

Drug Name	Drug Tier	Notes
donepezil hcl oral tablet dispersible	Preferred generic	
galantamine hydrobromide	Nonpreferred generic	
galantamine hydrobromide er	Nonpreferred generic	
rivastigmine	Nonpreferred generic	
rivastigmine tartrate	Preferred generic	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
memantine hcl er	Preferred generic	QL
memantine hcl oral solution	Preferred generic	
memantine hcl oral tablet 10 mg, 5 mg	Preferred generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Preferred generic	QL
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	Not covered	
AUVELITY	Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Preferred generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Preferred generic	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Not covered	ABA; QL
bupropion hcl oral	Preferred generic	
chlordiazepoxide-amitriptyline	Nonpreferred generic	
FORFIVO XL	Not covered	QL
mirtazapine oral	Preferred generic	
olanzapine-fluoxetine hcl	Nonpreferred generic	
perphenazine-amitriptyline	Nonpreferred generic	
ZURZUVAE	Nonpreferred brand	PA; QL
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	Nonpreferred brand	PA; QL
MARPLAN	Nonpreferred brand	
phenelzine sulfate oral	Nonpreferred generic	
tranylcypromine sulfate	Nonpreferred generic	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	Not covered	QL

Drug Name	Drug Tier	Notes
citalopram hydrobromide oral solution	Preferred generic	
citalopram hydrobromide oral tablet	Preferred generic	
DESVENLAFAXINE ER	Not covered	QL
desvenlafaxine succinate er	Preferred generic	QL
DRIZALMA SPRINKLE	Not covered	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Preferred generic	
duloxetine hcl oral capsule delayed release particles 40 mg	Not covered	
escitalopram oxalate oral	Preferred generic	
FETZIMA	Not covered	QL
FETZIMA TITRATION	Not covered	QL
fluoxetine hcl (pmdd)	Nonpreferred generic	
fluoxetine hcl oral	Preferred generic	
fluvoxamine maleate	Preferred generic	
fluvoxamine maleate er	Nonpreferred generic	
nefazodone hcl	Nonpreferred generic	
paroxetine hcl er	Nonpreferred generic	
paroxetine hcl oral suspension	Nonpreferred generic	
paroxetine hcl oral tablet	Preferred generic	
paroxetine mesylate	Not covered	QL
PAXIL ORAL SUSPENSION	Nonpreferred brand	
SERTRALINE HCL ORAL CAPSULE	Not covered	QL
sertraline hcl oral concentrate	Preferred generic	
sertraline hcl oral tablet	Preferred generic	
trazodone hcl oral	Preferred generic	
TRINTELLIX	Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER	Not covered	QL
venlafaxine hcl	Preferred generic	
venlafaxine hcl er oral capsule extended release 24 hour	Preferred generic	
venlafaxine hcl er oral tablet extended release 24 hour	Not covered	
vilazodone hcl	Preferred generic	QL
<b>Tricyclics</b>		
amitriptyline hcl oral	Preferred generic	
amoxapine	Preferred generic	
clomipramine hcl oral	Nonpreferred generic	

Drug Name	Drug Tier	Notes
desipramine hcl oral	Nonpreferred generic	
doxepin hcl oral capsule	Preferred generic	
doxepin hcl oral concentrate	Preferred generic	
imipramine hcl oral	Preferred generic	
imipramine pamoate	Nonpreferred generic	
nortriptyline hcl oral	Preferred generic	
protriptyline hcl	Nonpreferred generic	
trimipramine maleate oral	Nonpreferred generic	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
ANTIVERT ORAL TABLET CHEWABLE	Not covered	
BONJESTA	Not covered	QL
doxylamine-pyridoxine	Not covered	QL
GIMOTI	Not covered	QL
meclizine hcl oral tablet	Not covered	
metoclopramide hcl oral solution	Nonpreferred generic	
metoclopramide hcl oral tablet	Nonpreferred generic	
metoclopramide hcl oral tablet dispersible	Not covered	
perphenazine oral	Preferred generic	
prochlorperazine	Nonpreferred generic	
prochlorperazine maleate oral	Nonpreferred generic	
promethazine hcl oral	Nonpreferred generic	
promethazine hcl rectal	Nonpreferred generic	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Nonpreferred brand	
scopolamine	Nonpreferred generic	
trimethobenzamide hcl oral	Nonpreferred generic	
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO ORAL	Nonpreferred brand	PA; QL
ANZEMET	Nonpreferred brand	
aprepitant	Nonpreferred generic	QL
dronabinol	Nonpreferred generic	
EMEND ORAL SUSPENSION RECONSTITUTED	Preferred brand	QL
granisetron hcl oral	Nonpreferred generic	QL
ondansetron hcl oral solution	Nonpreferred generic	
ondansetron hcl oral tablet	Nonpreferred generic	QL



Drug Name	Drug Tier	Notes
ondansetron odt oral tablet dispersible 16 mg	Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	Nonpreferred generic	QL
SANCUSO	Nonpreferred brand	PA; QL
SYNDROS	Not covered	QL
VARUBI (180 MG DOSE)	Nonpreferred brand	PA; QL
Antifungals		
BREXAFEMME	Nonpreferred brand	PA; QL
ciclodan	Nonpreferred generic	
ciclopirox external	Nonpreferred generic	
ciclopirox olamine external	Nonpreferred generic	
clotrimazole external	Nonpreferred generic	
clotrimazole mouth/throat	Nonpreferred generic	
clotrimazole-betamethasone	Nonpreferred generic	
CRESEMBA ORAL	Preferred brand	QL
econazole nitrate external	Nonpreferred generic	
ECOZA	Not covered	QL
ERTACZO	Not covered	
EXELDERM	Not covered	
fluconazole oral	Nonpreferred generic	
flucytosine oral	Nonpreferred generic	
griseofulvin microsize oral	Nonpreferred generic	
griseofulvin ultramicrosize	Nonpreferred generic	
GYNAZOLE-1	Nonpreferred brand	
itraconazole oral	Nonpreferred generic	
JUBLIA	Not covered	QL
ketoconazole external	Nonpreferred generic	
ketoconazole oral	Nonpreferred generic	
ketodan	Nonpreferred generic	
klayesta	Nonpreferred generic	
LULICONAZOLE	Nonpreferred brand	PA; ABA; QL
LUZU	Not covered	QL
miconazole 3	Nonpreferred generic	
MICONAZOLE-ZINC OXIDE-PETROLAT	Not covered	ABA; QL
naftifine hcl external cream	Nonpreferred generic	QL
naftifine hcl external gel	Not covered	QL
NAFTIN EXTERNAL GEL 1 %	Not covered	QL

Drug Name	Drug Tier	Notes
NOXAFIL ORAL PACKET	Nonpreferred brand	QL
nyamyc	Nonpreferred generic	
nystatin external	Nonpreferred generic	
nystatin mouth/throat	Nonpreferred generic	
nystatin oral	Nonpreferred generic	
nystatin-triamcinolone	Nonpreferred generic	
nystop	Nonpreferred generic	
ORAVIG	Not covered	QL
oxiconazole nitrate	Nonpreferred generic	PA; QL
OXISTAT	Not covered	QL
posaconazole oral	Nonpreferred generic	QL
SULCONAZOLE NITRATE	Nonpreferred brand	ABA
tavaborole	Not covered	QL
terbinafine hcl oral	Nonpreferred generic	
terconazole	Nonpreferred generic	
TOLSURA	Not covered	
VIVJOA	Not covered	QL
voriconazole oral	Nonpreferred generic	
VUSION	Not covered	QL
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	Nonpreferred generic	
allopurinol oral tablet 200 mg	Not covered	
colchicine oral capsule	Not covered	
colchicine oral tablet	Nonpreferred generic	
colchicine-probenecid	Nonpreferred generic	
febuxostat	Nonpreferred generic	QL
GLOPERBA	Not covered	QL
probenecid	Nonpreferred generic	
<b>Antimigraine Agents</b>		
diclofenac potassium(migraine)	Not covered	QL
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Preferred brand	PA; QL
AJOVY	Nonpreferred brand	PA; QL
EMGALITY	Preferred brand	PA; QL
NURTEC	Preferred brand	PA; QL

Drug Name	Drug Tier	Notes
QULIPTA	Preferred brand	PA; QL
UBRELVY	Preferred brand	PA; QL
ZAVZPRET	Not covered	QL
<b>Ergot Alkaloids</b>		
dihydroergotamine mesylate injection	Nonpreferred generic	QL
dihydroergotamine mesylate nasal	Not covered	QL
ERGOMAR	Not covered	QL
ergotamine-caffeine	Nonpreferred generic	QL
MIGERGOT	Not covered	QL
TRUDHESA	Not covered	QL
<b>Serotonin (5-HT) Receptor Agonists</b>		
almotriptan malate	Nonpreferred generic	ST; QL
eletriptan hydrobromide	Nonpreferred generic	ST; QL
frovatriptan succinate	Nonpreferred generic	ST; QL
naratriptan hcl	Nonpreferred generic	QL
ONZETRA XSAIL	Not covered	QL
REYVOW	Nonpreferred brand	PA; QL
rizatriptan benzoate	Nonpreferred generic	QL
sumatriptan nasal	Nonpreferred generic	QL
sumatriptan succinate oral	Nonpreferred generic	QL
sumatriptan succinate refill subcutaneous solution cartridge	Nonpreferred generic	QL
sumatriptan succinate subcutaneous	Nonpreferred generic	QL
sumatriptan-naproxen sodium	Not covered	QL
TOSYMRA	Not covered	QL
ZEMBRACE SYMTOUCH	Not covered	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	Nonpreferred brand	ST; QL
zolmitriptan nasal solution 5 mg	Nonpreferred generic	ST; QL
zolmitriptan oral	Nonpreferred generic	QL
ZOMIG NASAL SOLUTION 2.5 MG	Nonpreferred brand	ST; QL
<b>Antimyasthenic Agents</b>		
<b>Parasympathomimetics</b>		
pyridostigmine bromide er	Nonpreferred generic	
pyridostigmine bromide oral solution	Nonpreferred generic	
pyridostigmine bromide oral tablet 30 mg	Not covered	
pyridostigmine bromide oral tablet 60 mg	Nonpreferred generic	

Drug Name	Drug Tier	Notes
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
dapsone oral	Nonpreferred generic	
rifabutin	Nonpreferred generic	
<b>Antituberculars</b>		
cycloserine oral	Nonpreferred generic	
ethambutol hcl oral	Nonpreferred generic	
isoniazid oral	Nonpreferred generic	
PRETOMANID	Preferred brand	QL
PRIFTIN	Nonpreferred brand	
pyrazinamide oral	Nonpreferred generic	
rifampin oral	Nonpreferred generic	
SIRTURO	Preferred brand	PA; QL
TRECTOR	Nonpreferred brand	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
cyclophosphamide oral capsule	Nonpreferred generic	
CYCLOPHOSPHAMIDE ORAL TABLET	Nonpreferred brand	ABA
GLEOSTINE	Preferred brand	
LEUKERAN	Nonpreferred brand	
MATULANE	Preferred specialty	SP
melphalan oral tablet 2 mg	Nonpreferred generic	
MYLERAN	Nonpreferred brand	
temozolomide	Preferred specialty	SP
VALCHLOR	Nonpreferred specialty	PA; SP; QL
<b>Antiandrogens</b>		
abiraterone acetate oral tablet 250 mg	Preferred specialty	SP; QL
abiraterone acetate oral tablet 500 mg	Not covered	SP; QL
bicalutamide	Nonpreferred generic	
ERLEADA	Preferred specialty	PA; SP; QL
EULEXIN	Nonpreferred specialty	PA; 15DS; SP; QL
nilutamide	Nonpreferred generic	PA; QL
NUBEQA	Preferred specialty	PA; 15DS; SP; QL
ORGOVYX	Nonpreferred specialty	PA; SP; QL
XTANDI	Preferred specialty	PA; 15DS; SP; QL
YONSA	Not covered	SP; QL

Drug Name	Drug Tier	Notes
<b>Antiangiogenic Agents</b>		
lenalidomide	Preferred specialty	SP; QL
POMALYST	Nonpreferred specialty	PA; SP; QL
REVLIMID	Nonpreferred specialty	SP; QL
THALOMID	Preferred specialty	SP
<b>Antiestrogens/Modifiers</b>		
EMCYT ORAL CAPSULE 140 MG	Preferred brand	
fulvestrant	Nonpreferred generic	
ORSERDU	Preferred specialty	PA; 15DS; SP; QL
SOLTAMOX	Nonpreferred brand	
tamoxifen citrate oral	Preferred generic	PV3; QL
toremifene citrate	Nonpreferred generic	
<b>Antimetabolites</b>		
capecitabine	Preferred specialty	SP
DROXIA	Preferred brand	
hydroxyurea oral	Preferred generic	
mercaptopurine oral	Nonpreferred generic	
PURIXAN	Nonpreferred specialty	SP
SIKLOS	Nonpreferred brand	PA
TABLOID	Nonpreferred brand	
<b>Antineoplastics, Other</b>		
AKEEGA	Preferred specialty	PA; 15DS; SP; QL
AUGTYRO	Nonpreferred specialty	PA; 15DS; SP; QL
BESREMI	Preferred specialty	PA; 15DS; SP; QL
CARAC	Not covered	QL
COPIKTRA	Preferred specialty	PA; SP; QL
diclofenac sodium external gel 3 %	Nonpreferred generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	Not covered	ABA; QL
fluorouracil external cream 5 %	Nonpreferred generic	
fluorouracil external solution	Nonpreferred generic	
INREBIC	Nonpreferred specialty	PA; 15DS; SP; QL
KISQALI (200 MG DOSE)	Preferred specialty	PA; SP; QL
KISQALI (400 MG DOSE)	Preferred specialty	PA; SP; QL
KISQALI (600 MG DOSE)	Preferred specialty	PA; SP; QL
KLISYRI (250 MG)	Nonpreferred brand	PA; QL
KLISYRI (350 MG)	Nonpreferred brand	PA; QL
KRAZATI	Preferred specialty	PA; 15DS; SP; QL

Drug Name	Drug Tier	Notes
leucovorin calcium oral	Nonpreferred generic	
LONSURF	Preferred specialty	PA; SP; QL
LUMAKRAS	Preferred specialty	PA; 15DS; SP; QL
NINLARO	Preferred specialty	PA; SP; QL
OJJAARA	Preferred specialty	PA; SP; QL
ONUREG	Preferred specialty	PA; SP; QL
PIQRAY	Preferred specialty	PA; SP; QL
ROZLYTREK ORAL CAPSULE	Preferred specialty	PA; 15DS; SP; QL
ROZLYTREK ORAL PACKET	Nonpreferred specialty	PA; SP; QL
TAZVERIK	Preferred specialty	PA; 15DS; SP; QL
TOLAK	Nonpreferred brand	QL
VERZENIO	Preferred specialty	PA; 15DS; SP; QL
VONJO	Preferred specialty	PA; SP; QL
WELIREG	Preferred specialty	PA; 15DS; SP; QL
XPOVIO (100 MG ONCE WEEKLY)	Preferred specialty	PA; SP; QL
XPOVIO (40 MG ONCE WEEKLY)	Preferred specialty	PA; SP; QL
XPOVIO (40 MG TWICE WEEKLY)	Preferred specialty	PA; SP; QL
XPOVIO (60 MG ONCE WEEKLY)	Preferred specialty	PA; SP; QL
XPOVIO (60 MG TWICE WEEKLY)	Preferred specialty	PA; SP; QL
XPOVIO (80 MG ONCE WEEKLY)	Preferred specialty	PA; SP; QL
XPOVIO (80 MG TWICE WEEKLY)	Preferred specialty	PA; SP; QL
ZOLINZA	Preferred specialty	PA; 15DS; SP
<b>Aromatase Inhibitors, 3rd Generation</b>		
anastrozole oral	Preferred generic	PV3; QL
exemestane	Nonpreferred generic	PV3; QL
letrozole oral	Preferred generic	
<b>Enzyme Inhibitors</b>		
BALVERSA	Preferred specialty	PA; 15DS; SP; QL
etoposide oral	Nonpreferred generic	
HYCAMTIN ORAL	Preferred specialty	SP
LYTGOBI (12 MG DAILY DOSE)	Preferred specialty	PA; 15DS; SP; QL
LYTGOBI (16 MG DAILY DOSE)	Preferred specialty	PA; 15DS; SP; QL
LYTGOBI (20 MG DAILY DOSE)	Preferred specialty	PA; 15DS; SP; QL
OJEMDA ORAL SUSPENSION RECONSTITUTED	Preferred specialty	PA; 15DS; SP; QL
OJEMDA ORAL TABLET	Preferred specialty	PA; SP; QL
PEMAZYRE	Preferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
RUBRACA	Not covered	SP; QL
TALZENNA	Preferred specialty	PA; 15DS; SP; QL
VORANIGO	Preferred specialty	PA; 15DS; SP; QL
ZEJULA	Preferred specialty	PA; SP; QL
<b>Molecular Target Inhibitors</b>		
ALECENSA	Preferred specialty	PA; SP; QL
ALUNBRIG	Preferred specialty	PA; SP; QL
AYVAKIT	Preferred specialty	PA; 15DS; SP; QL
BOSULIF ORAL CAPSULE	Preferred specialty	PA; SP; QL
BOSULIF ORAL TABLET	Preferred specialty	PA; 15DS; SP; QL
BRAFTOVI	Preferred specialty	PA; SP; QL
BRUKINSA	Nonpreferred specialty	PA; 15DS; SP; QL
CABOMETYX	Preferred specialty	PA; 15DS; SP; QL
CALQUENCE	Preferred specialty	PA; 15DS; SP; QL
CAPRELSA	Preferred specialty	PA; 15DS; SP; QL
COMETRIQ	Preferred specialty	PA; 15DS; SP; QL
COTELLIC	Preferred specialty	PA; SP; QL
dasatinib	Preferred specialty	PA; 15DS; SP
DAURISMO	Preferred specialty	PA; 15DS; SP; QL
ERIVEDGE	Preferred specialty	PA; 15DS; SP; QL
erlotinib hcl	Preferred specialty	PA; 15DS; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Preferred specialty	PA; 15DS; SP; QL
everolimus oral tablet soluble	Preferred specialty	PA; 15DS; SP; QL
FOTIVDA	Preferred specialty	PA; SP; QL
FRUZAQLA	Preferred specialty	PA; SP; QL
GAVRETO	Preferred specialty	PA; 15DS; SP; QL
gefitinib	Preferred specialty	PA; SP; QL
GILOTRIF	Preferred specialty	PA; SP; QL
IBRANCE	Preferred specialty	PA; SP; QL
ICLUSIG	Preferred specialty	PA; 15DS; SP; QL
IDHIFA	Preferred specialty	PA; SP; QL
imatinib mesylate	Preferred specialty	SP
IMBRUVICA ORAL CAPSULE	Preferred specialty	PA; 15DS; SP; QL
IMBRUVICA ORAL SUSPENSION	Preferred specialty	PA; SP; QL
IMBRUVICA ORAL TABLET 140 MG	Not covered	SP; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG	Preferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
INLYTA	Preferred specialty	PA; 15DS; SP; QL
INQOVI	Preferred specialty	PA; SP; QL
JAKAFI	Preferred specialty	PA; 15DS; SP; QL
JAYPIRCA	Preferred specialty	PA; 15DS; SP; QL
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	Preferred specialty	PA; SP; QL
KOSELUGO	Preferred specialty	PA; SP; QL
lapatinib ditosylate	Preferred specialty	PA; SP
LAZCLUZE	Preferred specialty	PA; 15DS; SP; QL
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	Preferred specialty	PA; 15DS; SP; QL
LORBRENA	Preferred specialty	PA; 15DS; SP; QL
LYNPARZA	Preferred specialty	PA; SP; QL
MEKINIST	Preferred specialty	PA; SP; QL
MEKTOVI	Preferred specialty	PA; SP; QL
NERLYNX	Preferred specialty	PA; 15DS; SP; QL
ODOMZO	Preferred specialty	PA; 15DS; SP; QL
OGSIVEO	Preferred specialty	PA; 15DS; SP; QL
pazopanib hcl	Preferred specialty	PA; 15DS; SP
QINLOCK	Preferred specialty	PA; SP; QL
RETEVMO	Preferred specialty	PA; 15DS; SP; QL
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Preferred specialty	PA; 15DS; SP; QL
REZLIDHIA	Preferred specialty	PA; 15DS; SP; QL
RYDAPT	Preferred specialty	PA; SP; QL
SCSEMBLIX	Preferred specialty	PA; SP; QL
sorafenib tosylate	Preferred specialty	PA; 15DS; SP; QL
STIVARGA	Preferred specialty	PA; SP; QL
sunitinib malate	Preferred specialty	PA; 15DS; SP; QL
TABRECTA	Preferred specialty	PA; 15DS; SP; QL
TAFINLAR	Preferred specialty	PA; SP; QL
TAGRISSE	Preferred specialty	PA; 15DS; SP; QL
TASIGNA	Preferred specialty	PA; 15DS; SP; QL
TEPMETKO	Preferred specialty	PA; 15DS; SP; QL
TIBSOVO	Preferred specialty	PA; 15DS; SP; QL
torpenz	Preferred specialty	PA; 15DS; SP; QL
TRUQAP	Preferred specialty	PA; SP; QL



Drug Name	Drug Tier	Notes
TUKYSA	Preferred specialty	PA; SP; QL
TURALIO	Preferred specialty	PA; SP; QL
VANFLYTA	Preferred specialty	PA; 15DS; SP; QL
VENCLEXTA	Preferred specialty	PA; SP; QL
VENCLEXTA STARTING PACK	Preferred specialty	PA; SP; QL
VIJOICE ORAL PACKET	Preferred specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Preferred specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Not covered	SP; QL
VITRAKVI ORAL CAPSULE	Preferred specialty	PA; 15DS; SP; QL
VITRAKVI ORAL SOLUTION	Preferred specialty	PA; SP; QL
VIZIMPRO	Preferred specialty	PA; 15DS; SP; QL
XALKORI	Preferred specialty	PA; 15DS; SP; QL
XOSPATA	Preferred specialty	PA; SP; QL
ZELBORAF	Preferred specialty	PA; 15DS; SP; QL
ZYDELIG	Preferred specialty	PA; SP; QL
ZYKADIA	Preferred specialty	PA; 15DS; SP; QL
<b>Retinoids</b>		
bexarotene external	Preferred specialty	PA; SP
bexarotene oral	Preferred specialty	PA; 15DS; SP
PANRETIN	Preferred brand	
tretinoin oral	Nonpreferred generic	
<b>Treatment Adjuncts</b>		
MESNEX ORAL	Not covered	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	Nonpreferred generic	QL
BILTRICIDE	Nonpreferred brand	
EMVERM	Not covered	QL
ivermectin oral	Nonpreferred generic	QL
praziquantel oral	Nonpreferred generic	
<b>Antiprotozoals</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML	Preferred brand	
ARAKODA	Nonpreferred brand	QL
atovaquone	Nonpreferred generic	

Drug Name	Drug Tier	Notes
atovaquone-proguanil hcl	Nonpreferred generic	
BENZNIDAZOLE	Preferred brand	QL
chloroquine phosphate oral	Nonpreferred generic	
COARTEM	Preferred brand	QL
hydroxychloroquine sulfate oral	Nonpreferred generic	
IMPAVIDO	Preferred brand	QL
KRINTAFEL	Preferred brand	QL
LAMPIT	Nonpreferred brand	QL
mefloquine hcl	Nonpreferred generic	
nitazoxanide oral	Nonpreferred generic	
pentamidine isethionate inhalation	Nonpreferred generic	
primaquine phosphate	Nonpreferred generic	
pyrimethamine oral	Preferred specialty	PA; SP
quinine sulfate	Nonpreferred generic	
SOVUNA	Not covered	
<b>Pediculicides/Scabicides</b>		
CROTAN	Nonpreferred brand	
malathion	Nonpreferred generic	
permethrin external	Nonpreferred generic	
spinosad	Nonpreferred generic	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate oral	Preferred generic	
trihexyphenidyl hcl	Preferred generic	
<b>Antiparkinson Agents, Other</b>		
amantadine hcl oral	Nonpreferred generic	
carbidopa-levodopa-entacapone	Nonpreferred generic	
entacapone	Nonpreferred generic	
GOCOVRI	Not covered	QL
NOURIANZ	Nonpreferred brand	PA; QL
ONGENTYS	Nonpreferred brand	PA; QL
OSMOLEX ER	Not covered	
tolcapone	Nonpreferred generic	
<b>Dopamine Agonists</b>		
apomorphine hcl subcutaneous	Not covered	SP; QL
bromocriptine mesylate oral	Nonpreferred generic	

Drug Name	Drug Tier	Notes
INBRIJA	Nonpreferred brand	PA; QL
NEUPRO	Not covered	QL
pramipexole dihydrochloride	Preferred generic	
pramipexole dihydrochloride er	Not covered	QL
ropinirole hcl	Preferred generic	
ropinirole hcl er	Nonpreferred generic	
<b>Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors</b>		
carbidopa oral	Nonpreferred generic	
carbidopa-levodopa er	Preferred generic	
carbidopa-levodopa oral tablet	Preferred generic	
carbidopa-levodopa oral tablet dispersible	Nonpreferred generic	
CREXONT	Nonpreferred brand	ST; QL
DHIVY	Not covered	QL
DUOPA	Preferred specialty	PA; SP; QL
RYTARY	Not covered	QL
<b>Monoamine Oxidase B (MAO-B) Inhibitors</b>		
rasagiline mesylate oral	Nonpreferred generic	
selegiline hcl oral	Nonpreferred generic	
XADAGO	Nonpreferred brand	QL
ZELAPAR	Not covered	QL
<b>Antipsychotics</b>		
<b>1st Generation/Typical</b>		
chlorpromazine hcl oral tablet	Nonpreferred generic	
fluphenazine decanoate injection	Nonpreferred generic	
fluphenazine hcl oral	Preferred generic	
haloperidol decanoate intramuscular	Nonpreferred generic	
haloperidol lactate oral concentrate 2 mg/ml	Preferred generic	
haloperidol oral	Preferred generic	
loxapine succinate	Preferred generic	
molindone hcl	Nonpreferred generic	QL
pimozide	Nonpreferred generic	
thioridazine hcl oral	Preferred generic	
thiothixene	Nonpreferred generic	
trifluoperazine hcl	Preferred generic	
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFII	Preferred brand	QL

Drug Name	Drug Tier	Notes
ABILIFY MAINTENA	Preferred brand	
aripiprazole oral solution	Nonpreferred generic	
aripiprazole oral tablet	Preferred generic	
aripiprazole oral tablet dispersible	Nonpreferred generic	
ARISTADA	Preferred brand	QL
ARISTADA INITIO	Preferred brand	
asenapine maleate	Nonpreferred generic	QL
CAPLYTA	Nonpreferred brand	ST; QL
ERZOFRI	Nonpreferred brand	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	Preferred generic	
LYBALVI	Nonpreferred brand	ST; QL
NUPLAZID	Nonpreferred brand	PA; QL
olanzapine oral	Preferred generic	
OPIPZA	Not covered	QL
paliperidone er	Nonpreferred generic	QL
PERSERIS	Preferred brand	QL
quetiapine fumarate	Preferred generic	
quetiapine fumarate er	Preferred generic	QL
REXULTI	Nonpreferred brand	PA; QL
risperidone	Preferred generic	
risperidone microspheres er	Nonpreferred generic	
RYKINDO	Preferred brand	QL
SECUADO	Nonpreferred brand	ST; QL
UZEDY	Preferred brand	QL
VRAYLAR	Nonpreferred brand	ST; QL
ziprasidone hcl	Preferred generic	
ZYPREXA RELPREVV	Preferred brand	
<b>Treatment-Resistant</b>		
clozapine oral tablet	Preferred generic	
clozapine oral tablet dispersible	Nonpreferred generic	
VERSACLOZ	Not covered	

Drug Name	Drug Tier	Notes
<b>Antivirals</b>		
LAGEVRIO CAPSULE 200 MG ORAL (govt supply)	Covered \$0	QL; AL (Min 18 Years)
LAGEVRIO CAPSULE 200 MG ORAL	Preferred brand	QL; AL (Min 18 Years)
PAXLOVID (150/100)	Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100)	Preferred brand	QL; AL (Min 12 Years)
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY	Preferred specialty	PA; SP; QL
PREVYMIS ORAL	Nonpreferred brand	QL
valganciclovir hcl	Nonpreferred generic	
<b>Anti-hepatitis B (HBV) Agents</b>		
adefovir dipivoxil	Preferred specialty	SP
BARACLUDE ORAL SOLUTION	Preferred specialty	SP
entecavir	Preferred specialty	SP
lamivudine oral tablet 100 mg	Nonpreferred generic	
VEMLIDY	Preferred specialty	SP; QL
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSA	Preferred brand	PA; SP; QL
HARVONI ORAL PACKET	Nonpreferred specialty	PA; SP; QL
HARVONI ORAL TABLET	Not covered	SP; QL
LEDIPASVIR-SOFOSBUVIR	Not covered	ABA; SP; QL
MAVYRET	Nonpreferred specialty	PA; SP; QL
PEGASYS	Preferred specialty	SP; QL
ribavirin oral	Preferred specialty	SP
SOFOSBUVIR-VELPATASVIR	Preferred brand	PA; ABA; SP; QL
SOVALDI ORAL PACKET	Nonpreferred specialty	PA; SP; QL
SOVALDI ORAL TABLET	Not covered	SP; QL
VOSEVI	Nonpreferred specialty	PA; SP; QL
ZEPATIER	Preferred specialty	PA; SP; QL
<b>Antiherpetic Agents</b>		
acyclovir external cream	Not covered	
acyclovir external ointment	Nonpreferred generic	
acyclovir oral	Nonpreferred generic	
famciclovir oral	Nonpreferred generic	
penciclovir	Not covered	
SITAVIG	Not covered	QL
valacyclovir hcl oral	Nonpreferred generic	

Drug Name	Drug Tier	Notes
XERESE	Not covered	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	Preferred brand	QL
DOVATO	Preferred brand	QL
GENVOYA	Preferred brand	QL
ISENTRESS	Preferred brand	
ISENTRESS HD	Preferred brand	
JULUCA	Preferred brand	QL
STRIBILD	Preferred brand	QL
TIVICAY	Preferred brand	
TIVICAY PD	Preferred brand	QL
TYBOST	Preferred brand	QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
COMPLERA	Preferred brand	QL
DELSTRIGO	Preferred brand	QL
EDURANT	Preferred brand	QL
efavirenz	Nonpreferred generic	
efavirenz oral capsule 200 mg, 50 mg	Nonpreferred generic	
efavirenz-emtricitab-tenofo df	Nonpreferred generic	
efavirenz-lamivudine-tenofovir	Nonpreferred generic	QL
etravirine	Nonpreferred generic	
INTELENCE ORAL TABLET 25 MG	Preferred brand	
nevirapine	Nonpreferred generic	
nevirapine er	Nonpreferred generic	
PIFELTRO	Preferred brand	QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
abacavir sulfate	Nonpreferred generic	
abacavir sulfate-lamivudine	Nonpreferred generic	
CIMDUO	Preferred brand	QL
DESCOVY	Preferred brand	PV2; QL
emtricitabine	Nonpreferred generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Nonpreferred generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Nonpreferred generic	PV2; QL
EMTRIVA ORAL SOLUTION	Preferred brand	

Drug Name	Drug Tier	Notes
lamivudine oral solution	Nonpreferred generic	
lamivudine oral tablet 150 mg, 300 mg	Nonpreferred generic	
lamivudine-zidovudine	Nonpreferred generic	
ODEFSEY	Preferred brand	QL
tenofovir disoproxil fumarate	Nonpreferred generic	
TRIUMEQ	Preferred brand	QL
TRIUMEQ PD	Preferred brand	QL
VIREAD ORAL POWDER	Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Preferred brand	
zidovudine	Nonpreferred generic	
<b>Anti-HIV Agents, Other</b>		
FUZEON	Preferred brand	
maraviroc	Nonpreferred generic	
RUKOBIA	Preferred brand	QL
SELZENTRY ORAL SOLUTION	Preferred brand	
SUNLENCA ORAL	Preferred specialty	SP; QL
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	Preferred brand	
atazanavir sulfate	Nonpreferred generic	
darunavir	Nonpreferred generic	
EVOTAZ	Preferred brand	QL
fosamprenavir calcium	Nonpreferred generic	
lopinavir-ritonavir	Nonpreferred generic	
NORVIR ORAL CAPSULE 100 MG	Preferred brand	
NORVIR ORAL PACKET	Preferred brand	
PREZCOBIX	Preferred brand	QL
PREZISTA ORAL SUSPENSION	Preferred brand	
PREZISTA ORAL TABLET 150 MG, 75 MG	Preferred brand	
REYATAZ ORAL PACKET	Preferred brand	
ritonavir	Nonpreferred generic	
SYMTUZA	Preferred brand	QL
VIRACEPT	Not covered	
<b>Anti-influenza Agents</b>		
oseltamivir phosphate oral	Nonpreferred generic	QL
RELENZA DISKHALER	Preferred brand	QL
rimantadine hcl	Nonpreferred generic	

Drug Name	Drug Tier	Notes
XOFLUZA (40 MG DOSE)	Preferred brand	QL
XOFLUZA (80 MG DOSE)	Preferred brand	QL
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
bupirone hcl oral	Nonpreferred generic	
hydroxyzine hcl oral	Nonpreferred generic	
hydroxyzine pamoate oral	Nonpreferred generic	
meprobamate	Nonpreferred generic	
<b>Benzodiazepines</b>		
alprazolam er	Nonpreferred generic	
alprazolam intensol	Nonpreferred generic	
alprazolam oral	Nonpreferred generic	
alprazolam xr	Nonpreferred generic	
chlordiazepoxide hcl	Nonpreferred generic	
clonazepam oral	Nonpreferred generic	
clorazepate dipotassium	Nonpreferred generic	
diazepam intensol	Nonpreferred generic	
diazepam oral	Nonpreferred generic	
estazolam	Nonpreferred generic	QL
lorazepam intensol	Nonpreferred generic	
lorazepam oral concentrate 2 mg/ml	Nonpreferred generic	
lorazepam oral tablet	Nonpreferred generic	
LOREEV XR	Not covered	QL
midazolam hcl oral	Nonpreferred generic	
oxazepam	Nonpreferred generic	
quazepam	Not covered	QL
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
divalproex sodium er	Preferred generic	
divalproex sodium oral	Preferred generic	
EQUETRO	Nonpreferred brand	
lithium	Nonpreferred generic	
lithium carbonate er	Preferred generic	
lithium carbonate oral	Preferred generic	
<b>Blood Glucose Monitoring</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	Preferred brand	QL



Drug Name	Drug Tier	Notes
ACCU-CHEK GUIDE TEST	Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	Preferred brand	QL
AGAMATRIX PRESTO TEST	Preferred brand	QL
ASSURE PLATINUM	Preferred brand	QL
BLOOD GLUCOSE TEST	Preferred brand	QL
CARESENS LANCETS 30G	Preferred brand	QL
CARETOUCH TEST	Preferred brand	QL
CEQUR SIMPLICITY 2U 10PK	Preferred brand	QL
CEQUR SIMPLICITY INSERTER	Preferred brand	QL
CHOSEN LANCETS 30G	Preferred brand	QL
CHOSEN SAFETY LANCETS 28G	Preferred brand	QL
CLEVER CHOICE COMFORT EZ	Preferred brand	QL
COMFORT TOUCH TWIST LANCET 30G	Preferred brand	QL
CONTOUR MONITOR DEVICE	Covered \$0	QL
CONTOUR NEXT EZ KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT GEN MONITOR	Covered \$0	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT ONE KIT	Covered \$0	QL
CONTOUR NEXT GEN TEST STRIPS	Preferred brand	QL
CONTOUR PLUS TEST	Preferred brand	QL
CONTOUR TEST STRIPS	Preferred brand	QL
DEXCOM G6 RECEIVER	Covered \$0	PA; QL
DEXCOM G6 SENSOR	Preferred brand	PA; QL
DEXCOM G6 TRANSMITTER	Covered \$0	PA; QL
DEXCOM G7 RECEIVER	Covered \$0	PA; QL
DEXCOM G7 SENSOR	Preferred brand	PA; QL
DIATHRIVE BLOOD GLUCOSE TEST	Preferred brand	QL
DIATHRIVE GLUCOSE TEST	Preferred brand	QL
DIATHRIVE+ GLUCOSE TEST	Preferred brand	QL
EASY MAX BLOOD GLUCOSE TEST	Preferred brand	QL
EASY TALK PLUS II TEST STRIPS	Preferred brand	QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	Preferred brand	QL
EASY TRAK II GLUCOSE TEST	Preferred brand	QL
EMBRACE TALK GLUCOSE TEST	Preferred brand	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	Preferred brand	QL

Drug Name	Drug Tier	Notes
FORA 6 CONNECT	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 PLUS SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 2 READER	Preferred brand	PA; QL
FREESTYLE LIBRE 2 SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 3 READER	Preferred brand	PA; QL
FREESTYLE LIBRE 3 SENSOR	Preferred brand	PA; QL
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 SAFETY LANCING	Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS	Preferred brand	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	Covered \$0	QL
ONETOUCH ULTRA BLUE TEST	Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS	Preferred brand	QL

Drug Name	Drug Tier	Notes
ONETOUCH VERIO FLEX SYSTEM KIT	Covered \$0	QL
ONETOUCH VERIO TEST STRIPS	Preferred brand	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	Covered \$0	QL
PERFECT POINT SAFETY LANCETS	Preferred brand	QL
PRECISION XTRA BLOOD GLUCOSE	Preferred brand	QL
RELION GLUCOSE TEST STRIPS	Preferred brand	QL
RELION PREMIER TEST	Preferred brand	QL
TECHLITE LANCETS 26G	Preferred brand	QL
TRUE METRIX BLOOD GLUCOSE TEST	Preferred brand	QL
TRUETRACK TEST	Preferred brand	QL
VERIFINE SAFE LANCET MINI 21G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 23G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 28G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 30G	Preferred brand	QL
VIVAGUARD INO TEST STRIPS	Preferred brand	QL
VIVAGUARD LANCETS 30G	Preferred brand	QL
VIVAGUARD SAFETY LANCETS 28G	Preferred brand	QL
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
acarbose oral	Nonpreferred generic	
ALOGLIPTIN BENZOATE	Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL	Not covered	QL
ALOGLIPTIN-PIOGLITAZONE	Not covered	ABA; QL
BEXAGLIFLOZIN TABLET 20 MG ORAL	Not covered	QL
BEXAGLIFLOZIN TABLET 20 MG ORAL	Not covered	ABA; QL
BRENZAVVY	Not covered	QL
BYDUREON BCISE AUTOINJECTOR	Not covered	QL
BYETTA 10 MCG PEN	Not covered	QL
BYETTA 5 MCG PEN	Not covered	QL
CYCLOSET	Nonpreferred brand	QL
DAPAGLIFLOZIN PRO-METFORMIN ER	Not covered	ABA; QL
DAPAGLIFLOZIN PROPANEDIOL	Not covered	ABA; QL
FARXIGA	Preferred brand	QL
glimepiride	Preferred generic	
glipizide er	Preferred generic	
glipizide ir	Preferred generic	

Drug Name	Drug Tier	Notes
glipizide xl	Preferred generic	
glipizide-metformin hcl	Preferred generic	
glyburide micronized	Preferred generic	
glyburide oral	Preferred generic	
glyburide-metformin	Preferred generic	
GLYXAMBI	Preferred brand	QL
INVOKAMET	Not covered	QL
INVOKAMET XR	Not covered	QL
INVOKANA	Not covered	QL
JANUMET	Preferred brand	QL
JANUMET XR	Preferred brand	QL
JANUVIA	Preferred brand	QL
JARDIANCE	Preferred brand	QL
JENTADUETO	Preferred brand	QL
JENTADUETO XR	Preferred brand	QL
LIRAGLUTIDE	Not covered	ABA; QL
metformin hcl er	Preferred generic	
metformin hcl er (mod)	Not covered	
metformin hcl er (osm)	Not covered	
metformin hcl oral solution	Not covered	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Preferred generic	
metformin hcl oral tablet 625 mg	Not covered	
miglitol	Nonpreferred generic	
MOUNJARO	Preferred brand	ST; QL
nateglinide	Nonpreferred generic	
OZEMPIC	Preferred brand	ST; QL
pioglitazone hcl	Preferred generic	
pioglitazone hcl-glimepiride	Nonpreferred generic	
pioglitazone hcl-metformin hcl	Nonpreferred generic	
QTERN	Not covered	QL
repaglinide	Nonpreferred generic	
RYBELSUS	Preferred brand	ST; QL
saxagliptin hcl	Not covered	QL
saxagliptin-metformin er	Not covered	
SEGLUROMET	Not covered	QL
SITAGLIPTIN	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
SITAGLIPTIN BASE-METFORMIN HCL	Not covered	ABA
SOLIQUA	Preferred brand	QL
STEGLATRO	Not covered	QL
STEGLUJAN	Not covered	QL
SYMLINPEN 120	Nonpreferred brand	
SYMLINPEN 60	Nonpreferred brand	
SYNJARDY	Preferred brand	QL
SYNJARDY XR	Preferred brand	QL
TRADJENTA	Preferred brand	QL
TRIJARDY XR	Preferred brand	QL
TRULICITY	Preferred brand	ST; QL
VICTOZA	Not covered	QL
XIGDUO XR	Preferred brand	QL
XULTOPHY	Preferred brand	QL
ZITUVIMET	Not covered	
ZITUVIMET XR	Not covered	QL
ZITUVIO	Not covered	QL
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	Preferred brand	QL
BAQSIMI TWO PACK	Preferred brand	QL
diazoxide oral	Nonpreferred generic	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Not covered	
glucagon emergency kit	Nonpreferred generic	
GLUCAGON EMERGENCY KIT	Not covered	
GVOKE HYOPEN 1-PACK	Preferred brand	QL
GVOKE HYOPEN 2-PACK	Preferred brand	QL
GVOKE KIT	Preferred brand	QL
GVOKE PFS	Preferred brand	QL
ZEGALOGUE	Preferred brand	QL
<b>Insulins</b>		
ADMELOG	Not covered	
ADMELOG SOLOSTAR	Not covered	
AFREZZA	Not covered	
APIDRA SOLOSTAR	Not covered	
APIDRA VIAL	Not covered	
BASAGLAR KWIKPEN	Preferred generic	

Drug Name	Drug Tier	Notes
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 SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML	Not covered	
HUMALOG MIX 75/25 KWIKPEN	Not covered	
HUMALOG MIX 75/25 VIAL	Not covered	
HUMALOG U-100 JUNIOR KWIKPEN	Not covered	
HUMULIN 70/30 KWIKPEN	Not covered	
HUMULIN 70/30 VIAL	Not covered	
HUMULIN N KWIKPEN	Not covered	
HUMULIN N VIAL	Not covered	
HUMULIN R U-500 KWIKPEN	Preferred generic	
HUMULIN R U-500 VIAL	Preferred generic	
HUMULIN R VIAL	Not covered	
INSULIN ASP PROT & ASP FLEXPEN	Not covered	ABA
INSULIN ASPART	Not covered	ABA
INSULIN ASPART FLEXPEN	Not covered	ABA
INSULIN ASPART PENFILL	Not covered	ABA
INSULIN ASPART PROT & ASPART	Not covered	ABA
INSULIN DEGLUDEC	Not covered	ABA
INSULIN DEGLUDEC FLEXTOUCH	Not covered	ABA
INSULIN GLARGINE MAX SOLOSTAR	Not covered	ABA
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	Not covered	ABA
INSULIN GLARGINE-YFGN	Not covered	ABA
INSULIN LISPRO	Not covered	ABA
INSULIN LISPRO (1 UNIT DIAL)	Not covered	ABA
INSULIN LISPRO JUNIOR KWIKPEN	Nonpreferred brand	ABA
INSULIN LISPRO PROT & LISPRO	Not covered	ABA
LANTUS SOLOSTAR	Preferred generic	
LANTUS U-100 VIAL	Preferred generic	

Drug Name	Drug Tier	Notes
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	Not covered	
LEVEMIR U-100 VIAL	Not covered	
LYUMJEV KWIKPEN	Not covered	
LYUMJEV VIAL	Not covered	
NOVOLIN 70/30 FLEXPEN	Preferred generic	
NOVOLIN 70/30 RELION	Not covered	
NOVOLIN 70/30 VIAL	Preferred generic	
NOVOLIN N FLEXPEN	Preferred generic	
NOVOLIN N RELION	Not covered	
NOVOLIN N VIAL	Preferred generic	
NOVOLIN R FLEXPEN	Preferred generic	
NOVOLIN R RELION	Not covered	
NOVOLIN R VIAL	Preferred generic	
NOVOLOG 70/30 FLEXPEN RELION	Not covered	
NOVOLOG FLEXPEN	Preferred generic	
NOVOLOG FLEXPEN RELION	Not covered	
NOVOLOG MIX 70/30 FLEXPEN	Preferred generic	
NOVOLOG MIX 70/30 RELION	Not covered	
NOVOLOG MIX 70/30 VIAL	Preferred generic	
NOVOLOG PENFILL	Preferred generic	
NOVOLOG RELION	Not covered	
NOVOLOG U-100 VIAL	Preferred generic	
REZVOGLAR KWIKPEN	Preferred generic	
SEMGLEE (YFGN)	Not covered	
TOUJEO MAX SOLOSTAR	Preferred generic	
TOUJEO SOLOSTAR	Preferred generic	
TRESIBA	Preferred generic	
TRESIBA FLEXTOUCH	Preferred generic	
<b>Blood Products and Modifiers</b>		
EMPAVELI	Preferred specialty	PA; SP; QL
FABHALTA	Nonpreferred specialty	PA; SP; QL
VOYDEYA	Nonpreferred specialty	PA; SP; QL
<b>Anticoagulants</b>		
dabigatran etexilate mesylate	Nonpreferred generic	QL
ELIQUIS	Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK	Preferred brand	QL

Drug Name	Drug Tier	Notes
enoxaparin sodium	Nonpreferred generic	
fondaparinux sodium	Nonpreferred generic	
FRAGMIN	Nonpreferred brand	
heparin sodium (porcine)	Nonpreferred generic	
heparin sodium (porcine) pf	Nonpreferred generic	
jantoven	Preferred generic	
PRADAXA ORAL CAPSULE 150 MG, 75 MG	Not covered	QL
PRADAXA ORAL PACKET	Nonpreferred brand	QL
SAVAYSA	Nonpreferred brand	QL
warfarin sodium oral	Preferred generic	
XARELTO	Preferred brand	QL
XARELTO STARTER PACK	Preferred brand	QL
ZONTIVITY	Nonpreferred brand	QL
<b>Blood Formation Modifiers</b>		
ALVAIZ	Not covered	SP; QL
anagrelide hcl	Nonpreferred generic	
ARANESP (ALBUMIN FREE)	Not covered	SP
DOPTELET	Preferred specialty	PA; SP; QL
EPOGEN	Not covered	SP
FULPHILA	Nonpreferred specialty	ST; SP; QL
FYLNETRA	Not covered	SP
GRANIX	Not covered	SP
LEUKINE	Nonpreferred specialty	SP
MIRCERA	Not covered	SP; QL
MULPLETA	Not covered	SP; QL
NEULASTA	Preferred specialty	SP; QL
NEUPOGEN	Not covered	SP
NIVESTYM	Preferred specialty	SP; QL
NYPOZI	Not covered	SP; QL
NYVEPRIA	Nonpreferred specialty	ST; SP; QL
PROCRIT	Preferred specialty	SP
PROMACTA	Preferred specialty	PA; SP
PYRUKYND	Preferred specialty	PA; SP; QL
PYRUKYND TAPER PACK	Preferred specialty	PA; SP; QL
RELEUKO	Not covered	SP; QL
RETACRIT	Preferred specialty	SP
ROLVEDON	Nonpreferred specialty	PA; SP; QL



Drug Name	Drug Tier	Notes
STIMUFEND	Nonpreferred specialty	ST; SP; QL
UDENYCA	Nonpreferred specialty	ST; SP; QL
VAFSEO	Nonpreferred specialty	SP; QL
XOLREMDI	Preferred specialty	PA; SP; QL
ZARXIO	Preferred specialty	SP
ZIEXTENZO	Preferred specialty	SP; QL
<b>Hemostasis Agents</b>		
ADVATE	Preferred brand	
ADYNOVATE	Preferred brand	
AFSTYLA	Preferred brand	
ALPHANATE	Preferred brand	
ALPHANINE SD	Preferred brand	
ALPROLIX	Preferred brand	
ALTUVIIIO	Preferred brand	
aminocaproic acid oral	Nonpreferred generic	
BENEFIX	Preferred brand	
COAGADEX	Preferred brand	
CORIFACT	Preferred brand	
ELOCTATE	Preferred brand	
ESPEROCT	Preferred brand	
FEIBA	Preferred brand	
HEMLIBRA	Preferred brand	PA; QL
HEMOFIL M	Preferred brand	
HUMATE-P	Preferred brand	
IDELVION	Preferred brand	
IXINITY	Preferred brand	
JIVI	Preferred brand	
KOATE	Preferred brand	
KOATE-DVI	Preferred brand	
KOGENATE FS	Preferred brand	
KOVALTRY	Preferred brand	
NOVOEIGHT	Preferred brand	
NOVOSEVEN RT	Preferred brand	
NUWIQ	Preferred brand	
OBIZUR	Preferred brand	
PROFILNINE	Preferred brand	
REBINYN	Preferred brand	

Drug Name	Drug Tier	Notes
RECOMBINATE	Preferred brand	
RIXUBIS	Preferred brand	
SEVENFACT	Preferred brand	
TAVALISSE	Nonpreferred specialty	PA; SP; QL
tranexamic acid oral	Nonpreferred generic	QL
TRETTEN	Preferred brand	
VONVENDI	Preferred brand	
WILATE	Preferred brand	
XYNTHA	Preferred brand	
XYNTHA SOLOFUSE	Preferred brand	
<b>Platelet Modifying Agents</b>		
aspirin-dipyridamole er	Nonpreferred generic	
BRILINTA	Preferred brand	QL
CABLIVI	Preferred specialty	PA; SP; QL
cilostazol	Nonpreferred generic	
clopidogrel bisulfate oral	Preferred generic	
dipyridamole oral	Nonpreferred generic	
prasugrel hcl	Preferred generic	QL
YOSPRALA	Not covered	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
clonidine	Nonpreferred generic	
CLONIDINE ER	Not covered	ABA
clonidine hcl oral	Preferred generic	
guanfacine hcl	Nonpreferred generic	
methyldopa	Nonpreferred generic	
midodrine hcl	Nonpreferred generic	
NEXICLON XR	Not covered	
<b>Alpha-adrenergic Blocking Agents</b>		
doxazosin mesylate oral	Nonpreferred generic	
phenoxybenzamine hcl oral	Nonpreferred generic	PA; QL
prazosin hcl oral	Nonpreferred generic	
<b>Angiotensin II Receptor Antagonists</b>		
candesartan cilexetil	Nonpreferred generic	
EDARBI	Nonpreferred brand	ST; QL
irbesartan	Preferred generic	

Drug Name	Drug Tier	Notes
losartan potassium oral	Preferred generic	
olmesartan medoxomil oral	Preferred generic	
telmisartan	Preferred generic	
VALSARTAN ORAL SOLUTION	Not covered	
valsartan oral tablet	Preferred generic	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
benazepril hcl oral	Preferred generic	
captopril oral	Nonpreferred generic	
enalapril maleate oral solution	Not covered	
enalapril maleate oral tablet	Preferred generic	
fosinopril sodium	Preferred generic	
lisinopril oral	Preferred generic	
moexipril hcl	Preferred generic	
perindopril erbumine	Preferred generic	
QBRELIS	Not covered	QL
quinapril hcl	Preferred generic	
ramipril	Preferred generic	
trandolapril	Preferred generic	
<b>Antiarrhythmics</b>		
amiodarone hcl oral	Nonpreferred generic	
disopyramide phosphate	Nonpreferred generic	
dofetilide	Nonpreferred generic	
flecainide acetate	Nonpreferred generic	
mexiletine hcl oral	Nonpreferred generic	
MULTAQ	Preferred brand	QL
NORPACE CR	Preferred brand	
propafenone hcl	Nonpreferred generic	
propafenone hcl er	Nonpreferred generic	
quinidine gluconate er	Nonpreferred generic	
quinidine sulfate	Nonpreferred generic	
sotalol hcl (af)	Preferred generic	
sotalol hcl oral	Preferred generic	
SOTYLIZE	Not covered	
<b>Beta-adrenergic Blocking Agents</b>		
acebutolol hcl oral	Preferred generic	
atenolol oral	Preferred generic	

Drug Name	Drug Tier	Notes
betaxolol hcl oral	Preferred generic	
bisoprolol fumarate oral	Preferred generic	
carvedilol	Preferred generic	
carvedilol phosphate er	Not covered	QL
HEMANGEOL	Not covered	QL
INDERAL XL	Not covered	
INNOPRAN XL	Not covered	
KASPARGO SPRINKLE	Not covered	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	Preferred generic	
metoprolol succinate er	Preferred generic	
metoprolol tartrate oral	Preferred generic	
nadolol oral	Preferred generic	
nebivolol hcl	Preferred generic	QL
pindolol	Preferred generic	
propranolol hcl er	Preferred generic	
propranolol hcl oral	Preferred generic	
timolol maleate oral	Nonpreferred generic	
<b>Calcium Channel Blocking Agents</b>		
amlodipine besylate oral	Preferred generic	
cartia xt	Nonpreferred generic	
CONJUPRI	Not covered	
diltiazem hcl er	Nonpreferred generic	
diltiazem hcl er beads	Nonpreferred generic	
diltiazem hcl er coated beads	Nonpreferred generic	
diltiazem hcl oral	Nonpreferred generic	
dilt-xr	Nonpreferred generic	
felodipine er	Preferred generic	
isradipine	Nonpreferred generic	
KATERZIA	Not covered	QL
LEVAMLODIPINE MALEATE	Not covered	ABA
matzim la	Nonpreferred generic	
nicardipine hcl oral	Nonpreferred generic	
nifedipine er	Nonpreferred generic	
nifedipine er osmotic release	Nonpreferred generic	
nifedipine oral	Nonpreferred generic	
nimodipine oral	Nonpreferred generic	
nisoldipine er	Nonpreferred generic	

Drug Name	Drug Tier	Notes
NORLIQVA	Not covered	QL
NYMALIZE	Nonpreferred brand	QL
taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	Nonpreferred generic	
tiadylt er	Nonpreferred generic	
verapamil hcl er	Nonpreferred generic	
verapamil hcl oral	Nonpreferred generic	
<b>Cardiovascular Agents, Other</b>		
aliskiren fumarate	Nonpreferred generic	
amiloride-hydrochlorothiazide	Preferred generic	
amlodipine besylate-benazepril hcl	Preferred generic	
amlodipine besylate-valsartan	Preferred generic	
amlodipine-atorvastatin	Nonpreferred generic	QL
amlodipine-olmesartan	Preferred generic	
amlodipine-valsartan-hctz	Nonpreferred generic	
ASPRUZYO SPRINKLE	Nonpreferred brand	QL
atenolol-chlorthalidone	Preferred generic	
benazepril-hydrochlorothiazide	Preferred generic	
bisoprolol-hydrochlorothiazide	Preferred generic	
CAMZYOS	Preferred specialty	PA; SP; QL
candesartan cilexetil-hctz	Nonpreferred generic	
captopril-hydrochlorothiazide	Nonpreferred generic	
CORLANOR ORAL SOLUTION	Preferred brand	QL
digoxin oral solution	Nonpreferred generic	
digoxin oral tablet 125 mcg, 250 mcg	Nonpreferred generic	
digoxin oral tablet 62.5 mcg	Not covered	
droxidopa	Preferred specialty	SP; QL
EDARBYCLOR	Nonpreferred brand	ST; QL
enalapril-hydrochlorothiazide	Preferred generic	
ENTRESTO	Preferred brand	QL
fosinopril sodium-hctz	Preferred generic	
INPEFA	Not covered	QL
irbesartan-hydrochlorothiazide	Preferred generic	
isosorb dinitrate-hydralazine	Nonpreferred generic	
ivabradine hcl	Nonpreferred generic	QL
lisinopril-hydrochlorothiazide	Preferred generic	
LODOCO	Not covered	QL

Drug Name	Drug Tier	Notes
losartan potassium-hctz	Preferred generic	
metoprolol-hydrochlorothiazide	Preferred generic	
metyrosine	Nonpreferred generic	
olmesartan medoxomil-hctz	Preferred generic	
olmesartan-amlodipine-hctz	Nonpreferred generic	QL
pentoxifylline er	Nonpreferred generic	
PRESTALIA	Not covered	QL
quinapril-hydrochlorothiazide	Preferred generic	
ranolazine er	Nonpreferred generic	
spironolactone-hctz	Preferred generic	
telmisartan-amlodipine	Nonpreferred generic	
telmisartan-hctz	Nonpreferred generic	
trandolapril-verapamil hcl er	Nonpreferred generic	
triamterene-hctz	Preferred generic	
TRYVIO	Not covered	QL
valsartan-hydrochlorothiazide	Preferred generic	
VECAMYL	Not covered	QL
VERQUVO	Nonpreferred brand	PA; QL
VYNDAMAX	Preferred specialty	PA; SP; QL
VYNDAQEL	Preferred specialty	PA; SP; QL
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
acetazolamide er	Nonpreferred generic	
acetazolamide oral	Nonpreferred generic	
dichlorphenamide	Preferred specialty	PA; SP; QL
methazolamide oral	Nonpreferred generic	
<b>Diuretics, Loop</b>		
bumetanide oral	Preferred generic	
ethacrynic acid	Nonpreferred generic	
FUROSCIX	Nonpreferred specialty	PA; SP; QL
furosemide oral	Preferred generic	
SOAANZ	Not covered	
toremide	Preferred generic	
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl oral	Preferred generic	
eplerenone	Preferred generic	
spironolactone oral suspension	Not covered	
spironolactone oral tablet	Preferred generic	

Drug Name	Drug Tier	Notes
triamterene oral	Nonpreferred generic	
<b>Diuretics, Thiazide</b>		
chlorthalidone	Preferred generic	
DIURIL	Nonpreferred brand	
hydrochlorothiazide oral	Preferred generic	
indapamide	Preferred generic	
metolazone	Preferred generic	
THALITONE	Not covered	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate micronized oral capsule 130 mg, 43 mg	Nonpreferred generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Preferred generic	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Preferred generic	
fenofibrate oral capsule 150 mg, 50 mg	Not covered	
fenofibrate oral tablet 120 mg, 40 mg	Not covered	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Preferred generic	
fenofibric acid oral capsule delayed release	Nonpreferred generic	
fenofibric acid oral tablet	Not covered	
FIBRICOR	Not covered	
gemfibrozil oral	Preferred generic	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ALTOPREV	Not covered	QL
ATORVALIQ	Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Preferred generic	QL
EZALLOR SPRINKLE	Not covered	
FLOLIPID	Not covered	
fluvastatin sodium	Nonpreferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	Nonpreferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
lovastatin oral	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pitavastatin calcium	Nonpreferred generic	ST; QL

Drug Name	Drug Tier	Notes
pravastatin sodium	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Preferred generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Preferred generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	Preferred generic	QL
ZYPITAMAG	Not covered	
<b>Dyslipidemics, Other</b>		
cholestyramine light	Nonpreferred generic	
cholestyramine oral	Nonpreferred generic	
colesevelam hcl	Nonpreferred generic	
colestipol hcl	Nonpreferred generic	
ezetimibe	Preferred generic	QL
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Not covered	ABA
ezetimibe-simvastatin	Nonpreferred generic	QL
icosapent ethyl	Nonpreferred generic	QL
JUXTAPID	Not covered	SP; QL
NEXLETOL	Preferred brand	PA; QL
NEXLIZET	Preferred brand	PA; QL
niacin (antihyperlipidemic)	Not covered	
niacin er (antihyperlipidemic)	Nonpreferred generic	
niacor	Not covered	
omega-3-acid ethyl esters	Nonpreferred generic	QL
PRALUENT	Not covered	QL
prevalite	Nonpreferred generic	
REPATHA	Preferred brand	PA; QL
REPATHA PUSHTRONEX SYSTEM	Preferred brand	PA; QL
REPATHA SURECLICK	Preferred brand	PA; QL
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Not covered	
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
isosorbide dinitrate	Nonpreferred generic	
isosorbide mononitrate	Preferred generic	
isosorbide mononitrate er	Preferred generic	
NITRO-BID	Preferred brand	



Drug Name	Drug Tier	Notes
NITRO-DUR	Not covered	
nitroglycerin rectal	Nonpreferred generic	QL
nitroglycerin sublingual	Nonpreferred generic	
nitroglycerin transdermal	Nonpreferred generic	
nitroglycerin translingual	Nonpreferred generic	
NITRO-TIME	Preferred brand	
<b>Vasodilators, Direct-acting Arterial</b>		
hydralazine hcl oral	Nonpreferred generic	
minoxidil oral	Nonpreferred generic	
<b>Central Nervous System Agents</b>		
<b>Attention Deficit Hyperactivity Disorder Agents, Amphetamines</b>		
ADDERALL XR	Nonpreferred brand	QL
ADZENYS XR-ODT	Not covered	QL
amphetamine sulfate	Nonpreferred generic	PA; QL
amphetamine-dextroamphetamine	Nonpreferred generic	QL
amphetamine-dextroamphetamine er	Nonpreferred generic	QL
amphet-dextroamphet 3-bead er	Nonpreferred generic	QL
dextroamphetamine sulfate	Nonpreferred generic	QL
dextroamphetamine sulfate er	Nonpreferred generic	QL
DYANAVAL XR	Not covered	QL
lisdexamfetamine dimesylate	Nonpreferred generic	QL
methamphetamine hcl	Nonpreferred generic	QL
VYVANSE	Nonpreferred brand	QL
XELSTRYM	Not covered	QL
<b>Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines</b>		
atomoxetine hcl	Nonpreferred generic	QL
AZSTARYS	Nonpreferred brand	PA; QL
clonidine hcl er	Nonpreferred generic	QL
CONCERTA	Nonpreferred brand	QL
COTEMPLA XR-ODT	Not covered	QL
dexmethylphenidate hcl	Nonpreferred generic	QL
dexmethylphenidate hcl er	Nonpreferred generic	QL
guanfacine hcl er	Nonpreferred generic	QL
JORNAY PM	Nonpreferred brand	PA; QL
methylphenidate	Nonpreferred generic	QL

Drug Name	Drug Tier	Notes
methylphenidate hcl er	Nonpreferred generic	QL
methylphenidate hcl er (cd)	Nonpreferred generic	QL
methylphenidate hcl er (la)	Nonpreferred generic	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Nonpreferred generic	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	Not covered	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	Not covered	QL
methylphenidate hcl er (xr)	Not covered	QL
methylphenidate hcl oral	Nonpreferred generic	QL
ONYDA XR	Not covered	QL
QELBREE	Nonpreferred brand	PA; QL
QUILLICHEW ER	Not covered	QL
QUILLIVANT XR	Not covered	QL
RELEXXII	Not covered	QL
<b>Central Nervous System, Other</b>		
AUSTEDO	Preferred specialty	PA; SP; QL
AUSTEDO XR	Nonpreferred specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	Nonpreferred specialty	PA; SP; QL
caffeine citrate oral	Nonpreferred generic	
DAYBUE	Preferred specialty	PA; SP; QL
EXSERVAN ORAL FILM 50 MG	Nonpreferred specialty	PA; SP; QL
gabapentin (once-daily)	Not covered	QL
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG	Not covered	QL
HORIZANT	Not covered	QL
IMCIVREE	Preferred specialty	PA; SP; QL
INGREZZA	Nonpreferred specialty	PA; SP; QL
NUDEXTA	Preferred brand	PA; QL
RADICAVA ORS	Nonpreferred specialty	PA; SP; QL
RADICAVA ORS STARTER KIT	Nonpreferred specialty	PA; SP; QL
riluzole	Nonpreferred generic	
SKYCLARYS	Preferred specialty	PA; SP; QL
TEGLUTIK	Nonpreferred specialty	PA; SP; QL
tetrabenazine	Preferred specialty	PA; SP; QL
<b>Fibromyalgia Agents</b>		
pregabalin er	Not covered	QL

Drug Name	Drug Tier	Notes
pregabalin oral	Preferred generic	QL
SAVELLA	Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK	Nonpreferred brand	PA; QL
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	Preferred specialty	SP; QL
AVONEX PREFILLED	Preferred specialty	SP; QL
BAFIERTAM	Preferred specialty	SP; QL
BETASERON	Preferred specialty	SP; QL
dalfampridine er	Preferred specialty	SP; QL
dimethyl fumarate oral	Nonpreferred generic	SP; QL
dimethyl fumarate starter pack	Nonpreferred generic	SP; QL
EXTAVIA	Not covered	SP; QL
fingolimod hcl	Nonpreferred generic	SP; QL
GILENYA ORAL CAPSULE 0.25 MG	Nonpreferred specialty	SP; QL
glatiramer acetate	Preferred specialty	SP; QL
glatopa	Preferred specialty	SP; QL
KESIMPTA	Preferred specialty	SP; QL
MAVENCLAD	Nonpreferred specialty	ST; SP; QL
MAYZENT	Nonpreferred specialty	SP; QL
MAYZENT STARTER PACK	Nonpreferred specialty	SP; QL
PLEGRIDY	Not covered	SP; QL
PLEGRIDY STARTER PACK	Not covered	SP; QL
PONVORY	Nonpreferred specialty	SP; QL
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	Nonpreferred generic	SP; QL
VUMERITY	Preferred specialty	SP; QL
ZEPOSIA	Nonpreferred specialty	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	Nonpreferred specialty	PA; SP; QL
ZEPOSIA STARTER KIT	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
<b>Cholestatic Pruritus Agent</b>		
<b>Ileal Bile Acid Transporter Inhibitor</b>		
BYLVAY	Preferred specialty	PA; SP; QL
BYLVAY (PELLETS)	Preferred specialty	PA; SP; QL
LIVMARLI	Preferred specialty	PA; SP; QL
<b>Dental and Oral Agents</b>		
cevimeline hcl	Nonpreferred generic	
chlorhexidine gluconate mouth/throat	Nonpreferred generic	
periogard	Nonpreferred generic	
pilocarpine hcl oral	Nonpreferred generic	
triamcinolone acetonide mouth/throat	Nonpreferred generic	
<b>Dermatological Agents</b>		
ABSORICA LD	Not covered	QL
accutane	Nonpreferred generic	QL
acitretin	Nonpreferred generic	
adapalene external cream	Nonpreferred generic	
adapalene external gel	Nonpreferred generic	
ADAPALENE EXTERNAL PAD	Not covered	
ADAPALENE EXTERNAL SOLUTION	Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Nonpreferred generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Not covered	QL
ADBRY	Preferred specialty	PA; SP; QL
AKLIEF	Not covered	QL
ALTRENO	Nonpreferred brand	QL
ammonium lactate external	Nonpreferred generic	
amnesteem	Nonpreferred generic	QL
AMZEEQ	Not covered	QL
ARAZLO	Not covered	QL
azelaic acid external	Nonpreferred generic	
AZELEX	Not covered	
benzoyl peroxide-erythromycin	Nonpreferred generic	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML	Nonpreferred specialty	PA; SP; QL
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
CABTREO	Not covered	QL
calcipotriene external cream	Nonpreferred generic	
CALCIPOTRIENE EXTERNAL FOAM	Not covered	ABA
calcipotriene external ointment	Nonpreferred generic	
calcipotriene external solution	Nonpreferred generic	
calcipotriene-betameth diprop	Nonpreferred generic	
calcitriol external	Nonpreferred generic	
CIBINQO	Preferred specialty	PA; SP; QL
claravis	Nonpreferred generic	QL
clindacin	Not covered	
clindacin etz external swab	Nonpreferred generic	
clindacin-p	Nonpreferred generic	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Not covered	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Not covered	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Nonpreferred generic	
clindamycin phosphate external foam	Not covered	
clindamycin phosphate external gel	Nonpreferred generic	
clindamycin phosphate external lotion	Nonpreferred generic	
clindamycin phosphate external solution	Nonpreferred generic	
clindamycin phosphate external swab	Nonpreferred generic	
clindamycin-tretinoin	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 %	Not covered	QL
dapsone external gel 7.5 %	Not covered	
DIFFERIN EXTERNAL LOTION	Not covered	
doxepin hcl external	Nonpreferred generic	PA; QL
doxycycline	Not covered	
DRYSOL	Preferred brand	
DUOBRII	Nonpreferred brand	QL
DUPIXENT	Preferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Not covered	SP; QL
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Not covered	SP
ENSTILAR	Not covered	QL
EPIFOAM	Preferred brand	
EPSOLAY	Not covered	QL
ery pad 2%	Nonpreferred generic	
erythromycin external	Nonpreferred generic	
EUCRISA	Preferred brand	ST; QL
FABIOR	Not covered	QL
FILSUVEZ	Preferred specialty	PA; SP; QL
FINACEA EXTERNAL FOAM	Not covered	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Nonpreferred generic	
HYFTOR	Preferred specialty	PA; SP; QL
imiquimod external cream 3.75 %	Not covered	QL
imiquimod external cream 5 %	Nonpreferred generic	QL
imiquimod pump	Not covered	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Nonpreferred generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Not covered	QL
ivermectin external cream	Not covered	QL
LITFULO	Nonpreferred specialty	PA; SP; QL
methoxsalen rapid	Nonpreferred generic	
metronidazole external	Nonpreferred generic	
NEMLUVIO	Not covered	SP; QL
neuac	Nonpreferred generic	
NORITATE	Not covered	
OPZELURA	Nonpreferred brand	PA; QL
pimecrolimus	Nonpreferred generic	
podofilox external	Nonpreferred generic	
PRAMOSONE	Not covered	
QBREXZA	Not covered	QL
REGRANEX	Nonpreferred brand	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	Not covered	
SANTYL	Preferred brand	

Drug Name	Drug Tier	Notes
selenium sulfide external lotion	Nonpreferred generic	
SILIQ	Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred specialty	PA; SP; QL
sodium sulfacetamide wash	Nonpreferred generic	
SOFDRA	Not covered	QL
SORILUX	Not covered	
SOTYKTU	Nonpreferred specialty	PA; SP; QL
SPEVIGO SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
sss 10-5 external cream	Nonpreferred generic	
STELARA SUBCUTANEOUS	Preferred specialty	PA; SP; QL
sulfacetamide sodium (acne)	Nonpreferred generic	
sulfacetamide sodium external	Nonpreferred generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Nonpreferred generic	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	Nonpreferred generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	Nonpreferred generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Nonpreferred generic	
tacrolimus external	Nonpreferred generic	
TALTZ	Nonpreferred specialty	PA; SP; QL
tazarotene external cream	Nonpreferred generic	
TAZAROTENE EXTERNAL FOAM	Not covered	ABA; QL
tazarotene external gel	Nonpreferred generic	
TREMFYA SUBCUTANEOUS	Preferred specialty	PA; SP; QL
tretinoin external cream	Nonpreferred generic	
tretinoin external gel 0.01 %, 0.025 %	Nonpreferred generic	
tretinoin external gel 0.05 %	Not covered	
tretinoin microsphere	Not covered	
tretinoin microsphere pump	Not covered	
TWYNEO	Not covered	QL
VEREGEN	Nonpreferred brand	
VTAMA	Nonpreferred brand	PA; QL
WINLEVI	Not covered	QL
WYNZORA	Not covered	QL
zenatane	Nonpreferred generic	QL

Drug Name	Drug Tier	Notes
ZILXI	Not covered	QL
ZORYVE EXTERNAL CREAM 0.15 %	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
AMINO ACID-HEPARIN-D10W	Not covered	
carglumic acid	Preferred specialty	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Not covered	
effer-k oral tablet effervescent 25 meq	Nonpreferred generic	
GALZIN	Nonpreferred brand	
iodine strong oral	Nonpreferred generic	
klor-con	Nonpreferred generic	
klor-con 10	Nonpreferred generic	
klor-con m10	Nonpreferred generic	
klor-con m15	Nonpreferred generic	
klor-con m20	Nonpreferred generic	
klor-con/ef	Nonpreferred generic	
K-PHOS	Nonpreferred brand	
K-PHOS NO 2	Not covered	
K-PRIME	Preferred brand	
levocarnitine oral solution	Nonpreferred generic	
levocarnitine oral tablet	Nonpreferred generic	
levocarnitine sf	Nonpreferred generic	
NEONATAL PN STARTER BAG INTRAVENOUS SOLUTION 3 %	Not covered	
PHOSPHO-TRIN K500	Nonpreferred brand	
POKONZA	Not covered	
potassium chloride crys er	Nonpreferred generic	
potassium chloride er	Nonpreferred generic	
potassium chloride oral	Nonpreferred generic	
potassium citrate er	Nonpreferred generic	
sodium fluoride oral	Nonpreferred generic	PV2; AL (Min 6 Months and Max 16 Years)



Drug Name	Drug Tier	Notes
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	Preferred brand	
CUVRIOR	Not covered	SP; QL
deferasirox granules	Not covered	15DS; SP
deferasirox oral packet	Not covered	15DS; SP
deferasirox oral tablet	Preferred specialty	15DS; SP
deferasirox oral tablet soluble	Preferred specialty	15DS; SP
deferiprone	Preferred specialty	PA; SP; QL
FERRIPROX ORAL SOLUTION	Nonpreferred specialty	PA; SP; QL
FERRIPROX TWICE-A-DAY	Nonpreferred specialty	PA; SP; QL
JYNARQUE	Preferred specialty	PA; SP; QL
KIONEX	Nonpreferred brand	
LOKELMA	Preferred brand	QL
sodium polystyrene sulfonate	Nonpreferred generic	
SPS (SODIUM POLYSTYRENE SULF)	Nonpreferred brand	
tolvaptan	Preferred specialty	PA; SP; QL
trientine hcl	Preferred specialty	PA; SP; QL
VELTASSA	Preferred brand	QL
<b>Phosphate Binders</b>		
AURYXIA	Nonpreferred brand	
calcium acetate (phos binder)	Nonpreferred generic	
calcium acetate oral tablet 667 mg	Nonpreferred generic	
FOSRENOL ORAL PACKET	Not covered	
lanthanum carbonate	Nonpreferred generic	
sevelamer carbonate	Nonpreferred generic	
sevelamer hcl	Nonpreferred generic	
VELPHORO	Not covered	
<b>Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	Nonpreferred generic	
cyanocobalamin nasal	Not covered	
DODEX	Nonpreferred brand	
ergocalciferol oral capsule	Nonpreferred generic	
folate	Preventive	PV1
folic acid oral tablet 1 mg	Nonpreferred generic	
folic acid oral tablet 400 mcg, 800 mcg	Preventive	PV1
ft folic acid	Preventive	PV1
hydroxocobalamin acetate	Nonpreferred generic	

Drug Name	Drug Tier	Notes
phytonadione injection solution 10 mg/ml	Nonpreferred generic	
phytonadione oral	Nonpreferred generic	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Nonpreferred generic	
vitamin k1 injection	Nonpreferred generic	
yl folic acid	Preventive	PV1
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
belladonna alkaloids-opium	Nonpreferred generic	
dicyclomine hcl oral	Nonpreferred generic	
GLYCATE	Not covered	
glycopyrrolate oral solution	Nonpreferred generic	
glycopyrrolate oral tablet 1 mg, 2 mg	Nonpreferred generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	Not covered	
hyoscyamine sulfate er	Nonpreferred generic	
hyoscyamine sulfate oral	Nonpreferred generic	
hyoscyamine sulfate sublingual	Nonpreferred generic	
hyosyne	Nonpreferred generic	
LEVVID	Not covered	
LEVSIN	Not covered	
LEVSIN/SL	Not covered	
methscopolamine bromide oral	Nonpreferred generic	
NULEV	Not covered	
OSCIMIN	Not covered	
<b>Gastrointestinal Agents, Other</b>		
amoxicill-clarithro-lansopraz	Nonpreferred generic	
bis subcit-metronid-tetracyc	Not covered	
bismuth/metronidaz/tetracyclin	Not covered	
CHENODAL	Nonpreferred specialty	PA; SP
chlordiazepoxide-clidinium	Nonpreferred generic	
cromolyn sodium oral	Nonpreferred generic	
diphenoxylate-atropine	Nonpreferred generic	
GATTEX	Nonpreferred specialty	PA; SP; QL
HELIDAC THERAPY	Not covered	
IQIRVO	Nonpreferred specialty	PA; SP; QL
LIVDELZI	Not covered	SP; QL
loperamide hcl oral capsule	Not covered	

Drug Name	Drug Tier	Notes
MOTEGRITY	Not covered	QL
MOTOFEN	Not covered	
MOVANTIK	Not covered	QL
MYTESI	Nonpreferred brand	PA; QL
OMECLAMOX-PAK	Not covered	
RELISTOR	Not covered	QL
RELTONE	Not covered	
REZDIFFRA	Preferred specialty	PA; 15DS; SP; QL
SEROSTIM	Nonpreferred specialty	PA; SP
SYMPROIC	Preferred brand	QL
TALICIA	Not covered	QL
TRULANCE	Not covered	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	Not covered	
ursodiol oral capsule 300 mg	Nonpreferred generic	
ursodiol oral tablet	Nonpreferred 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 specialty	PA; SP; QL
<b>Histamine2 (H2) Receptor Antagonists</b>		
cimetidine hcl	Nonpreferred generic	
cimetidine oral	Nonpreferred generic	
famotidine oral suspension reconstituted	Nonpreferred generic	
famotidine oral tablet 20 mg, 40 mg	Nonpreferred generic	
nizatidine	Nonpreferred generic	
<b>Irritable Bowel Syndrome Agents</b>		
alosetron hcl	Nonpreferred generic	QL
IBSRELA	Not covered	QL
LINZESS	Preferred brand	QL
lubiprostone	Nonpreferred generic	QL
VIBERZI	Not covered	QL
<b>Laxatives</b>		
bisacodyl ec	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ	Nonpreferred brand	QL
constulose	Nonpreferred generic	
enulose	Nonpreferred generic	
ft clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-c	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac	Nonpreferred generic	
gentle laxative oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gentlelax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE	Not covered	
lactulose encephalopathy	Nonpreferred generic	
lactulose oral packet	Not covered	
lactulose oral solution	Nonpreferred generic	
magnesium citrate oral solution	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
milk of magnesia concentrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
na sulfate-k sulfate-mg sulf	Nonpreferred generic	QL
peg 3350	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	Nonpreferred generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU	Nonpreferred brand	QL
polyethylene glycol 3350 oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
qc magnesium citrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
sm milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
SUFLAVE	Nonpreferred brand	QL
SUTAB	Nonpreferred brand	QL
true laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
<b>Protectants</b>		
misoprostol oral	Nonpreferred generic	
sucralfate oral	Nonpreferred generic	
<b>Proton Pump Inhibitors</b>		
dexlansoprazole	Not covered	
esomeprazole magnesium oral capsule delayed release	Nonpreferred generic	
esomeprazole magnesium oral packet	Nonpreferred generic	
KONVOMEF	Not covered	
lansoprazole oral capsule delayed release	Nonpreferred generic	QL
lansoprazole oral tablet delayed release dispersible	Not covered	

Drug Name	Drug Tier	Notes
NEXIUM ORAL PACKET 2.5 MG, 5 MG	Not covered	
omeprazole oral capsule delayed release	Nonpreferred generic	QL
omeprazole-sodium bicarbonate oral capsule	Nonpreferred generic	QL
omeprazole-sodium bicarbonate oral packet	Not covered	QL
pantoprazole sodium oral packet	Not covered	
pantoprazole sodium oral tablet delayed release	Nonpreferred generic	QL
PRILOSEC	Not covered	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Nonpreferred generic	
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
betaine	Preferred specialty	SP
CERDELGA	Preferred specialty	PA; SP; QL
CHOLBAM	Preferred specialty	PA; SP; QL
CREON	Preferred brand	
CYSTAGON	Preferred specialty	SP
DUVYZAT	Nonpreferred specialty	PA; SP; QL
EVRYSDI	Preferred specialty	PA; SP; QL
GALAFOLD	Preferred specialty	PA; SP; QL
GLASSIA	Preferred specialty	PA; SP; QL
miglustat	Preferred specialty	PA; SP; QL
MYALEPT	Nonpreferred specialty	PA; SP; QL
nitisinone	Preferred specialty	PA; SP
NITYR	Nonpreferred specialty	PA; SP
OCALIVA	Nonpreferred 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 specialty	PA; SP
PALYNZIQ	Preferred specialty	PA; SP; QL
PANCREAZE	Not covered	
PERTZYE	Not covered	

Drug Name	Drug Tier	Notes
PHEBURANE	Nonpreferred specialty	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	Not covered	SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	Not covered	SP
PROCYSBI ORAL PACKET	Not covered	SP; QL
RAVICTI	Nonpreferred specialty	PA; SP; QL
REVCOVI	Preferred specialty	PA; SP; QL
sapropterin dihydrochloride	Preferred specialty	PA; SP
sodium phenylbutyrate oral powder	Nonpreferred generic	
sodium phenylbutyrate oral tablet	Nonpreferred generic	QL
STRENSIQ	Preferred specialty	PA; SP; QL
SUCRAID	Nonpreferred specialty	PA; SP; QL
VIOKACE	Not covered	
VOXZOGO	Preferred specialty	PA; SP; QL
WAINUA	Nonpreferred specialty	PA; SP; QL
XURIDEN	Preferred specialty	PA; SP; QL
yargesa	Preferred specialty	PA; SP; QL
ZENPEP	Preferred brand	

## Genitourinary Agents

### Antispasmodics, Urinary

darifenacin hydrobromide er	Not covered	QL
fesoterodine fumarate er	Nonpreferred generic	QL
flavoxate hcl	Nonpreferred generic	
GELNIQUE	Not covered	QL
GEMTESA	Not covered	QL
mirabegron er	Nonpreferred generic	PA; QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Nonpreferred brand	PA; QL
oxybutynin chloride er	Preferred generic	
oxybutynin chloride oral	Preferred generic	
OXYTROL	Not covered	QL
solifenacin succinate	Preferred generic	QL
tolterodine tartrate	Nonpreferred generic	
tolterodine tartrate er	Nonpreferred generic	
tropium chloride	Nonpreferred generic	QL
tropium chloride er	Nonpreferred generic	QL

Drug Name	Drug Tier	Notes
VESICARE LS	Nonpreferred brand	PA; QL
<b>Benign Prostatic Hypertrophy Agents</b>		
alfuzosin hcl er	Nonpreferred generic	
CARDURA XL	Nonpreferred brand	
dutasteride oral	Nonpreferred generic	
dutasteride-tamsulosin hcl	Nonpreferred generic	QL
ENTADFI	Not covered	QL
finasteride oral tablet 5 mg	Nonpreferred generic	
silodosin	Nonpreferred generic	QL
tamsulosin hcl	Nonpreferred generic	
terazosin hcl	Nonpreferred generic	
<b>Genitourinary Agents, Other</b>		
acetic acid irrigation	Nonpreferred generic	
ARGYLE STERILE SALINE	Nonpreferred brand	
bethanechol chloride oral	Nonpreferred generic	
CURITY STERILE SALINE	Nonpreferred brand	
ELMIRON	Nonpreferred brand	
FILSPARI	Preferred specialty	PA; 15DS; SP; QL
LITHOSTAT	Nonpreferred brand	
OPTIONS GYNOL II CONTRACEPTIVE	Preventive	PV1; QL
penicillamine oral	Nonpreferred generic	QL
RIVFLOZA	Nonpreferred specialty	PA; SP; QL
sodium chloride irrigation	Nonpreferred generic	
tiopronin	Nonpreferred generic	PA
TODAY SPONGE	Preventive	PV1; QL
VCF VAGINAL CONTRACEPTIVE	Preventive	PV1; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
AGAMREE	Nonpreferred specialty	PA; SP; QL
ALA SCALP	Nonpreferred brand	
ala-cort	Nonpreferred generic	
alclometasone dipropionate	Nonpreferred generic	
ALKINDI SPRINKLE	Nonpreferred brand	PA; QL
amcinonide	Not covered	
APEXICON E	Not covered	
betamethasone dipropionate aug	Nonpreferred generic	



Drug Name	Drug Tier	Notes
betamethasone dipropionate external	Nonpreferred generic	
betamethasone valerate external	Nonpreferred generic	
BRYHALI	Nonpreferred brand	QL
CAPEX EXTERNAL SHAMPOO 0.01 %	Nonpreferred brand	
clobetasol prop emollient base external cream 0.05 %	Nonpreferred generic	
clobetasol propionate e	Nonpreferred generic	
clobetasol propionate emulsion	Nonpreferred generic	
clobetasol propionate external	Nonpreferred generic	
clocortolone pivalate	Not covered	
clodan	Nonpreferred generic	
CORDRAN	Not covered	
CORTISONE ACETATE ORAL	Not covered	
deflazacort	Preferred specialty	PA; SP
desonide external cream	Nonpreferred generic	
desonide external gel	Not covered	
desonide external lotion	Nonpreferred generic	
desonide external ointment	Nonpreferred generic	
desoximetasone external	Nonpreferred generic	
DEXABLISS	Not covered	
dexamethasone intensol	Preferred generic	
dexamethasone oral elixir	Preferred generic	
dexamethasone oral solution	Preferred generic	
dexamethasone oral tablet	Preferred generic	
dexamethasone oral tablet therapy pack	Nonpreferred generic	
diflorasone diacetate	Not covered	
fludrocortisone acetate oral	Nonpreferred generic	
fluocinolone acetonide body	Nonpreferred generic	
fluocinolone acetonide external	Nonpreferred generic	
fluocinolone acetonide scalp	Nonpreferred generic	
fluocinonide emulsified base	Nonpreferred generic	
fluocinonide external cream 0.05 %	Nonpreferred generic	
fluocinonide external cream 0.1 %	Nonpreferred generic	QL
fluocinonide external gel	Nonpreferred generic	
fluocinonide external ointment	Nonpreferred generic	
fluocinonide external solution	Nonpreferred generic	
flurandrenolide	Not covered	

Drug Name	Drug Tier	Notes
fluticasone propionate external	Nonpreferred generic	
halcinonide	Not covered	
halobetasol propionate external cream	Nonpreferred generic	
halobetasol propionate external foam	Not covered	
halobetasol propionate external ointment	Nonpreferred generic	
HALOG EXTERNAL OINTMENT	Not covered	
HALOG EXTERNAL SOLUTION	Not covered	
HEMADY	Not covered	
HIDEX 6-DAY	Not covered	
hydrocortisone butyr lipo base external cream 0.1 %	Nonpreferred generic	
hydrocortisone butyrate	Nonpreferred generic	
hydrocortisone external cream 1 %, 2.5 %	Nonpreferred generic	
hydrocortisone external lotion 2 %	Not covered	
hydrocortisone external lotion 2.5 %	Nonpreferred generic	
hydrocortisone external ointment 1 %, 2.5 %	Nonpreferred generic	
HYDROCORTISONE EXTERNAL SOLUTION	Not covered	
hydrocortisone oral	Preferred generic	
hydrocortisone sod suc (pf)	Nonpreferred generic	
hydrocortisone valerate	Nonpreferred generic	
HYDROXYM EXTERNAL CREAM	Not covered	
IMPOYZ	Not covered	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	Nonpreferred brand	
MEDROL ORAL TABLET 2 MG	Nonpreferred brand	
methylprednisolone oral	Preferred generic	
mometasone furoate external	Nonpreferred generic	
PANDEL	Not covered	
prednisolone oral solution	Preferred generic	
prednisolone oral tablet	Nonpreferred generic	
prednisolone sodium phosphate oral solution	Preferred generic	
prednisolone sodium phosphate oral tablet dispersible	Not covered	
prednisone intensol	Preferred generic	
prednisone oral	Preferred generic	
RAYOS	Not covered	QL
SERNIVO	Not covered	QL

Drug Name	Drug Tier	Notes
TAPERDEX 12-DAY	Not covered	
TAPERDEX 6-DAY	Not covered	
TAPERDEX 7-DAY	Not covered	
TEXACORT	Nonpreferred brand	
tovet	Nonpreferred generic	
triamcinolone acetonide external aerosol solution	Nonpreferred generic	QL
triamcinolone acetonide external cream	Nonpreferred generic	
triamcinolone acetonide external lotion	Nonpreferred generic	
triamcinolone acetonide external ointment	Nonpreferred generic	
triamcinolone in absorbbase	Nonpreferred generic	
triderm	Nonpreferred generic	
ULTRAVATE	Not covered	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
ACTHAR	Not covered	SP; QL
ACTHAR GEL	Not covered	SP; QL
cabergoline	Nonpreferred generic	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Not covered	SP; QL
CORTROPHIN	Not covered	SP; QL
desmopressin ace spray refrig	Nonpreferred generic	
desmopressin acetate injection	Nonpreferred generic	
desmopressin acetate oral	Nonpreferred generic	
desmopressin acetate pf	Nonpreferred generic	
desmopressin acetate spray	Nonpreferred generic	
EGRIFTA SV	Not covered	SP; QL
FOLLISTIM AQ	Nonpreferred specialty	PA; SP; QL
GENOTROPIN	Preferred specialty	PA; SP
GENOTROPIN MINIQUICK	Preferred specialty	PA; SP
GONAL-F	Preferred specialty	PA; SP; QL
GONAL-F RFF	Preferred specialty	PA; SP; QL
GONAL-F RFF REDIRECT	Preferred specialty	PA; SP; QL
HUMATROPE	Nonpreferred specialty	PA; SP
INCRELEX	Nonpreferred specialty	PA; SP
ISTURISA	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
MENOPUR	Not covered	SP
NGENLA	Nonpreferred specialty	PA; SP
NOCDURNA	Not covered	QL
NORDITROPIN FLEXPPO	Preferred 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	Preferred specialty	PA; SP; QL
PREGNYL	Preferred specialty	PA; SP; QL
RECORLEV	Not covered	SP; QL
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	Nonpreferred specialty	PA; SP
SKYTROFA	Nonpreferred specialty	PA; SP
SOGROYA	Nonpreferred specialty	PA; SP; QL
ZOMACTON	Nonpreferred specialty	PA; SP
<b>Selective Estrogen Receptor Modifying Agents</b>		
clomiphene citrate oral	Nonpreferred generic	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
mifepristone oral tablet 300 mg	Preferred specialty	PA; SP; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
danazol oral	Nonpreferred 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 INJECTION	Not covered	
testosterone cypionate intramuscular	Nonpreferred generic	
testosterone enanthate intramuscular	Nonpreferred generic	

Drug Name	Drug Tier	Notes
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	Nonpreferred generic	PA; QL
testosterone transdermal gel 10 mg/act (2%)	Not covered	QL
testosterone transdermal solution	Not covered	QL
TLANDO	Not covered	QL
UNDECATREX	Not covered	QL
XYOSTED	Not covered	QL
<b>Estrogens</b>		
afirmelle	Preferred generic	PV2
ALORA	Preferred brand	
altavera	Preferred generic	PV2
alyacen 1/35	Preferred generic	PV2
alyacen 7/7/7	Preferred generic	PV2
amabelz oral tablet 0.5-0.1 mg	Nonpreferred generic	
amethia oral tablet 0.15-0.03 & 0.01 mg	Preferred generic	PV2; QL
amethyst	Preferred generic	PV2
ANGELIQ	Nonpreferred brand	
ANNOVERA	Nonpreferred brand	QL
apri	Preferred generic	PV2
aranelle	Preferred generic	PV2
ashlyna	Preferred generic	PV2; QL
aubra eq	Preferred generic	PV2
aurovela 1.5/30	Preferred generic	PV2
aurovela 1/20	Preferred generic	PV2
aurovela 24 fe	Preferred generic	PV2
aurovela fe 1.5/30	Preferred generic	PV2
aurovela fe 1/20	Preferred generic	PV2
aviane	Preferred generic	PV2
ayuna	Preferred generic	PV2
azurette	Preferred generic	PV2
balziva	Preferred generic	PV2
BIJUVA	Not covered	QL
blisovi 24 fe	Preferred generic	PV2
blisovi fe 1.5/30	Preferred generic	PV2
blisovi fe 1/20	Preferred generic	PV2

Drug Name	Drug Tier	Notes
briellyn	Preferred generic	PV2
camrese	Preferred generic	PV2; QL
camrese lo	Preferred generic	PV2; QL
charlotte 24 fe	Preferred generic	PV2
chateal eq	Preferred generic	PV2
CLIMARA PRO	Nonpreferred brand	
COMBIPATCH	Nonpreferred brand	
COVARYX	Not covered	
COVARYX HS	Not covered	
cryselle-28	Preferred generic	PV2
cyred eq	Preferred generic	PV2
dasetta 1/35	Preferred generic	PV2
dasetta 7/7/7	Preferred generic	PV2
daysee	Preferred generic	PV2; QL
delyla	Preferred generic	PV2
DEPO-ESTRADIOL	Nonpreferred brand	
desogestrel-ethinyl estradiol	Preferred generic	PV2
dolishale	Preferred generic	PV2
dotti	Nonpreferred generic	
drospiren-eth estrad-levomefol	Preferred generic	PV2
drospirenone-ethinyl estradiol	Preferred generic	PV2
DUAVEE	Nonpreferred brand	
EEMT	Not covered	
EEMT HS	Not covered	
ELESTRIN	Nonpreferred brand	
elinest	Preferred generic	PV2
eluryng	Preferred generic	PV2; QL
enilloring	Preferred generic	PV2; QL
enpresse-28	Preferred generic	PV2
enskyce	Preferred generic	PV2
est estrogens-methyltest	Nonpreferred generic	
est estrogens-methyltest ds	Nonpreferred generic	
est estrogens-methyltest hs	Nonpreferred generic	
estarylla	Preferred generic	PV2
estradiol oral	Nonpreferred generic	
estradiol transdermal	Nonpreferred generic	
estradiol vaginal	Nonpreferred generic	

Drug Name	Drug Tier	Notes
estradiol valerate intramuscular	Nonpreferred generic	
estradiol-norethindrone acet	Nonpreferred generic	
estratest f.s.	Nonpreferred generic	
ESTRATEST H.S.	Not covered	
ESTRING	Preferred brand	
ethynodiol diac-eth estradiol	Preferred generic	PV2
etonogestrel-ethinyl estradiol	Preferred generic	PV2; QL
EVAMIST	Nonpreferred brand	
falmina	Preferred generic	PV2
FEMLYV	Nonpreferred brand	QL
FEMRING	Nonpreferred brand	
finzala	Preferred generic	PV2
fyavolv	Nonpreferred generic	
gemmily	Preferred generic	PV2
hailey 1.5/30	Preferred generic	PV2
hailey 24 fe	Preferred generic	PV2
hailey fe 1.5/30	Preferred generic	PV2
hailey fe 1/20	Preferred generic	PV2
haloette	Preferred generic	PV2; QL
iclevia	Preferred generic	PV2; QL
IMVEXXY MAINTENANCE PACK	Nonpreferred brand	
IMVEXXY STARTER PACK	Nonpreferred brand	
introvale	Preferred generic	PV2; QL
isibloom	Preferred generic	PV2
jaimiess	Preferred generic	PV2; QL
jasmiel	Preferred generic	PV2
jinteli	Nonpreferred generic	
jolessa	Preferred generic	PV2; QL
joyeaux	Preferred generic	PV2
juleber	Preferred generic	PV2
junel 1.5/30	Preferred generic	PV2
junel 1/20	Preferred generic	PV2
junel fe 1.5/30	Preferred generic	PV2
junel fe 1/20	Preferred generic	PV2
junel fe 24	Preferred generic	PV2
kaitlib fe	Preferred generic	PV2
kalliga	Preferred generic	PV2

Drug Name	Drug Tier	Notes
kariva	Preferred generic	PV2
kelnor 1/35	Preferred generic	PV2
kelnor 1/50	Preferred generic	PV2
kurvelo	Preferred generic	PV2
larin 1.5/30	Preferred generic	PV2
larin 1/20	Preferred generic	PV2
larin 24 fe	Preferred generic	PV2
larin fe 1.5/30	Preferred generic	PV2
larin fe 1/20	Preferred generic	PV2
layolis fe	Preferred generic	PV2
leena	Preferred generic	PV2
lessina	Preferred generic	PV2
levonest	Preferred generic	PV2
levonorgest-eth est & eth est	Preferred generic	PV2; QL
levonorgest-eth estrad 91-day	Preferred generic	PV2; QL
levonorgest-eth estradiol-iron	Preferred generic	PV2
levonorgestrel-ethinyl estrad	Preferred generic	PV2
levonorg-eth estrad triphasic	Preferred generic	PV2
levora 0.15/30 (28)	Preferred generic	PV2
LO LOESTRIN FE	Nonpreferred brand	
lojaimiess	Preferred generic	PV2; QL
loryna	Preferred generic	PV2
low-ogestrel	Preferred generic	PV2
lo-zumandimine	Preferred generic	PV2
lutera	Preferred generic	PV2
lyllana	Nonpreferred generic	
marlissa	Preferred generic	PV2
MENEST	Nonpreferred brand	
MENOSTAR	Nonpreferred brand	
merzee	Preferred generic	PV2
mibelas 24 fe	Preferred generic	PV2
microgestin 1.5/30	Preferred generic	PV2
microgestin 1/20	Preferred generic	PV2
microgestin fe 1.5/30	Preferred generic	PV2
microgestin fe 1/20	Preferred generic	PV2
mili	Preferred generic	PV2
mimvey	Nonpreferred generic	



Drug Name	Drug Tier	Notes
mono-lynyah	Preferred generic	PV2
MYFEMBREE	Nonpreferred brand	PA; QL
NATAZIA	Nonpreferred brand	
necon 0.5/35 (28)	Preferred generic	PV2
NEXTSTELLIS	Nonpreferred brand	
nikki	Preferred generic	PV2
norelgestromin-eth estradiol	Preferred generic	PV2; QL
norethin ace-eth estrad-fe	Preferred generic	PV2
norethindrone acet-ethinyl est	Preferred generic	PV2
norethindrone-eth estradiol	Nonpreferred generic	
norethindron-ethinyl estrad-fe	Preferred generic	PV2
norethin-eth estradiol-fe	Preferred generic	PV2
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Preferred generic	PV2
norgestimate-ethinyl estradiol triphasic	Preferred generic	PV2
nortrel 0.5/35 (28)	Preferred generic	PV2
nortrel 1/35 (21)	Preferred generic	PV2
nortrel 1/35 (28)	Preferred generic	PV2
nortrel 7/7/7	Preferred generic	PV2
nylia 1/35	Preferred generic	PV2
nylia 7/7/7	Preferred generic	PV2
ocella	Preferred generic	PV2
ORIAHNN	Nonpreferred brand	PA; QL
philith	Preferred generic	PV2
pimtrea	Preferred generic	PV2
portia-28	Preferred generic	PV2
PREMARIN ORAL	Preferred brand	
PREMARIN VAGINAL	Preferred brand	
PREMPHASE	Preferred brand	
PREMPRO	Preferred brand	
reclipsen	Preferred generic	PV2
rivelsa	Preferred generic	PV2; QL
setlakin	Preferred generic	PV2; QL
simliya	Preferred generic	PV2
simpesse	Preferred generic	PV2; QL
sprintec 28	Preferred generic	PV2
sronyx	Preferred generic	PV2

Drug Name	Drug Tier	Notes
syeda	Preferred generic	PV2
tarina 24 fe	Preferred generic	PV2
tarina fe 1/20 eq	Preferred generic	PV2
taysofy	Preferred generic	PV2
tilia fe	Preferred generic	PV2
tri-estarylla	Preferred generic	PV2
tri-legest fe	Preferred generic	PV2
tri-linyah	Preferred generic	PV2
tri-lo-estarylla	Preferred generic	PV2
tri-lo-marzia	Preferred generic	PV2
tri-lo-mili	Preferred generic	PV2
tri-lo-sprintec	Preferred generic	PV2
tri-mili	Preferred generic	PV2
tri-sprintec	Preferred generic	PV2
trivora (28)	Preferred generic	PV2
tri-vylibra	Preferred generic	PV2
tri-vylibra lo	Preferred generic	PV2
turqoz	Preferred generic	PV2
TWIRLA	Not covered	QL
TYBLUME	Nonpreferred brand	
tydemy	Preferred generic	PV2
velivet	Preferred generic	PV2
vestura	Preferred generic	PV2
vienva	Preferred generic	PV2
viorele	Preferred generic	PV2
volnea	Preferred generic	PV2
vyfemla	Preferred generic	PV2
vylibra	Preferred generic	PV2
wera	Preferred generic	PV2
wymzya fe	Preferred generic	PV2
xulane	Preferred generic	PV2; QL
yuvaferm	Nonpreferred generic	
zafemy	Preferred generic	PV2; QL
zovia 1/35 (28)	Preferred generic	PV2
zumandimine	Preferred generic	PV2
<b>Progestins</b>		
aftera	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
camila	Preferred generic	PV2
CRINONE VAGINAL GEL 8 %	Not covered	
curae	Preventive	PV1; QL
deblitane	Preferred generic	PV2
DEPO-SUBQ PROVERA 104	Preferred brand	
econtra one-step	Preventive	PV1; QL
ELLA	Nonpreferred brand	PV2; QL
emzahh	Preferred generic	PV2
ENDOMETRIN	Not covered	
errin	Preferred generic	PV2
gallifrey	Nonpreferred generic	
heather	Preferred generic	PV2
her style	Preventive	PV1; QL
incassia	Preferred generic	PV2
jencycla	Preferred generic	PV2
levonorgestrel	Preventive	PV1; QL
lyleq	Preferred generic	PV2
lyza	Preferred generic	PV2
medroxyprogesterone acetate intramuscular	Preferred generic	PV2
medroxyprogesterone acetate oral	Nonpreferred generic	
megestrol acetate oral	Nonpreferred generic	
my choice	Preventive	PV1; QL
my way	Preventive	PV1; QL
new day	Preventive	PV1; QL
nora-be	Preferred generic	PV2
norethindrone acetate oral	Nonpreferred generic	
norethindrone oral	Preferred generic	PV2
norlyroc	Preferred generic	PV2
opcicon one-step	Preventive	PV1; QL
option 2	Preventive	PV1; QL
progesterone intramuscular	Nonpreferred generic	
progesterone oral	Nonpreferred generic	
react	Preventive	PV1; QL
sharobel	Preferred generic	PV2
SLYND	Nonpreferred brand	QL
take action	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	Nonpreferred brand	
raloxifene hcl	Nonpreferred generic	PV3; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA	Nonpreferred brand	
ARMOUR THYROID	Nonpreferred brand	
ERMEZA	Not covered	
euthyrox	Preferred generic	
levo-t	Preferred generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE	Nonpreferred brand	ABA
levothyroxine sodium oral tablet	Preferred generic	
levoxyl	Preferred generic	
liothyronine sodium oral	Preferred generic	
NIVA THYROID	Nonpreferred brand	
np thyroid	Preferred generic	
THYQUIDITY	Not covered	
thyroid oral	Preferred generic	
TIROSINT	Nonpreferred brand	
TIROSINT-SOL	Nonpreferred brand	
unithroid	Preferred generic	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	Preferred brand	
<b>Hormonal Agents, Suppressant (Pituitary)</b>		
cetrorelix acetate	Not covered	SP
ganirelix acetate	Not covered	SP
leuprolide acetate injection	Preferred specialty	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Preferred specialty	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Preferred specialty	SP
LUPRON DEPOT-PED (1-MONTH)	Preferred specialty	SP
LUPRON DEPOT-PED (3-MONTH)	Preferred specialty	SP
LUPRON DEPOT-PED (6-MONTH)	Preferred specialty	SP
MYCAPSSA	Not covered	SP; QL

Drug Name	Drug Tier	Notes
octreotide acetate injection	Preferred specialty	SP
octreotide acetate subcutaneous	Preferred specialty	SP
ORLISSA	Preferred brand	PA; QL
SIGNIFOR	Preferred specialty	PA; SP; QL
SOMAVERT	Preferred specialty	PA; SP
SYNAREL	Nonpreferred brand	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
methimazole oral	Nonpreferred generic	
propylthiouracil oral	Nonpreferred generic	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
HAEGARDA	Preferred specialty	PA; SP; QL
icatibant acetate	Preferred specialty	PA; SP; QL
ORLADEYO	Nonpreferred specialty	PA; SP; QL
RUCONEST	Nonpreferred specialty	PA; SP; QL
TAKHZYRO	Preferred specialty	PA; SP; QL
<b>Immune Suppressants</b>		
ABRILADA (1 PEN)	Not covered	SP; QL
ABRILADA (2 PEN)	Not covered	SP; QL
ABRILADA (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AACF (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF(CD/UC/HS STRT)	Not covered	SP; QL
ADALIMUMAB-AACF(PS/UV STARTER)	Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-ADAZ	Not covered	SP
ADALIMUMAB-ADBM (2 PEN)	Not covered	SP
ADALIMUMAB-ADBM (2 SYRINGE)	Not covered	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	Not covered	SP
ADALIMUMAB-ADBM(PS/UV STARTER)	Not covered	SP
ADALIMUMAB-FKJP (2 PEN)	Not covered	SP
ADALIMUMAB-FKJP (2 SYRINGE)	Not covered	SP
AMJEVITA	Not covered	SP

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

Drug Name	Drug Tier	Notes
HYRIMOZ-CROHNS/UC STARTER	Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER	Not covered	SP
HYRIMOZ-PED>/=40KG CROHN START	Not covered	SP
HYRIMOZ-PLAQ PSOR/UEVIT START	Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START	Not covered	SP
IDACIO (2 PEN)	Not covered	SP; QL
IDACIO (2 SYRINGE)	Not covered	SP; QL
IDACIO-CROHNS/UC STARTER	Not covered	SP; QL
IDACIO-PSORIASIS STARTER	Not covered	SP; QL
JYLAMVO	Nonpreferred specialty	SP
KINERET	Nonpreferred specialty	PA; SP; QL
LUPKYNIS	Nonpreferred specialty	PA; SP; QL
methotrexate sodium (pf)	Nonpreferred generic	
methotrexate sodium injection solution	Nonpreferred generic	
methotrexate sodium oral	Nonpreferred generic	
mycophenolate mofetil oral	Preferred specialty	SP
mycophenolate sodium	Preferred specialty	SP
mycophenolic acid	Preferred specialty	SP
MYHIBBIN	Not covered	SP; QL
OLUMIANT	Nonpreferred specialty	PA; SP; QL
OMVOH SUBCUTANEOUS	Not covered	SP; QL
ORENCIA CLICKJECT	Nonpreferred specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
OTREXUP	Not covered	SP; QL
PROGRAF ORAL PACKET	Nonpreferred specialty	SP
RASUVO	Not covered	SP; QL
REZUROCK	Preferred specialty	PA; SP; QL
SANDIMMUNE ORAL SOLUTION 100 MG/ML	Nonpreferred specialty	SP
SIMLANDI (1 PEN)	Preferred specialty	PA; SP; QL
SIMLANDI (2 PEN)	Preferred specialty	PA; SP; QL
SIMLANDI (2 SYRINGE)	Preferred specialty	PA; SP; QL
SIMPONI	Preferred specialty	PA; SP; QL
sirolimus oral	Preferred specialty	SP
SKYRIZI PEN	Preferred specialty	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred specialty	PA; SP; QL
tacrolimus oral	Preferred specialty	SP

Drug Name	Drug Tier	Notes
TREXALL	Preferred brand	
XATMEP	Nonpreferred specialty	SP
XELJANZ	Preferred specialty	PA; SP; QL
XELJANZ XR	Preferred specialty	PA; SP; QL
YUFLYMA (1 PEN)	Not covered	SP; QL
YUFLYMA (2 PEN)	Not covered	SP; QL
YUFLYMA (2 SYRINGE)	Not covered	SP; QL
YUFLYMA-CD/UC/HS STARTER	Not covered	SP; QL
YUSIMRY	Not covered	SP
ZYMFENTRA (1 PEN)	Not covered	SP; QL
ZYMFENTRA (2 PEN)	Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)	Not covered	SP; QL
<b>Immunoglobulins</b>		
CUTAQUIG	Nonpreferred specialty	PA; SP
CUVITRU	Not covered	SP
GAMMAGARD	Preferred specialty	PA; SP
GAMMAKED	Nonpreferred specialty	PA; SP
GAMUNEX-C	Nonpreferred specialty	PA; SP
HIZENTRA	Preferred specialty	PA; SP
HYQVIA	Nonpreferred specialty	PA; SP
XEMBIFY	Nonpreferred specialty	PA; SP
<b>Immunomodulators</b>		
ACTEMRA ACTPEN	Nonpreferred specialty	PA; SP; QL
ACTEMRA SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
ACTIMMUNE	Preferred specialty	SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Preferred brand	
ARCALYST	Nonpreferred specialty	PA; SP; QL
BENLYSTA SUBCUTANEOUS	Preferred specialty	PA; SP; QL
BEYFORTUS	Preventive	PV1; QL
ENSPRYNG	Preferred specialty	PA; SP; QL
ENTYVIO PEN	Not covered	SP; QL
KEVZARA	Nonpreferred specialty	PA; SP; QL
leflunomide oral	Nonpreferred generic	
OTEZLA	Preferred specialty	PA; SP; QL
RIDAURA	Nonpreferred brand	
RINVOQ	Preferred specialty	PA; SP; QL



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

Drug Name	Drug Tier	Notes
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
MRESVIA	Preventive	PV1; QL
NOVAVAX COVID-19 VACCINE	Preventive	PV1; QL
PEDIARIX	Preventive	PV1; QL
PEDVAX HIB	Preventive	PV1; QL
PENBRAYA	Preventive	PV1; QL
PENTACEL	Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 5-11Y	Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y	Preventive	PV1; QL
PNEUMOVAX 23	Preventive	PV1; QL
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	Preventive	PV1; QL
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	Preventive	PV1; QL
PREVNAR 20	Preventive	PV1; QL
PRIORIX	Preventive	PV1; QL
PROQUAD	Preventive	PV1; QL
QUADRACEL	Preventive	PV1; QL
RECOMBIVAX HB	Preventive	PV1; QL
ROTARIX	Preventive	PV1; QL
ROTATEQ	Preventive	PV1; QL
SHINGRIX	Preventive	PV1; QL
SPIKEVAX	Preventive	PV1; QL
TDVAX	Preventive	PV1; QL
TENIVAC	Preventive	PV1; QL
TRUMENBA	Preventive	PV1; QL
TWINRIX	Preventive	PV1; QL
VAQTA	Preventive	PV1; QL
VARIVAX	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
VAXELIS	Preventive	PV1; QL
VAXNEUVANCE	Preventive	PV1; QL
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
balsalazide disodium	Nonpreferred generic	
DIPENTUM	Nonpreferred brand	
mesalamine er	Nonpreferred generic	
mesalamine oral capsule delayed release 400 mg	Nonpreferred generic	
mesalamine oral tablet delayed release 1.2 gm	Nonpreferred generic	QL
mesalamine oral tablet delayed release 800 mg	Nonpreferred generic	
mesalamine rectal	Nonpreferred generic	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Preferred brand	
SFROWASA	Not covered	
<b>Glucocorticoids</b>		
ANALPRAM HC	Nonpreferred brand	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	Nonpreferred brand	
ANALPRAM-HC EXTERNAL LOTION	Nonpreferred brand	
ANUCORT-HC	Not covered	
ANUSOL-HC RECTAL	Not covered	
budesonide er	Nonpreferred generic	QL
budesonide oral	Nonpreferred generic	
budesonide rectal	Not covered	
CORTIFOAM	Nonpreferred brand	
EOHILIA	Nonpreferred specialty	PA; SP; QL
HEMMOREX-HC	Not covered	
hydrocortisone (perianal)	Nonpreferred generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Nonpreferred generic	
hydrocortisone acetate rectal	Nonpreferred generic	
hydrocortisone rectal	Nonpreferred generic	
hydrocort-pramoxine (perianal)	Nonpreferred generic	
lidocaine-hydrocort (perianal)	Nonpreferred generic	
LIDOCORT	Nonpreferred brand	
PROCTOCORT RECTAL	Not covered	

Drug Name	Drug Tier	Notes
PROCTOFOAM HC	Preferred brand	
procto-med hc	Nonpreferred generic	
TARPEYO	Nonpreferred specialty	PA; SP; QL
<b>Sulfonamides</b>		
sulfasalazine oral	Preferred generic	
<b>Metabolic Bone Disease Agents</b>		
alendronate sodium	Preferred generic	QL
BINOSTO	Not covered	QL
calcitonin (salmon)	Nonpreferred generic	
calcitriol oral	Nonpreferred generic	
cinacalcet hcl	Preferred specialty	SP
doxercalciferol oral	Nonpreferred generic	
FOSAMAX PLUS D	Not covered	QL
ibandronate sodium oral	Preferred generic	QL
paricalcitol oral	Nonpreferred generic	
RAYALDEE	Not covered	QL
risedronate sodium oral tablet	Nonpreferred generic	QL
risedronate sodium oral tablet delayed release	Nonpreferred generic	ST; QL
teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml	Preferred specialty	PA; SP; QL
TERIPARATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	Not covered	SP; QL
TYMLOS	Preferred specialty	PA; SP; QL
<b>Miscellaneous Therapeutic Agents</b>		
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 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	

Drug Name	Drug Tier	Notes
AQUASTAT SFR	Nonpreferred brand	
BD AUTOSHIELD DUO PEN NEEDLES	Preferred brand	
BD POSIFLUSH	Nonpreferred brand	
BD POSIFLUSH SAFESCRUB	Nonpreferred brand	
BD ULTRA-FINE INSULIN SYRINGES	Preferred brand	
BD ULTRA-FINE PEN NEEDLES	Preferred brand	
BREATHE COMFORT CHAMBER/ADULT	Nonpreferred brand	QL
BREATHE COMFORT CHAMBER/CHILD	Nonpreferred brand	QL
BREATHE EASE LARGE	Nonpreferred brand	QL
BREATHE EASE MEDIUM	Nonpreferred brand	QL
BREATHE EASE SMALL	Nonpreferred brand	QL
BREATHERITE VALVED MDI CHAMBER	Nonpreferred brand	QL
CAYA	Nonpreferred brand	PV2
CLEVER CHOICE HOLDING CHAMBER	Nonpreferred brand	QL
COMPACT SPACE CHAMBER	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/LG MASK	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/MED MASK	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/SM MASK	Nonpreferred brand	QL
CONDOMS	Preventive	PV1; QL
deferoxamine mesylate	Nonpreferred generic	
DOJOLVI	Preferred specialty	PA; SP
DUREX EXTRA SENSITIVE THIN	Preventive	PV1; QL
DUREX TROPICAL	Preventive	PV1; QL
EASIVENT	Nonpreferred brand	QL
ergoloid mesylates oral	Nonpreferred generic	
FC2 FEMALE CONDOM	Preventive	PV1; QL
FEMCAP	Nonpreferred brand	PV2; QL
FIRDAPSE	Preferred specialty	PA; SP; QL
FLEXICHAMBER	Nonpreferred brand	QL
GRASTEK	Not covered	QL
IWILFIN	Preferred specialty	PA; 15DS; SP; QL
KERENDIA	Preferred brand	PA; QL
l-glutamine oral packet	Nonpreferred generic	PA; QL
methylergonovine maleate oral	Nonpreferred generic	PA; QL
MICROCHAMBER DEVICE	Nonpreferred brand	QL
MONOJECT FLUSH SYRINGE	Nonpreferred brand	
MONOJECT SODIUM CHLORIDE FLUSH	Nonpreferred brand	

Drug Name	Drug Tier	Notes
normal saline flush	Nonpreferred generic	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM	Preferred brand	
NOVOFINE PEN NEEDLE	Preferred brand	
NOVOFINE PLUS PEN NEEDLE	Preferred brand	
ODACTRA	Not covered	QL
OMNIPOD 5 DEXG7G6 INTRO GEN 5	Preferred brand	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	Preferred brand	QL
OMNIPOD 5 G7 INTRO (GEN 5) KIT	Preferred brand	QL
OMNIPOD 5 G7 PODS (GEN 5)	Preferred brand	QL
OMNIPOD 5 LIBRE2 PLUS G6	Preferred brand	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	Preferred brand	QL
OMNIPOD CLASSIC PODS (GEN 3)	Preferred brand	QL
OMNIPOD DASH INTRO (GEN 4)	Preferred brand	QL
OMNIPOD DASH PDM (GEN 4)	Preferred brand	
OMNIPOD DASH PODS (GEN 4)	Preferred brand	QL
OMNIPOD GO	Preferred brand	QL
OPTICHAMBER DIAMOND	Preferred brand	QL
OPTICHAMBER DIAMOND-LG MASK	Preferred brand	QL
OPTICHAMBER DIAMOND-MD MASK	Preferred brand	QL
OPTICHAMBER DIAMOND-SM MASK	Preferred brand	QL
PALFORZIA ORAL PACKET 300 MG	Preferred specialty	PA; SP; QL
PHEXXI	Preventive	PV1; QL
POCKET SPACER	Nonpreferred brand	QL
PRO COMFORT SPACER ADULT	Nonpreferred brand	QL
PRO COMFORT SPACER CHILD	Nonpreferred brand	QL
PRO COMFORT SPACER INFANT	Nonpreferred brand	QL
PROCARE SPACER/ADULT MASK	Nonpreferred brand	QL
PROCARE SPACER/CHILD MASK	Nonpreferred brand	QL
PURE COMFORT SPACER CHAMBER	Nonpreferred brand	QL
RADIOGARDASE	Preferred brand	
RAGWITEK	Not covered	QL
saline flush	Nonpreferred generic	
sodium chloride flush solution 0.9 % intravenous	Nonpreferred generic	
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	Nonpreferred brand	
SOHONOS	Preferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
sterile water for irrigation	Nonpreferred generic	
TAVNEOS	Nonpreferred specialty	PA; SP; QL
TIS-U-SOL	Not covered	
TRUE COVER	Preventive	PV1; QL
VEOZAH	Nonpreferred brand	PA; QL
V-GO 20	Preferred brand	QL
V-GO 30	Preferred brand	QL
V-GO 40	Preferred brand	QL
VISTOGARD	Preferred specialty	SP; QL
VORTEX VALVED HOLDING CHAMBER	Nonpreferred brand	QL
water for irrigation, sterile	Nonpreferred generic	
WIDE-SEAL DIAPHRAGM 60	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 65	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 70	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 75	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 80	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 85	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 90	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 95	Nonpreferred brand	PV2; QL
XPHOZAH	Preferred brand	PA; QL
YORVIPATH	Preferred specialty	PA; SP; QL
ZILBRYSQ	Nonpreferred specialty	PA; SP; QL
ZOKINVY	Preferred specialty	PA; SP; QL
<b>Ophthalmic Agents</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate ophthalmic	Nonpreferred generic	
neomycin-polymyxin-gramicidin	Nonpreferred generic	
TOBRADEX	Nonpreferred brand	
TOBRADEX ST	Nonpreferred brand	
tobramycin ophthalmic	Nonpreferred generic	
tobramycin-dexamethasone	Nonpreferred generic	
TOBEX	Nonpreferred brand	
<b>Antibacterials, Other</b>		
bacitracin ophthalmic	Nonpreferred generic	
bacitracin-polymyxin b	Nonpreferred generic	
bacitra-neomycin-polymyxin-hc	Nonpreferred generic	

Drug Name	Drug Tier	Notes
neomycin-bacitracin zn-polymyx	Nonpreferred generic	
neomycin-polymyxin-dexameth ophthalmic ointment	Nonpreferred generic	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Nonpreferred generic	
neomycin-polymyxin-hc ophthalmic	Nonpreferred generic	
NEO-POLYCIN HC	Not covered	
polymyxin b-trimethoprim	Nonpreferred generic	
XDEMZY	Preferred brand	PA; QL
<b>Anti-cytomegalovirus (CMV) Agents</b>		
ZIRGAN	Preferred brand	
<b>Antifungals</b>		
NATACYN	Preferred brand	
<b>Antiherpetic Agents</b>		
trifluridine	Nonpreferred generic	
<b>Macrolides</b>		
AZASITE	Nonpreferred brand	
erythromycin ophthalmic	Nonpreferred generic	
<b>Ophthalmic Agents, Other</b>		
atropine sulfate ophthalmic ointment 1 %	Nonpreferred generic	
atropine sulfate ophthalmic solution 1 %	Nonpreferred generic	
CEQUA	Nonpreferred brand	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Nonpreferred brand	
cyclopentolate hcl ophthalmic	Nonpreferred generic	
cyclosporine ophthalmic	Nonpreferred generic	
CYSTADROPS	Nonpreferred specialty	PA; SP; QL
CYSTARAN	Preferred specialty	PA; SP; QL
HOMATROPAIRE	Nonpreferred brand	
LACRISERT OPHTHALMIC INSERT 5 MG	Nonpreferred brand	
MIEBO	Preferred brand	QL
OXERVATE	Preferred specialty	PA; SP; QL
RESTASIS MULTIDOSE	Not covered	
sulfacetamide-prednisolone	Nonpreferred generic	
tropicamide ophthalmic	Nonpreferred generic	
TYRVAYA	Not covered	QL
VERKAZIA	Not covered	QL



Drug Name	Drug Tier	Notes
VEVYE	Not covered	QL
XIIDRA	Preferred brand	QL
ZYLET	Nonpreferred brand	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	Nonpreferred brand	
ALOMIDE	Nonpreferred brand	
altafrin	Nonpreferred generic	
azelastine hcl ophthalmic	Nonpreferred generic	
bepotastine besilate	Nonpreferred generic	
cromolyn sodium ophthalmic	Nonpreferred generic	
CYCLOMYDRIL	Nonpreferred brand	
epinastine hcl	Nonpreferred generic	
olopatadine hcl ophthalmic solution 0.2 %	Nonpreferred generic	
phenylephrine hcl ophthalmic	Nonpreferred generic	
UPNEEQ	Not covered	QL
ZERVIATE	Not covered	
<b>Ophthalmic Antiglaucoma Agents</b>		
apraclonidine hcl	Nonpreferred generic	
betaxolol hcl ophthalmic	Nonpreferred generic	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Not covered	
BETOPTIC-S	Nonpreferred brand	
brimonidine tartrate ophthalmic	Nonpreferred generic	
brimonidine tartrate-timolol	Nonpreferred generic	
brinzolamide	Nonpreferred generic	
carteolol hcl	Preferred generic	
dorzolamide hcl ophthalmic	Preferred generic	
dorzolamide hcl-timolol mal	Preferred generic	
dorzolamide hcl-timolol mal pf	Preferred generic	
IOPIDINE	Nonpreferred brand	
levobunolol hcl	Preferred generic	
PHOSPHOLINE IODIDE	Not covered	
pilocarpine hcl ophthalmic	Nonpreferred generic	
RHOPRESSA	Preferred brand	ST; QL
ROCKLATAN	Preferred brand	ST; QL
SIMBRINZA	Not covered	
timolol hemihydrate	Not covered	
timolol maleate (once-daily)	Not covered	

Drug Name	Drug Tier	Notes
timolol maleate ocudose	Not covered	
timolol maleate ophthalmic gel forming solution	Nonpreferred generic	
timolol maleate ophthalmic solution	Preferred generic	
timolol maleate pf	Not covered	
<b>Ophthalmic Anti-inflammatories</b>		
ACUVAIL	Not covered	
bromfenac sodium (once-daily)	Nonpreferred generic	
bromfenac sodium ophthalmic solution 0.07 %	Nonpreferred generic	
bromfenac sodium ophthalmic solution 0.075 %	Not covered	QL
CLOBETASOL PROPIONATE OPHTHALMIC	Not covered	
dexamethasone sodium phosphate ophthalmic	Nonpreferred generic	
diclofenac sodium ophthalmic	Nonpreferred generic	
difluprednate	Nonpreferred generic	
EYSUVIS	Not covered	QL
FLAREX	Not covered	
fluorometholone	Nonpreferred generic	
flurbiprofen sodium	Nonpreferred generic	
FML FORTE	Nonpreferred brand	
ILEVRO	Not covered	
INVELTYS	Not covered	QL
ketorolac tromethamine ophthalmic	Nonpreferred generic	
LOTEMAX OPHTHALMIC OINTMENT	Nonpreferred brand	
LOTEMAX SM	Not covered	QL
loteprednol etabonate	Nonpreferred generic	
MAXIDEX	Nonpreferred brand	
NEVANAC	Not covered	
PRED MILD	Nonpreferred brand	
prednisolone acetate ophthalmic	Nonpreferred generic	
PREDNISOLONE ACETATE P-F	Nonpreferred brand	
prednisolone sodium phosphate ophthalmic	Nonpreferred generic	
<b>Ophthalmic Prostaglandin and Prostanoid Analogs</b>		
bimatoprost ophthalmic	Nonpreferred generic	
IYUZEH	Not covered	QL
latanoprost ophthalmic	Preferred generic	
LUMIGAN	Preferred brand	
tafluprost (pf)	Nonpreferred generic	

Drug Name	Drug Tier	Notes
travoprost (bak free)	Nonpreferred generic	
VYZULTA	Not covered	
XELPROS	Nonpreferred brand	PA; QL
<b>Quinolones</b>		
BESIVANCE	Nonpreferred brand	
CILOXAN	Nonpreferred brand	
ciprofloxacin hcl ophthalmic	Nonpreferred generic	
gatifloxacin ophthalmic	Nonpreferred generic	
levofloxacin ophthalmic	Nonpreferred generic	
moxifloxacin hcl (2x day)	Nonpreferred generic	
moxifloxacin hcl ophthalmic	Nonpreferred generic	
ofloxacin ophthalmic	Nonpreferred generic	
<b>Sulfonamides</b>		
sulfacetamide sodium ophthalmic	Nonpreferred generic	
<b>Otic Agents</b>		
acetic acid otic	Nonpreferred generic	
CIPRO HC	Nonpreferred brand	
ciprofloxacin hcl otic	Nonpreferred generic	
ciprofloxacin-dexamethasone	Nonpreferred generic	
CIPROFLOXACIN-FLUOCINOLONE PF	Nonpreferred brand	
CORTISPORIN-TC	Nonpreferred brand	
flac	Nonpreferred generic	
fluocinolone acetonide otic	Nonpreferred generic	
hydrocortisone-acetic acid	Nonpreferred generic	
neomycin-polymyxin-hc otic	Nonpreferred generic	
ofloxacin otic	Nonpreferred generic	
OTOVEL	Nonpreferred brand	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Nonpreferred generic	QL
azelastine hcl nasal solution 0.15 %	Not covered	QL
carbinoxamine maleate	Not covered	
clemastine fumarate oral syrup	Not covered	
clemastine fumarate oral tablet	Nonpreferred generic	
cyproheptadine hcl oral	Nonpreferred generic	
diphenhydramine hcl oral elixir	Nonpreferred generic	

Drug Name	Drug Tier	Notes
olopatadine hcl nasal	Not covered	QL
RYCLORA	Not covered	
ryvent	Not covered	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA	Preferred brand	QL
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Not covered	
AIRDUO RESPICLICK 113/14	Not covered	QL
AIRDUO RESPICLICK 232/14	Not covered	QL
AIRDUO RESPICLICK 55/14	Not covered	QL
ALVESCO	Not covered	QL
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT	Not covered	QL
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
BEVESPI AEROSPHERE	Not covered	QL
BREO ELLIPTA	Preferred brand	QL
breyna	Not covered	QL
budesonide inhalation	Preferred generic	
budesonide-formoterol fumarate	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Not covered	
flunisolide nasal	Nonpreferred generic	QL
FLUTICASONE FUROATE-VILANTEROL	Not covered	ABA; QL
FLUTICASONE PROPIONATE DISKUS	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
FLUTICASONE PROPIONATE HFA	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
fluticasone propionate nasal	Nonpreferred generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	Not covered	ABA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Nonpreferred generic	QL

Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Nonpreferred brand	ABA; QL
OMNARIS	Not covered	QL
PULMICORT FLEXHALER	Preferred brand	QL
QNASL	Not covered	QL
QNASL CHILDRENS	Not covered	QL
QVAR REDHALER	Not covered	QL
SYMBICORT	Nonpreferred generic	QL
wixela inhub	Nonpreferred generic	QL
XHANCE	Not covered	QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Not covered	QL
<b>Antileukotrienes</b>		
montelukast sodium oral	Preferred generic	QL
zafirlukast	Nonpreferred generic	QL
zileuton er	Nonpreferred generic	QL
ZYFLO	Not covered	QL
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	Preferred brand	QL
INCRUSE ELLIPTA	Not covered	QL
ipratropium bromide inhalation	Nonpreferred generic	
ipratropium bromide nasal	Nonpreferred generic	QL
SPIRIVA RESPIMAT	Preferred brand	QL
tiotropium bromide monohydrate	Nonpreferred generic	QL
TUDORZA PRESSAIR	Not covered	QL
YUPELRI	Preferred brand	QL
<b>Bronchodilators, Sympathomimetic</b>		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Nonpreferred generic	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Not covered	ABA; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Nonpreferred generic	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Nonpreferred generic	

Drug Name	Drug Tier	Notes
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	Nonpreferred brand	
albuterol sulfate oral	Nonpreferred generic	
arformoterol tartrate	Nonpreferred generic	QL
AUVI-Q	Not covered	QL
epinephrine injection solution auto-injector	Nonpreferred generic	QL
formoterol fumarate inhalation	Nonpreferred generic	QL
levalbuterol hcl inhalation	Nonpreferred generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	Nonpreferred brand	ABA; QL
NEFFY	Not covered	QL
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT	Not covered	
PROAIR RESPICLICK	Not covered	QL
SEREVENT DISKUS	Preferred brand	QL
STRIVERDI RESPIMAT	Not covered	QL
terbutaline sulfate oral	Nonpreferred generic	
VENTOLIN HFA	Not covered	QL
XOPENEX HFA	Nonpreferred brand	QL
<b>Cystic Fibrosis Agents</b>		
BRONCHITOL	Nonpreferred specialty	PA; SP; QL
BRONCHITOL TOLERANCE TEST	Nonpreferred specialty	PA; SP; QL
CAYSTON	Nonpreferred specialty	PA; SP; QL
KALYDECO	Preferred specialty	PA; SP; QL
ORKAMBI	Preferred specialty	PA; SP; QL
PULMOZYME	Preferred specialty	PA; SP
SYMDEKO	Preferred specialty	PA; SP; QL
TOBI PODHALER	Not covered	SP; QL
tobramycin inhalation	Preferred specialty	SP; QL
TRIKAFTA	Preferred specialty	PA; SP; QL
<b>Mast Cell Stabilizers</b>		
cromolyn sodium inhalation	Nonpreferred generic	
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
elixophyllin	Nonpreferred generic	
OHTUVAYRE	Not covered	SP; QL
roflumilast	Nonpreferred generic	QL

Drug Name	Drug Tier	Notes
THEO-24	Preferred brand	
theophylline er	Nonpreferred generic	
theophylline oral	Nonpreferred generic	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	Preferred specialty	PA; SP; QL
alyq	Preferred specialty	PA; SP; QL
ambrisentan	Preferred specialty	PA; SP; QL
bosentan	Preferred specialty	PA; SP; QL
LIQREV ORAL SUSPENSION 10 MG/ML	Not covered	QL
OPSUMIT	Preferred specialty	PA; SP; QL
OPSYNVI	Nonpreferred specialty	PA; SP; QL
ORENITRAM	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 1	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 2	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 3	Nonpreferred specialty	PA; SP; QL
sildenafil citrate oral suspension reconstituted	Nonpreferred generic	PA; QL
sildenafil citrate oral tablet 20 mg	Nonpreferred generic	PA; QL
tadalafil (pah)	Preferred specialty	PA; SP; QL
TADLIQ	Nonpreferred specialty	PA; SP; QL
TRACLEER 32 MG	Nonpreferred specialty	PA; SP; QL
TYVASO	Preferred specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	Preferred specialty	PA; SP; QL
TYVASO DPI TITRATION KIT	Preferred specialty	PA; SP; QL
TYVASO REFILL KIT	Preferred specialty	PA; SP; QL
TYVASO STARTER KIT	Preferred specialty	PA; SP; QL
UPTRAVI ORAL	Nonpreferred specialty	PA; SP; QL
UPTRAVI TITRATION	Nonpreferred specialty	PA; SP; QL
VENTAVIS	Nonpreferred specialty	PA; SP; QL
WINREVAIR	Nonpreferred specialty	PA; SP; QL
<b>Pulmonary Fibrosis Agents</b>		
OFEV	Preferred specialty	PA; SP; QL
pirfenidone	Preferred specialty	PA; SP; QL
<b>Respiratory Tract Agents, Other</b>		
acetylcysteine inhalation	Nonpreferred generic	
AIRSUPRA	Preferred brand	QL
ANORO ELLIPTA	Preferred brand	QL
azelastine-fluticasone	Not covered	QL

Drug Name	Drug Tier	Notes
BREZTRI AEROSPHERE	Preferred brand	QL
COMBIVENT RESPIMAT	Preferred brand	QL
DUAKLIR PRESSAIR	Not covered	QL
FASENRA PEN	Preferred specialty	PA; SP; QL
HYPERSAL	Nonpreferred brand	
ipratropium-albuterol	Nonpreferred generic	
mometasone furoate nasal	Nonpreferred generic	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Nonpreferred brand	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	Not covered	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred specialty	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred specialty	PA; SP; QL
ORALAIR	Not covered	QL
potassium iodide (expectorant)	Nonpreferred generic	
PULMOSAL	Nonpreferred brand	
RYALTRIS	Not covered	QL
sodium chloride inhalation	Nonpreferred generic	
SSKI	Nonpreferred brand	
STIOLTO RESPIMAT	Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred specialty	PA; SP; QL
TRELEGY ELLIPTA	Preferred brand	QL
<b>Skeletal Muscle Relaxants</b>		
BACLOFEN ORAL SOLUTION	Not covered	ABA; QL
baclofen oral suspension	Not covered	QL
baclofen oral tablet	Nonpreferred generic	
carisoprodol oral	Not covered	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Not covered	
chlorzoxazone oral tablet 500 mg	Nonpreferred generic	
cyclobenzaprine hcl er	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Nonpreferred generic	
cyclobenzaprine hcl oral tablet 7.5 mg	Not covered	
dantrolene sodium oral	Nonpreferred generic	
LYVISPAH	Not covered	QL



Drug Name	Drug Tier	Notes
metaxalone	Nonpreferred generic	
methocarbamol oral tablet 1000 mg	Not covered	
methocarbamol oral tablet 500 mg, 750 mg	Nonpreferred generic	
NORGESIC	Not covered	QL
NORGESIC FORTE	Not covered	
orphenadrine citrate er	Nonpreferred generic	
orphenadrine-aspirin-caffeine	Nonpreferred generic	PA; QL
ORPHENGESIC FORTE	Not covered	
OZOBAX DS	Not covered	QL
tizanidine hcl oral	Nonpreferred generic	
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
EDLUAR	Not covered	QL
eszopiclone	Nonpreferred generic	QL
flurazepam hcl	Nonpreferred generic	QL
temazepam	Nonpreferred generic	QL
triazolam	Nonpreferred generic	QL
zaleplon	Nonpreferred generic	QL
zolpidem tartrate er	Nonpreferred generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	Not covered	QL
zolpidem tartrate oral tablet	Nonpreferred generic	QL
zolpidem tartrate sublingual	Not covered	QL
<b>Sleep Disorders, Other</b>		
BELSOMRA	Not covered	QL
DAYVIGO	Not covered	QL
doxepin hcl oral tablet	Not covered	QL
HETLIOZ LQ	Nonpreferred specialty	PA; SP; QL
QUVIVIQ	Not covered	QL
ramelteon	Nonpreferred generic	QL
tasimelteon	Preferred specialty	PA; SP; QL
<b>Wakefulness Promoting Agents</b>		
armodafinil	Nonpreferred generic	QL
LUMRYZ	Nonpreferred specialty	PA; SP; QL
LUMRYZ STARTER PACK	Nonpreferred specialty	PA; SP; QL
modafinil oral	Nonpreferred generic	QL
SODIUM OXYBATE	Nonpreferred specialty	PA; ABA; SP; QL

Drug Name	Drug Tier	Notes
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.....	38	ADALIMUMAB-ADBM(PS/UV	AIRDUO RESPICLICK 232/14	100
abacavir sulfate-lamivudine.....	38	STARTER).....	AIRDUO RESPICLICK 55/14..	100
ABILIFY ASIMTUFII.....	35	ADALIMUMAB-FKJP (2 PEN)..	AIRSUPRA.....	103
ABILIFY MAINTENA.....	36	ADALIMUMAB-FKJP (2	AJOVY.....	26
abiraterone acetate.....	28	SYRINGE).....	AKEEGA.....	29
ABRILADA (1 PEN).....	85	adapalene.....	AKLIEF.....	60
ABRILADA (2 PEN).....	85	ADAPALENE.....	AKYNZEO.....	24
ABRILADA (2 SYRINGE).....	85	adapalene-benzoyl peroxide....	ALA SCALP.....	72
ABRYSVO.....	89	ADBRY.....	ala-cort.....	72
ABSORICA LD.....	60	ADDERALL XR.....	albendazole.....	33
acamprosate calcium.....	15	adefovir dipivoxil.....	albuterol sulfate.....	101, 102
acarbose.....	43	ADEMPAS.....	ALBUTEROL SULFATE.....	102
ACCRUFER.....	64	ADLARITY.....	albuterol sulfate hfa.....	101
ACCU-CHEK AVIVA PLUS		ADMELOG.....	ALBUTEROL SULFATE HFA.	101
KIT W/DEVICE.....	40	ADMELOG SOLOSTAR.....	alclometasone dipropionate.....	72
ACCU-CHEK GUIDE TEST.....	41	ADTHYZA.....	ALECENSA.....	31
ACCU-CHEK SMARTVIEW		ADVAIR HFA.....	alendronate sodium.....	92
TEST STRIPS.....	41	ADVATE.....	ALFERON N.....	88
acutane.....	60	ADYNOVATE.....	alfuzosin hcl er.....	72
acebutolol hcl.....	51	ADZENYS XR-ODT.....	ALINIA.....	33
acetaminophen-codeine.....	13	AEMCOLO.....	aliskiren fumarate.....	53
acetazolamide.....	54	AEROCHAMBER HOLDING	ALKINDI SPRINKLE.....	72
acetazolamide er.....	54	CHAMBER.....	allopurinol.....	26
acetic acid.....	72, 99	AEROCHAMBER MINI	ALLZITAL.....	13
acetylcysteine.....	103	CHAMBER.....	almotriptan malate.....	27
acitretin.....	60	AEROCHAMBER MV.....	ALOCRIL.....	97
ACTEMRA.....	88	AEROCHAMBER PLS FLOVU	ALOGLIPTIN BENZOATE.....	43
ACTEMRA ACTPEN.....	88	MTHPIECE.....	ALOGLIPTIN-METFORMIN	
ACTHAR.....	75	AEROCHAMBER PLUS FLO-	HCL.....	43
ACTHAR GEL.....	75	VU INTERM.....	ALOGLIPTIN-PIOGLITAZONE.	43
ACTHIB.....	89	AEROCHAMBER PLUS FLO-	ALOMIDE.....	97
ACTIMMUNE.....	88	VU LARGE.....	ALORA.....	77
ACUVAIL.....	98	AEROCHAMBER PLUS FLO-	alosetron hcl.....	67
acyclovir.....	37	VU MEDIUM.....	ALPHANATE.....	49
ADACEL.....	89	AEROCHAMBER PLUS FLO-	ALPHANINE SD.....	49
ADALIMUMAB-AACF (2 PEN)..	85	VU SMALL.....	alprazolam.....	40
ADALIMUMAB-AACF (2		AEROCHAMBER PLUS	alprazolam er.....	40
SYRINGE).....	85	FLOW VU.....	alprazolam intensol.....	40
ADALIMUMAB-		AEROCHAMBER	alprazolam xr.....	40
AACF(CD/UC/HS STRT).....	85	W/FLOWSIGNAL.....	ALPROLIX.....	49
ADALIMUMAB-AACF(PS/UV		afirmelle.....	ALTABAX.....	16
STARTER).....	85	AFLURIA.....	altafrin.....	97
ADALIMUMAB-AATY (1 PEN)..	85	AFLURIA PRESERVATIVE	altavera.....	77
ADALIMUMAB-AATY (2 PEN)..	85	FREE.....	ALTOPREV.....	55
ADALIMUMAB-AATY (2		AFREZZA.....	ALTRENO.....	60
SYRINGE).....	85	AFSTYLA.....	ALTUVIIIIO.....	49
ADALIMUMAB-ADAZ.....	85	aftera.....	ALUNBRIG.....	31
ADALIMUMAB-ADBM (2 PEN)..	85	AGAMATRIX PRESTO TEST...	ALVAIZ.....	48
ADALIMUMAB-ADBM (2		AGAMREE.....	ALVESCO.....	100
SYRINGE).....	85	AIMOVIG.....	alyacen 1/35.....	77
ADALIMUMAB-		AIRDUO DIGIHALER.....	alyacen 7/7/7.....	77
ADBM(CD/UC/HS STRT).....	85	AIRDUO RESPICLICK 113/14	alyq.....	103

amabelz.....	77	ANUCORT-HC.....	91	aspirin-dipyridamole er.....	50
amantadine hcl.....	34	ANUSOL-HC.....	91	ASPRUZYO SPRINKLE.....	53
ambrisentan.....	103	ANZEMET.....	24	ASSURE PLATINUM.....	41
amcinonide.....	72	APADAZ.....	13	ASTAGRAF XL.....	86
amethia.....	77	apap-caff-dihydrocodeine.....	13	atazanavir sulfate.....	39
amethyst.....	77	APEXICON E.....	72	atenolol.....	51
amiloride hcl.....	54	APIDRA SOLOSTAR.....	45	atenolol-chlorthalidone.....	53
amiloride-hydrochlorothiazide... 53		APIDRA VIAL.....	45	atomoxetine hcl.....	57
AMINO ACID-HEPARIN-D10W.....	64	APLENZIN.....	22	ATORVALIQ.....	55
aminocaproic acid.....	49	apomorphine hcl.....	34	atorvastatin calcium.....	55
amiodarone hcl.....	51	apraclonidine hcl.....	97	atovaquone.....	33
amitriptyline hcl.....	23	aprepitant.....	24	atovaquone-proguanil hcl.....	34
AMJEVITA.....	85	apri.....	77	atropine sulfate.....	96
AMJEVITA-PED 10KG TO		APTIOM.....	21	ATROVENT HFA.....	101
<15KG SUBCUTANEOUS		APTIVUS.....	39	aubra eq.....	77
SOLUTION PREFILLED		AQUASTAT.....	92	AUGMENTIN.....	18
SYRINGE 10MG/0.2ML.....	86	AQUASTAT SFR.....	93	AUGTYRO.....	29
AMJEVITA-PED 15KG TO		ARAKODA.....	33	aurovela 1.5/30.....	77
<30KG.....	86	aranelle.....	77	aurovela 1/20.....	77
amlodipine besylate.....	52	ARANESP (ALBUMIN FREE)... 48		aurovela 24 fe.....	77
amlodipine besylate-benazepril		ARAZLO.....	60	aurovela fe 1.5/30.....	77
hcl.....	53	ARCALYST.....	88	aurovela fe 1/20.....	77
amlodipine besylate-valsartan.. 53		AREXVY.....	89	AURYXIA.....	65
amlodipine-atorvastatin.....	53	arformoterol tartrate.....	102	AUSTEDO.....	58
amlodipine-olmesartan.....	53	ARGYLE STERILE SALINE.....	72	AUSTEDO XR.....	58
amlodipine-valsartan-hctz.....	53	ARIKAYCE.....	16	AUSTEDO XR PATIENT	
ammonium lactate.....	60	aripiprazole.....	36	TITRATION.....	58
amnesteem.....	60	ARISTADA.....	36	AUVELITY.....	22
amoxapine.....	23	ARISTADA INITIO.....	36	AUVI-Q.....	102
amoxicill-clarithro-lansopraz.... 66		armodafinil.....	105	aviane.....	77
amoxicillin.....	17	ARMONAIR DIGIHALER.....	100	AVONEX PEN.....	59
amoxicillin-potassium		ARMOUR THYROID.....	84	AVONEX PREFILLED.....	59
clavulanate.....	17	ARNUITY ELLIPTA.....	100	ayuna.....	77
amoxicillin-potassium		ascomp-codeine.....	13	AYVAKIT.....	31
clavulanate er.....	17	asenapine maleate.....	36	AZASITE.....	96
amphetamine sulfate.....	57	ashlyna.....	77	azathioprine.....	86
amphetamine-		ASMANEX (120 METERED		azelaic acid.....	60
dextroamphetamine.....	57	DOSES).....	100	azelastine hcl.....	97, 99
amphetamine-		ASMANEX (30 METERED		azelastine-fluticasone.....	103
dextroamphetamine er.....	57	DOSES).....	100	AZELEX.....	60
amphet-dextroamphet 3-bead		ASMANEX (60 METERED		azithromycin.....	18
er.....	57	DOSES).....	100	AZSTARYS.....	57
ampicillin.....	17	ASMANEX HFA.....	100	azurette.....	77
AMZEEQ.....	60	aspirin.....	10	bac.....	13
anagrelide hcl.....	48	aspirin 81.....	10	bacitracin.....	95
ANALPRAM HC.....	91	aspirin adult low dose.....	10	bacitracin-polymyxin b.....	95
ANALPRAM HC SINGLES.....	91	aspirin adult low strength.....	10	bacitra-neomycin-polymyxin-hc 95	
ANALPRAM-HC.....	91	aspirin childrens.....	10	BACLOFEN.....	104
anastrozole.....	30	aspirin ec adult low dose.....	10	baclofen.....	104
ANGELIQ.....	77	aspirin ec low dose.....	10	BAFIERTAM.....	59
ANNOVERA.....	77	aspirin ec low strength.....	10	balsalazide disodium.....	91
ANORO ELLIPTA.....	103	aspirin low dose.....	10	BALVERSA.....	30
ANTIVERT.....	24	aspirin regimen.....	10	balziva.....	77

BAQSIMI ONE PACK.....	45	bismuth/metronidaz/tetracyclin.	66	BUPROPION HCL ER (XL).....	22
BAQSIMI TWO PACK.....	45	bisoprolol fumarate.....	52	buspirone hcl.....	40
BARACLUDE.....	37	bisoprolol-hydrochlorothiazide..	53	butalbital-acetaminophen.....	13
BASAGLAR KWIKPEN.....	45	blisovi 24 fe.....	77	BUTALBITAL-	
BAXDELA.....	18	blisovi fe 1.5/30.....	77	ACETAMINOPHEN.....	13
BD AUTOSHIELD DUO PEN		blisovi fe 1/20.....	77	butalbital-apap-caff-cod.....	13
NEEDLES.....	93	BLOOD GLUCOSE TEST.....	41	butalbital-apap-caffeine.....	13
BD POSIFLUSH.....	93	BONJESTA.....	24	butalbital-asa-caff-codeine.....	13
BD POSIFLUSH SAFESCRUB.	93	BOOSTRIX.....	89	butalbital-aspirin-caffeine.....	13
BD ULTRA-FINE INSULIN		bosentan.....	103	butorphanol tartrate.....	13
SYRINGES.....	93	BOSULIF.....	31	BYDUREON BCISE	
BD ULTRA-FINE PEN		BRAFTOVI.....	31	AUTOINJECTOR.....	43
NEEDLES.....	93	BREATHE COMFORT		BYETTA 10 MCG PEN.....	43
BELBUCA.....	12	CHAMBER/ADULT.....	93	BYETTA 5 MCG PEN.....	43
belladonna alkaloids-opium.....	66	BREATHE COMFORT		BYLVAY.....	60
BELSOMRA.....	105	CHAMBER/CHILD.....	93	BYLVAY (PELLETS).....	60
benazepril hcl.....	51	BREATHE EASE LARGE.....	93	cabergoline.....	75
benazepril-hydrochlorothiazide.	53	BREATHE EASE MEDIUM.....	93	CABLIVI.....	50
BENEFIX.....	49	BREATHE EASE SMALL.....	93	CABOMETRYX.....	31
BENLYSTA.....	88	BREATHERITE VALVED MDI		CABTREO.....	61
BENZHYDROCODONE-		CHAMBER.....	93	caffeine citrate.....	58
ACETAMINOPHEN.....	13	BRENZAVVY.....	43	calcipotriene.....	61
BENZNIDAZOLE.....	34	BREO ELLIPTA.....	100	CALCIPOTRIENE.....	61
benzoyl peroxide-erythromycin.	60	BREXAFEMME.....	25	calcipotriene-betameth diprop...61	
benztropine mesylate.....	34	breyana.....	100	calcitonin (salmon).....	92
bepotastine besilate.....	97	BREZTRI AEROSPHERE.....	104	calcitriol.....	61, 92
BESIVANCE.....	99	briellyn.....	78	calcium acetate.....	65
BESREMI.....	29	BRILINTA.....	50	calcium acetate (phos binder)...65	
betaine.....	70	brimonidine tartrate.....	97	CALQUENCE.....	31
betamethasone dipropionate....	73	brimonidine tartrate-timolol.....	97	camila.....	83
betamethasone dipropionate		brinzolamide.....	97	camrese.....	78
aug.....	72	BRIVIACT.....	19	camrese lo.....	78
betamethasone valerate.....	73	bromfenac sodium.....	98	CAMZYOS.....	53
BETASERON.....	59	bromfenac sodium (once-daily).98		candesartan cilexetil.....	50
betaxolol hcl.....	52, 97	bromocriptine mesylate.....	34	candesartan cilexetil-hctz.....	53
bethanechol chloride.....	72	BRONCHITOL.....	102	capecitabine.....	29
BETIMOL.....	97	BRONCHITOL TOLERANCE		CAPEX.....	73
BETOPTIC-S.....	97	TEST.....	102	CAPLYTA.....	36
BEVESPI AEROSPHERE.....	100	BRUKINSA.....	31	CAPRELSA.....	31
BEXAGLIFLOZIN.....	43	BRYHALI.....	73	captopril.....	51
bexarotene.....	33	budesonide.....	91, 100	captopril-hydrochlorothiazide....	53
BEXSERO.....	89	budesonide er.....	91	CAPVAXIVE.....	89
BEYFORTUS.....	88	budesonide-formoterol		CARAC.....	29
bicalutamide.....	28	fumarate.....	100	carbamazepine.....	21
BIJUVA.....	77	bumetanide.....	54	carbamazepine er.....	21
BIKTARVY.....	38	buprenorphine.....	12	carbidopa.....	35
BILTRICIDE.....	33	buprenorphine hcl.....	15	carbidopa-levodopa.....	35
bimatoprost.....	98	buprenorphine hcl-naloxone		carbidopa-levodopa er.....	35
BIMZELX.....	60	hcl.....	15	carbidopa-levodopa-	
BINOSTO.....	92	bupropion hcl.....	22	entacapone.....	34
bis subcit-metronid-tetracyc.....	66	bupropion hcl er (smoking det). 15		carbinoxamine maleate.....	99
bisacodyl.....	67	bupropion hcl er (sr).....	22	CARDURA XL.....	72
bisacodyl ec.....	67	bupropion hcl er (xl).....	22	CARESENS LANCETS 30G.....	41

CARETOUCH TEST.....	41	cimetidine.....	67	clorazepate dipotassium.....	40
carglumic acid.....	64	cimetidine hcl.....	67	clotrimazole.....	25
carisoprodol.....	104	CIMZIA (2 SYRINGE).....	86	clotrimazole-betamethasone.....	25
carteolol hcl.....	97	CIMZIA-STARTER.....	86	clozapine.....	36
cartia xt.....	52	cinacalcet hcl.....	92	COAGADEX.....	49
carvedilol.....	52	CIPRO.....	18	COARTEM.....	34
carvedilol phosphate er.....	52	CIPRO HC.....	99	codeine sulfate.....	13
CAYA.....	93	ciprofloxacin hcl.....	18, 99	colchicine.....	26
CAYSTON.....	102	ciprofloxacin-dexamethasone...	99	colchicine-probenecid.....	26
cefaclor.....	17	CIPROFLOXACIN-		colesevelam hcl.....	56
cefaclor er.....	17	FLUOCINOLONE PF.....	99	colestipol hcl.....	56
cefadroxil.....	17	CITALOPRAM		COMBIPATCH.....	78
cefdinir.....	17	HYDROBROMIDE.....	22	COMBIVENT RESPIMAT.....	104
cefixime.....	17	citalopram hydrobromide.....	23	COMETRIQ.....	31
cefpodoxime proxetil.....	17	citroma.....	68	COMFORT TOUCH TWIST	
cefprozil.....	17	claravis.....	61	LANCET 30G.....	41
cefuroxime axetil.....	17	clarithromycin.....	18	COMIRNATY.....	89
celecoxib.....	10	clarithromycin er.....	18	COMPACT SPACE	
cephalexin.....	17	clearlax.....	68	CHAMBER.....	93
CEQUA.....	96	clemastine fumarate.....	99	COMPACT SPACE	
CEQUR SIMPLICITY 2U 10PK.	41	CLENPIQ.....	68	CHAMBER/LG MASK.....	93
CEQUR SIMPLICITY		CLEOCIN.....	16	COMPACT SPACE	
INSERTER.....	41	CLEVER CHOICE COMFORT		CHAMBER/MED MASK.....	93
CERDELGA.....	70	EZ.....	41	COMPACT SPACE	
cetorelix acetate.....	84	CLEVER CHOICE HOLDING		CHAMBER/SM MASK.....	93
cevimeline hcl.....	60	CHAMBER.....	93	COMPLERA.....	38
charlotte 24 fe.....	78	CLIMARA PRO.....	78	CONCERTA.....	57
chateal eq.....	78	clindacin.....	61	CONDOMS.....	93
CHEMET.....	65	clindacin etz.....	61	CONJUPRI.....	52
CHENODAL.....	66	clindacin-p.....	61	constulose.....	68
chlordiazepoxide hcl.....	40	clindamycin hcl.....	16	CONTOUR MONITOR	
chlordiazepoxide-amitriptyline...	22	clindamycin palmitate hcl.....	16	DEVICE.....	41
chlordiazepoxide-clidinium.....	66	clindamycin phosphate.....	16, 61	CONTOUR NEXT EZ KIT	
chlorhexidine gluconate.....	60	clindamycin phosphate-		W/DEVICE.....	41
chloroquine phosphate.....	34	benzoyl peroxide.....	61	CONTOUR NEXT GEN	
chlorpromazine hcl.....	35	clindamycin-tretinoin.....	61	MONITOR.....	41
chlorthalidone.....	55	CLINDESSE.....	16	CONTOUR NEXT GEN TEST	
chlorzoxazone.....	104	clobazam.....	20	STRIPS.....	41
CHOLBAM.....	70	clobetasol prop emollient base.	73	CONTOUR NEXT MONITOR	
cholestyramine.....	56	clobetasol propionate.....	73	KIT W/DEVICE.....	41
cholestyramine light.....	56	CLOBETASOL PROPIONATE.	98	CONTOUR NEXT ONE KIT.....	41
CHORIONIC		clobetasol propionate e.....	73	CONTOUR PLUS TEST.....	41
GONADOTROPIN.....	75	clobetasol propionate emulsion	73	CONTOUR TEST STRIPS.....	41
CHOSEN LANCETS 30G.....	41	clocortolone pivalate.....	73	CONZIP.....	12
CHOSEN SAFETY LANCETS		clodan.....	73	COPIKTRA.....	29
28G.....	41	clomiphene citrate.....	76	CORDRAN.....	73
CIBINQO.....	61	clomipramine hcl.....	23	CORIFACT.....	49
ciclodan.....	25	clonazepam.....	40	CORLANOR.....	53
ciclopirox.....	25	clonidine.....	50	CORTIFOAM.....	91
ciclopirox olamine.....	25	CLONIDINE ER.....	50	CORTISONE ACETATE.....	73
cilostazol.....	50	clonidine hcl.....	50	CORTISPORIN-TC.....	99
CILOXAN.....	99	clonidine hcl er.....	57	CORTROPHIN.....	75
CIMDUO.....	38	clopidogrel bisulfate.....	50	COSENTYX (300 MG DOSE)...	61

COSENTYX 150 MG/ML.....	61	DAPAGLIFLOZIN		DIATHRIVE BLOOD	
COSENTYX SENSOREADY		PROPANEDIOL.....	43	GLUCOSE TEST.....	41
(300 MG).....	61	dapsone.....	28, 61	DIATHRIVE GLUCOSE TEST..	41
COSENTYX SENSOREADY		DAPTACEL.....	89	DIATHRIVE+ GLUCOSE	
PEN.....	61	darifenacin hydrobromide er.....	71	TEST.....	41
COSENTYX UNOREADY.....	61	darunavir.....	39	diazepam.....	20, 40
COTELLIC.....	31	dasatinib.....	31	diazepam intensol.....	40
COTEMPLA XR-ODT.....	57	dasetta 1/35.....	78	diazoxide.....	45
COVARYX.....	78	dasetta 7/7/7.....	78	dichlorphenamide.....	54
COVARYX HS.....	78	DAURISMO.....	31	DICLOFENAC PATCH 1.3%....	10
COXANTO.....	10	DAYBUE.....	58	diclofenac potassium.....	10
CREON.....	70	daysee.....	78	diclofenac potassium(migraine)	26
CRESEMBA.....	25	DAYVIGO.....	105	diclofenac sodium.....	10, 29, 98
CREXONT.....	35	deblitane.....	83	diclofenac sodium er.....	10
CRINONE.....	83	deferasirox.....	65	diclofenac-misoprostol.....	10
cromolyn sodium.....	66, 97, 102	deferasirox granules.....	65	dicloxacillin sodium.....	18
CROTAN.....	34	deferiprone.....	65	dicyclomine hcl.....	66
cryselle-28.....	78	deferoxamine mesylate.....	93	DIFFERIN.....	61
curae.....	83	deflazacort.....	73	DIFICID.....	18
CURITY STERILE SALINE.....	72	DELSTRIGO.....	38	diflorasone diacetate.....	73
CUTAQUIG.....	88	delyla.....	78	diflunisal.....	10
CUVITRU.....	88	demeclocycline hcl.....	18	difluprednate.....	98
CUVRIOR.....	65	DENGVAXIA.....	89	digoxin.....	53
cyanocobalamin.....	65	DEPO-ESTRADIOL.....	78	dihydroergotamine mesylate.....	27
cyclobenzaprine hcl.....	104	DEPO-SUBQ PROVERA 104...	83	DILANTIN.....	21
cyclobenzaprine hcl er.....	104	DESCOVY.....	38	diltiazem hcl.....	52
CYCLOGYL.....	96	desipramine hcl.....	24	diltiazem hcl er.....	52
CYCLOMYDRIL.....	97	desmopressin ace spray refrig..	75	diltiazem hcl er beads.....	52
cyclopentolate hcl.....	96	desmopressin acetate.....	75	diltiazem hcl er coated beads...	52
cyclophosphamide.....	28	desmopressin acetate pf.....	75	dilt-xr.....	52
CYCLOPHOSPHAMIDE.....	28	desmopressin acetate spray.....	75	dimethyl fumarate.....	59
cycloserine.....	28	desogestrel-ethinyl estradiol.....	78	dimethyl fumarate starter pack..	59
CYCLOSET.....	43	desonide.....	73	DIPENTUM.....	91
cyclosporine.....	86, 96	desoximetasone.....	73	diphenhydramine hcl.....	99
cyclosporine modified.....	86	DESVENLAFAXINE ER.....	23	diphenoxylate-atropine.....	66
CYLTEZO (2 PEN).....	86	desvenlafaxine succinate er.....	23	dipyridamole.....	50
CYLTEZO (2 SYRINGE).....	86	DEXABLISS.....	73	disopyramide phosphate.....	51
CYLTEZO-CD/UC/HS		dexamethasone.....	73	disulfiram.....	15
STARTER.....	86	dexamethasone intensol.....	73	DIURIL.....	55
CYLTEZO-PSORIASIS/UV		dexamethasone sodium		divalproex sodium.....	40
STARTER.....	86	phosphate.....	98	divalproex sodium er.....	40
cyproheptadine hcl.....	99	DEXCOM G6 RECEIVER.....	41	DODEX.....	65
cyred eq.....	78	DEXCOM G6 SENSOR.....	41	dofetilide.....	51
CYSTADROPS.....	96	DEXCOM G6 TRANSMITTER..	41	DOJOLVI.....	93
CYSTAGON.....	70	DEXCOM G7 RECEIVER.....	41	dolishale.....	78
CYSTARAN.....	96	DEXCOM G7 SENSOR.....	41	DOLOBID.....	10
dabigatran etexilate mesylate...	47	dexlansoprazole.....	69	donepezil hcl.....	21, 22
dalfampridine er.....	59	dexmethylphenidate hcl.....	57	DOPTELET.....	48
danazol.....	76	dexmethylphenidate hcl er.....	57	DORYX MPC.....	18
dantrolene sodium.....	104	dextroamphetamine sulfate.....	57	dorzolamide hcl.....	97
DAPAGLIFLOZIN PRO-		dextroamphetamine sulfate er..	57	dorzolamide hcl-timolol mal.....	97
METFORMIN ER.....	43	DHIVY.....	35	dorzolamide hcl-timolol mal pf..	97
		DIACOMIT.....	20	dotti.....	78

DOVATO.....	38	efavirenz-lamivudine-tenofovir..	38	EPCLUSA.....	37
doxazosin mesylate.....	50	EFFER-K.....	64	EPIDIOLEX.....	19
doxepin hcl.....	24, 61, 105	effer-k.....	64	EPIFOAM.....	62
doxercalciferol.....	92	EGRIFTA SV.....	75	epinastine hcl.....	97
doxycycline.....	61	ELEPSIA XR.....	19	epinephrine.....	102
doxycycline hyclate.....	18, 19	ELESTRIN.....	78	epitol.....	21
DOXYCYCLINE HYCLATE.....	19	eletriptan hydrobromide.....	27	eplerenone.....	54
doxycycline monohydrate.....	19	elinst.....	78	EPOGEN.....	48
doxylamine-pyridoxine.....	24	ELIQUIS.....	47	EPRONTIA.....	20
DRIZALMA SPRINKLE.....	23	ELIQUIS DVT/PE STARTER		EPSOLAY.....	62
dronabinol.....	24	PACK.....	47	EQUETRO.....	40
drospiren-eth estrad-levomefol.	78	elixophyllin.....	102	ergocalciferol.....	65
drospirenone-ethinyl estradiol...	78	ELLA.....	83	ergoloid mesylates.....	93
DROXIA.....	29	ELMIRON.....	72	ERGOMAR.....	27
droxidopa.....	53	ELOCTATE.....	49	ergotamine-caffeine.....	27
DRYSOL.....	61	eluryng.....	78	ERIVEDGE.....	31
DUAKLIR PRESSAIR.....	104	ELYXYB.....	10	ERLEADA.....	28
DUAVEE.....	78	EMBRACE TALK GLUCOSE		erlotinib hcl.....	31
DULERA.....	100	TEST.....	41	ERMEZA.....	84
duloxetine hcl.....	23	EMBRACE WAVE BLOOD		errin.....	83
DUOBRII.....	61	GLUCOSE.....	41	ERTACZO.....	25
DUOPA.....	35	EMCYT.....	29	ery pad 2%.....	62
DUPIXENT.....	61	EMEND.....	24	ERYTHROCIN STEARATE.....	18
DUREX EXTRA SENSITIVE		EMGALITY.....	26	erythromycin.....	18, 62, 96
THIN.....	93	EMPAVELI.....	47	erythromycin base.....	18
DUREX TROPICAL.....	93	EMSAM.....	22	erythromycin ethylsuccinate.....	18
dutasteride.....	72	emtricitabine.....	38	ERZOFRI.....	36
dutasteride-tamsulosin hcl.....	72	emtricitabine-tenofovir df.....	38	escitalopram oxalate.....	23
DUVYZAT.....	70	EMTRIVA.....	38	esomeprazole magnesium.....	69
DYANAVEL XR.....	57	EMVERM.....	33	ESPEROCT.....	49
E.E.S. 400.....	18	emzahh.....	83	est estrogens-methyltest.....	78
EASIVENT.....	93	enalapril maleate.....	51	est estrogens-methyltest ds.....	78
EASY MAX BLOOD		enalapril-hydrochlorothiazide....	53	est estrogens-methyltest hs.....	78
GLUCOSE TEST.....	41	ENBREL.....	86	estarylla.....	78
EASY TALK PLUS II TEST		ENBREL MINI.....	86	estazolam.....	40
STRIPS.....	41	ENBREL SURECLICK.....	86	estradiol.....	78
EASY TOUCH HEALTHPRO		endocet.....	13	estradiol valerate.....	79
GLUCOSE.....	41	ENDOMETRIN.....	83	estradiol-norethindrone acet.....	79
EASY TRAK II GLUCOSE		ENGERIX-B.....	89	estratest f.s.....	79
TEST.....	41	enilloring.....	78	ESTRATEST H.S.....	79
EBGLYSS.....	62	enoxaparin sodium.....	48	ESTRING.....	79
ec-naproxen.....	10	enpresse-28.....	78	eszopiclone.....	105
econazole nitrate.....	25	enskyce.....	78	ethacrynic acid.....	54
econtra one-step.....	83	ENSPRYNG.....	88	ethambutol hcl.....	28
ECOZA.....	25	ENSTILAR.....	62	ethosuximide.....	19
EDARBI.....	50	entacapone.....	34	ethynodiol diac-eth estradiol....	79
EDARBYCLOR.....	53	ENTADFI.....	72	etodolac.....	10
EDLUAR.....	105	entecavir.....	37	etodolac er.....	10
EDURANT.....	38	ENTRESTO.....	53	etonogestrel-ethinyl estradiol....	79
EEMT.....	78	ENTYVIO PEN.....	88	etoposide.....	30
EEMT HS.....	78	enulose.....	68	etravirine.....	38
efavirenz.....	38	ENVARUSUS XR.....	86	EUCRISA.....	62
efavirenz-emtricitab-tenofo df...	38	EOHILIA.....	91	EULEXIN.....	28



euthyrox.....	84	fingolimod hcl.....	59	FML FORTE.....	98
EVAMIST.....	79	FINTEPLA.....	19	folate.....	65
everolimus.....	31, 86	finzala.....	79	folic acid.....	65
EVOTAZ.....	39	FIRDAPSE.....	93	FOLLISTIM AQ.....	75
EVRYSDI.....	70	flac.....	99	fondaparinux sodium.....	48
EXELDERM.....	25	FLAREX.....	98	FORA 6 CONNECT.....	42
exemestane.....	30	flavoxate hcl.....	71	FORA 6 CONNECT/GTEL	
EXSERVAN.....	58	flecainide acetate.....	51	TEST.....	42
EXTAVIA.....	59	FLECTOR.....	10	FORA GTEL BLOOD	
EYSUVIS.....	98	FLEXICHAMBER.....	93	GLUCOSE TEST.....	42
EZALLOR SPRINKLE.....	55	FLOLIPID.....	55	FORA TN'G ADVANCE PRO....	42
ezetimibe.....	56	FLUAD.....	89	FORFIVO XL.....	22
EZETIMIBE-ROSUVASTATIN..	56	FLUARIX.....	89	formoterol fumarate.....	102
ezetimibe-simvastatin.....	56	FLUBLOK.....	89	FOSAMAX PLUS D.....	92
FABHALTA.....	47	FLUCELVAX.....	89	fosamprenavir calcium.....	39
FABIOR.....	62	fluconazole.....	25	fosfomycin tromethamine.....	16
falmina.....	79	flucytosine.....	25	fosinopril sodium.....	51
famciclovir.....	37	fludrocortisone acetate.....	73	fosinopril sodium-hctz.....	53
famotidine.....	67	FLULAVAL.....	89	FOSRENOL.....	65
FANAPT.....	36	FLUMIST.....	89	FOTIVDA.....	31
FANAPT TITRATION PACK....	36	flunisolide.....	100	FRAGMIN.....	48
FARXIGA.....	43	fluocinolone acetonide.....	73, 99	FREESTYLE INSULINX TEST..	42
FASENRA PEN.....	104	fluocinolone acetonide body....	73	FREESTYLE LIBRE 14 DAY	
FC2 FEMALE CONDOM.....	93	fluocinolone acetonide scalp....	73	READER.....	42
febuxostat.....	26	fluocinonide.....	73	FREESTYLE LIBRE 14 DAY	
FEIBA.....	49	fluocinonide emulsified base....	73	SENSOR.....	42
felbamate.....	20	fluorometholone.....	98	FREESTYLE LIBRE 2 PLUS	
felodipine er.....	52	FLUOROURACIL.....	29	SENSOR.....	42
FEMCAP.....	93	fluorouracil.....	29	FREESTYLE LIBRE 2	
FEMLYV.....	79	fluoxetine hcl.....	23	READER.....	42
FEMRING.....	79	fluoxetine hcl (pmdd).....	23	FREESTYLE LIBRE 2	
fenofibrate.....	55	fluphenazine decanoate.....	35	SENSOR.....	42
fenofibrate micronized.....	55	fluphenazine hcl.....	35	FREESTYLE LIBRE 3 PLUS	
fenofibric acid.....	55	flurandrenolide.....	73	SENSOR.....	42
fenoprofen calcium.....	10	flurazepam hcl.....	105	FREESTYLE LIBRE 3	
fentanyl.....	12	flurbiprofen.....	10	READER.....	42
fentanyl citrate.....	13	flurbiprofen sodium.....	98	FREESTYLE LIBRE 3	
FENTANYL CITRATE.....	13	FLUTICASONE FUROATE-		SENSOR.....	42
FENTORA.....	13	VILANTEROL.....	100	FREESTYLE LIBRE READER..	42
FERRIPROX.....	65	fluticasone propionate.....	74, 100	FREESTYLE LITE TEST.....	42
FERRIPROX TWICE-A-DAY....	65	FLUTICASONE PROPIONATE		FREESTYLE PRECISION	
fesoterodine fumarate er.....	71	DISKUS.....	100	NEO TEST.....	42
FETZIMA.....	23	FLUTICASONE PROPIONATE		FREESTYLE TEST.....	42
FETZIMA TITRATION.....	23	HFA.....	100	frovatriptan succinate.....	27
FIASP.....	46	FLUTICASONE-		FRUZAQLA.....	31
FIASP FLEXTOUCH.....	46	SALMETEROL.....	100, 101	ft aspirin.....	11
FIASP PENFILL.....	46	fluticasone-salmeterol.....	100	ft aspirin low dose.....	11
FIASP PUMPCART.....	46	fluvastatin sodium.....	55	ft clearlax.....	68
FIBRICOR.....	55	fluvastatin sodium er.....	55	ft folic acid.....	65
FILSPARI.....	72	fluvoxamine maleate.....	23	ft laxative.....	68
FILSUVEZ.....	62	fluvoxamine maleate er.....	23	ft magnesium citrate.....	68
FINACEA.....	62	FLUZONE.....	89	ft milk of magnesia.....	68
finasteride.....	72	FLUZONE HIGH-DOSE.....	89	ft nicotine.....	15

ft nicotine mini.....	15	GLOPERBA.....	26	HALOG.....	74
FULPHILA.....	48	GLUCAGEN HYPOKIT.....	45	haloperidol.....	35
fulvestrant.....	29	glucagon emergency kit.....	45	haloperidol decanoate.....	35
FUROSCIX.....	54	GLUCAGON EMERGENCY		haloperidol lactate.....	35
furosemide.....	54	KIT.....	45	HARVONI.....	37
FUZEON.....	39	GLUCOCARD 01 SENSOR		HAVRIX.....	89
fyavolv.....	79	PLUS.....	42	healthylax.....	68
FYCOMPA.....	20	GLUCOCARD EXPRESSION		heather.....	83
FYLNTRA.....	48	TEST.....	42	HELIDAC THERAPY.....	66
gabapentin.....	20	GLUCOCARD SHINE TEST.....	42	HEMADY.....	74
gabapentin (once-daily).....	58	GLUCOCARD VITAL TEST.....	42	HEMANGEOL.....	52
GALAFOLD.....	70	glyburide.....	44	HEMLIBRA.....	49
galantamine hydrobromide.....	22	glyburide micronized.....	44	HEMMOREX-HC.....	91
galantamine hydrobromide er.....	22	glyburide-metformin.....	44	HEMOFIL M.....	49
gallifrey.....	83	GLYCATE.....	66	heparin sodium (porcine).....	48
GALZIN.....	64	glycolax.....	68	heparin sodium (porcine) pf.....	48
GAMMAGARD.....	88	glycopyrrolate.....	66	HEPLISAV-B.....	89
GAMMAKED.....	88	GLYCOPYRROLATE.....	66	her style.....	83
GAMUNEX-C.....	88	glydo.....	14	HETLIOZ LQ.....	105
ganirelix acetate.....	84	GLYXAMBI.....	44	HIBERIX.....	90
GARDASIL 9.....	89	GOCOVRI.....	34	HIDEX 6-DAY.....	74
gatifloxacin.....	99	GOJJI BLOOD GLUCOSE		HIZENTRA.....	88
GATTEX.....	66	TEST.....	42	HOMATROPAIRE.....	96
gavilax.....	68	GONAL-F.....	75	HORIZANT.....	58
gavilyte-c.....	68	GONAL-F RFF.....	75	HULIO (2 PEN).....	86
gavilyte-g.....	68	GONAL-F RFF REDIJECT.....	75	HULIO (2 SYRINGE).....	86
gavilyte-n with flavor pack.....	68	goodsense aspirin low dose.....	11	HUMALOG.....	46
GAVRETO.....	31	goodsense milk of magnesia....	68	HUMALOG KWIKPEN.....	46
gefitinib.....	31	goodsense nicotine.....	15	HUMALOG MIX 50/50	
GELNIQUE.....	71	GRALISE.....	58	KWIKPEN.....	46
gemfibrozil.....	55	granisetron hcl.....	24	HUMALOG MIX 50/50 VIAL.....	46
gemmily.....	79	GRANIX.....	48	HUMALOG MIX 75/25	
GEMTESA.....	71	GRASTEK.....	93	KWIKPEN.....	46
generlac.....	68	griseofulvin microsize.....	25	HUMALOG MIX 75/25 VIAL.....	46
gengraf.....	86	griseofulvin ultramicrosized.....	25	HUMALOG U-100 JUNIOR	
GENOTROPIN.....	75	guanfacine hcl.....	50	KWIKPEN.....	46
GENOTROPIN MINIQUICK.....	75	guanfacine hcl er.....	57	HUMATE-P.....	49
gentamicin sulfate.....	16, 95	GVOKE HYPOPEN 1-PACK.....	45	HUMATIN.....	16
gentle laxative.....	68	GVOKE HYPOPEN 2-PACK.....	45	HUMATROPE.....	75
gentlelax.....	68	GVOKE KIT.....	45	HUMIRA (2 PEN).....	86
GENVOYA.....	38	GVOKE PFS.....	45	HUMIRA (2 SYRINGE).....	86
GILENYA.....	59	GYNAZOLE-1.....	25	HUMIRA-CD/UC/HS	
GILOTRIF.....	31	habitrol.....	15	STARTER.....	86
GIMOTI.....	24	HADLIMA.....	86	HUMIRA-PED<40KG	
GLASSIA.....	70	HADLIMA PUSH TOUCH.....	86	CROHNS STARTER.....	86
glatiramer acetate.....	59	HAEGARDA.....	85	HUMIRA-PED>=40KG	
glatopa.....	59	hailey 1.5/30.....	79	CROHNS START.....	86
GLEOSTINE.....	28	hailey 24 fe.....	79	HUMIRA-PED>=40KG UC	
glimepiride.....	43	hailey fe 1.5/30.....	79	STARTER.....	86
glipizide er.....	43	hailey fe 1/20.....	79	HUMIRA-PSORIASIS/UEIT	
glipizide ir.....	43	halcinonide.....	74	STARTER.....	86
glipizide xl.....	44	halobetasol propionate.....	74	HUMULIN 70/30 KWIKPEN.....	46
glipizide-metformin hcl.....	44	haloette.....	79	HUMULIN 70/30 VIAL.....	46

HUMULIN N KWIKPEN.....	46	IBRANCE.....	31	INSULIN ASPART PENFILL.....	46
HUMULIN N VIAL.....	46	IBSRELA.....	67	INSULIN ASPART PROT &	
HUMULIN R U-500 KWIKPEN..	46	ibuprofen.....	11	ASPART.....	46
HUMULIN R U-500 VIAL.....	46	ibuprofen-famotidine.....	11	INSULIN DEGLUDEC.....	46
HUMULIN R VIAL.....	46	icatibant acetate.....	85	INSULIN DEGLUDEC	
HW EMBRACE PRO		iclevia.....	79	FLEXTOUCH.....	46
GLUCOSE TEST.....	42	ICLUSIG.....	31	INSULIN GLARGINE MAX	
HW EMBRACE TALK		icosapent ethyl.....	56	SOLOSTAR.....	46
GLUCOSE TEST.....	42	IDACIO (2 PEN).....	87	INSULIN GLARGINE	
HYCAMTIN.....	30	IDACIO (2 SYRINGE).....	87	SOLOSTAR.....	46
hydralazine hcl.....	57	IDACIO-CROHNS/UC		INSULIN GLARGINE-YFGN....	46
hydrochlorothiazide.....	55	STARTER.....	87	INSULIN LISPRO.....	46
hydrocodone bitartrate er.....	12	IDACIO-PSORIASIS		INSULIN LISPRO (1 UNIT	
hydrocodone-acetaminophen... 13		STARTER.....	87	DIAL).....	46
hydrocodone-ibuprofen.....	13	IDELVION.....	49	INSULIN LISPRO JUNIOR	
hydrocortisone.....	74, 91	IDHIFA.....	31	KWIKPEN.....	46
HYDROCORTISONE.....	74	IHEALTH BLOOD GLUCOSE		INSULIN LISPRO PROT &	
hydrocortisone (perianal).....	91	TEST STR.....	42	LISPRO.....	46
hydrocortisone ace-pramoxine		ILEVRO.....	98	INTELENCE.....	38
.....	62, 91	imatinib mesylate.....	31	INTRAROSA.....	76
hydrocortisone acetate.....	91	IMBRUVICA.....	31	introvale.....	79
hydrocortisone butyr lipo base.. 74		IMCIVREE.....	58	INVEGA HAFYERA.....	36
hydrocortisone butyrate.....	74	imipramine hcl.....	24	INVEGA SUSTENNA.....	36
hydrocortisone sod suc (pf).....	74	imipramine pamoate.....	24	INVEGA TRINZA.....	36
hydrocortisone valerate.....	74	imiquimod.....	62	INVELTYS.....	98
hydrocortisone-acetic acid.....	99	imiquimod pump.....	62	INVOKAMET.....	44
hydrocort-pramoxine (perianal). 91		IMPAVIDO.....	34	INVOKAMET XR.....	44
hydromorphone hcl.....	13, 14	IMPOYZ.....	74	INVOKANA.....	44
hydromorphone hcl er.....	12	IMVEXXY MAINTENANCE		iodine strong.....	64
hydroxocobalamin acetate.....	65	PACK.....	79	IOPIDINE.....	97
hydroxychloroquine sulfate.....	34	IMVEXXY STARTER PACK.....	79	IPOL.....	90
HYDROXYM.....	74	INBRIJA.....	35	ipratropium bromide.....	101
hydroxyurea.....	29	incassia.....	83	ipratropium-albuterol.....	104
hydroxyzine hcl.....	40	INCRELEX.....	75	IQIRVO.....	66
hydroxyzine pamoate.....	40	INCRUSE ELLIPTA.....	101	irbesartan.....	50
HYFTOR.....	62	indapamide.....	55	irbesartan-hydrochlorothiazide.. 53	
hyoscyamine sulfate.....	66	INDERAL XL.....	52	ISENTRESS.....	38
hyoscyamine sulfate er.....	66	indomethacin.....	11	ISENTRESS HD.....	38
hyosyne.....	66	INDOMETHACIN.....	11	isibloom.....	79
HYPERSAL.....	104	indomethacin er.....	11	isoniazid.....	28
HYQVIA.....	88	INFANRIX.....	90	isosorb dinitrate-hydralazine.... 53	
HYRIMOZ.....	86	INFINITY BLOOD GLUCOSE		isosorbide dinitrate.....	56
HYRIMOZ-CROHNS/UC		TEST.....	42	isosorbide mononitrate.....	56
STARTER.....	87	INGREZZA.....	58	isosorbide mononitrate er.....	56
HYRIMOZ-PED<40KG		INLYTA.....	32	isotretinoin.....	62
CROHN STARTER.....	87	INNOPRAN XL.....	52	isradipine.....	52
HYRIMOZ-PED>/=40KG		INPEFA.....	53	ISTURISA.....	75
CROHN START.....	87	INQOVI.....	32	itraconazole.....	25
HYRIMOZ-PLAQ		INREBIC.....	29	ivabradine hcl.....	53
PSOR/UEVIT START.....	87	INSULIN ASP PROT & ASP		ivermectin.....	33, 62
HYRIMOZ-PLAQUE		FLEXPEN.....	46	IWILFIN.....	93
PSORIASIS START.....	87	INSULIN ASPART.....	46	IXINITY.....	49
ibandronate sodium.....	92	INSULIN ASPART FLEXPEN... 46		IYUZEH.....	98

jaimiess.....	79	KISQALI (400 MG DOSE).....	29	larin 24 fe.....	80
JAKAFI.....	32	KISQALI (600 MG DOSE).....	29	larin fe 1.5/30.....	80
jantoven.....	48	KISQALI FEMARA.....	32	larin fe 1/20.....	80
JANUMET.....	44	klayesta.....	25	latanoprost.....	98
JANUMET XR.....	44	KLISYRI (250 MG).....	29	layolis fe.....	80
JANUVIA.....	44	KLISYRI (350 MG).....	29	LAZCLUZE.....	32
JARDIANCE.....	44	klor-con.....	64	LEDIPASVIR-SOFOSBUVIR....	37
jasmiel.....	79	klor-con 10.....	64	leena.....	80
JATENZO.....	76	klor-con m10.....	64	leflunomide.....	88
JAYPIRCA.....	32	klor-con m15.....	64	lenalidomide.....	29
jencycla.....	83	klor-con m20.....	64	LENVIMA.....	32
JENTADUETO.....	44	klor-con/ef.....	64	lessina.....	80
JENTADUETO XR.....	44	KLOXXADO.....	15	letrozole.....	30
jinteli.....	79	KOATE.....	49	leucovorin calcium.....	30
JIVI.....	49	KOATE-DVI.....	49	LEUKERAN.....	28
JOENJA.....	89	KOGENATE FS.....	49	LEUKINE.....	48
jolessa.....	79	KONVOMEPE.....	69	leuprolide acetate.....	84
JORNAY PM.....	57	KOSELUGO.....	32	levalbuterol hcl.....	102
joyeaux.....	79	KOVALTRY.....	49	LEVALBUTEROL HFA.....	102
JUBLIA.....	25	K-PHOS.....	64	LEVAMLODIPINE MALEATE...	52
juleber.....	79	K-PHOS NO 2.....	64	LEVBID.....	66
JULUCA.....	38	K-PRIME.....	64	LEVEMIR FLEXPEN.....	47
junel 1.5/30.....	79	KRAZATI.....	29	LEVEMIR U-100 VIAL.....	47
junel 1/20.....	79	KRINTAFEL.....	34	levetiracetam.....	19
junel fe 1.5/30.....	79	KRISTALOSE.....	68	levetiracetam er.....	19
junel fe 1/20.....	79	KROGER HEALTHPRO		levobunolol hcl.....	97
junel fe 24.....	79	GLUCOSE TEST.....	42	levocarnitine.....	64
JUXTAPID.....	56	kurvelo.....	80	levocarnitine sf.....	64
JYLAMVO.....	87	KYZATREX.....	76	levofloxacin.....	18, 99
JYNARQUE.....	65	labetalol hcl.....	52	levonest.....	80
JYNNEOS.....	90	lacosamide.....	21	levonorgest-eth est & eth est...	80
kaitlib fe.....	79	LACRISERT.....	96	levonorgest-eth estrad 91-day..	80
kalliga.....	79	lactulose.....	68	levonorgest-eth estradiol-iron...	80
KALYDECO.....	102	lactulose encephalopathy.....	68	levonorgestrel.....	83
KAPSPARGO SPRINKLE.....	52	LAGEVRIO.....	37	levonorgestrel-ethinyl estrad....	80
kariva.....	80	LAMICTAL XR.....	20	levonorg-eth estrad triphasic....	80
KATERZIA.....	52	lamivudine.....	37, 39	levora 0.15/30 (28).....	80
kelnor 1/35.....	80	lamivudine-zidovudine.....	39	levorphanol tartrate.....	12
kelnor 1/50.....	80	lamotrigine.....	20	levo-t.....	84
KERENDIA.....	93	lamotrigine er.....	20	LEVOTHYROXINE SODIUM....	84
KESIMPTA.....	59	lamotrigine starter kit-blue.....	20	levothyroxine sodium.....	84
ketoconazole.....	25	lamotrigine starter kit-green.....	20	levoxyl.....	84
ketodan.....	25	lamotrigine starter kit-orange....	20	LEVSIN.....	66
ketoprofen.....	11	LAMPIT.....	34	LEVSIN/SL.....	66
ketoprofen er.....	11	LANCETS.....	42	l-glutamine.....	93
ketorolac tromethamine.....	11, 98	LANCETS SUPER THIN.....	42	LIBERVANT.....	20
KETOROLAC		lansoprazole.....	69	LICART.....	11
TROMETHAMINE.....	11	lanthanum carbonate.....	65	lidocaine.....	14, 15
KEVZARA.....	88	LANTUS SOLOSTAR.....	46	lidocaine hcl.....	15
KINERET.....	87	LANTUS U-100 VIAL.....	46	lidocaine hcl urethral/mucosal...	15
KINRIX.....	90	lapatinib ditosylate.....	32	lidocaine viscous hcl.....	15
KIONEX.....	65	larin 1.5/30.....	80	lidocaine-hydrocort (perianal)...	91
KISQALI (200 MG DOSE).....	29	larin 1/20.....	80	lidocaine-prilocaine.....	15

LIDOCAN.....	15	LUPRON DEPOT-PED (3-	84	MENVEO.....	90
LIDOCORT.....	91	MONTH).....	84	meperidine hcl.....	14
LIKMEZ.....	16	LUPRON DEPOT-PED (6-	84	meprobamate.....	40
linezolid.....	16	MONTH).....	84	mercaptopurine.....	29
LINZESS.....	67	lurasidone hcl.....	36	merzee.....	80
liothyronine sodium.....	84	lutra.....	80	mesalamine.....	91
LIQREV.....	103	LUZU.....	25	mesalamine er.....	91
LIRAGLUTIDE.....	44	LYBALVI.....	36	MESNEX.....	33
lisdexamfetamine dimesylate....	57	lyleq.....	83	metaxalone.....	105
lisinopril.....	51	lyllana.....	80	metformin hcl er.....	44
lisinopril-hydrochlorothiazide....	53	LYNPARZA.....	32	metformin hcl er (mod).....	44
LITFULO.....	62	LYSODREN.....	84	metformin hcl er (osm).....	44
lithium.....	40	LYTGOBI (12 MG DAILY		metformin hcl ir.....	44
lithium carbonate.....	40	DOSE).....	30	methadone hcl.....	12
lithium carbonate er.....	40	LYTGOBI (16 MG DAILY		methadone hcl intensol.....	12
LITHOSTAT.....	72	DOSE).....	30	methamphetamine hcl.....	57
LIVDELZI.....	66	LYTGOBI (20 MG DAILY		methazolamide.....	54
LIVMARLI.....	60	DOSE).....	30	methenamine hippurate.....	16
LIVTENCITY.....	37	LYUMJEV KWIKPEN.....	47	methimazole.....	85
LO LOESTRIN FE.....	80	LYUMJEV VIAL.....	47	METHITEST.....	76
LOCOID LIPOCREAM.....	74	LYVISPAH.....	104	methocarbamol.....	105
LODOCO.....	53	lyza.....	83	methotrexate sodium.....	87
lofedidine hcl.....	15	mafenide acetate.....	16	methotrexate sodium (pf).....	87
lojaimiess.....	80	magnesium citrate.....	68	methoxsalen rapid.....	62
LOKELMA.....	65	malathion.....	34	methscopolamine bromide.....	66
LONSURF.....	30	maraviroc.....	39	methsuximide.....	19
loperamide hcl.....	66	marlissa.....	80	methyl dopa.....	50
lopinavir-ritonavir.....	39	MARPLAN.....	22	methylergonovine maleate.....	93
lorazepam.....	40	MATULANE.....	28	methylphenidate.....	57
lorazepam intensol.....	40	matzim la.....	52	methylphenidate hcl.....	58
LORBRENA.....	32	MAVENCLAD.....	59	methylphenidate hcl er.....	58
LOREEV XR.....	40	MAVYRET.....	37	methylphenidate hcl er (cd).....	58
loryna.....	80	MAXIDEX.....	98	methylphenidate hcl er (la).....	58
losartan potassium.....	51	MAYZENT.....	59	methylphenidate hcl er (osm)....	58
losartan potassium-hctz.....	54	MAYZENT STARTER PACK....	59	METHYLPHENIDATE HCL ER	
LOTEMAX.....	98	meclizine hcl.....	24	(OSM).....	58
LOTEMAX SM.....	98	meclofenamate sodium.....	11	methylphenidate hcl er (xr).....	58
loteprednol etabonate.....	98	MEDROL.....	74	methylprednisolone.....	74
lovastatin.....	55	medroxyprogesterone acetate..	83	methyltestosterone.....	76
low-ogestrel.....	80	mefenamic acid.....	11	metoclopramide hcl.....	24
loxapine succinate.....	35	mefloquine hcl.....	34	metolazone.....	55
lo-zumandimine.....	80	megestrol acetate.....	83	metoprolol succinate er.....	52
lubiprostone.....	67	MEKINIST.....	32	metoprolol tartrate.....	52
LULICONAZOLE.....	25	MEKTOVI.....	32	metoprolol-hydrochlorothiazide..	54
LUMAKRAS.....	30	meloxicam.....	11	metronidazole.....	16, 62
LUMIGAN.....	98	MELOXICAM.....	11	metyrosine.....	54
LUMRYZ.....	105	melphalan.....	28	mexiletine hcl.....	51
LUMRYZ STARTER PACK....	105	memantine hcl.....	22	mibelas 24 fe.....	80
LUPKYNIS.....	87	memantine hcl er.....	22	miconazole 3.....	25
LUPRON DEPOT (1-MONTH)..	84	MENEST.....	80	MICONAZOLE-ZINC OXIDE-	
LUPRON DEPOT (3-MONTH)..	84	MENOPUR.....	76	PETROLAT.....	25
LUPRON DEPOT-PED (1-		MENOSTAR.....	80	MICROCHAMBER.....	93
MONTH).....	84	MENQUADFI.....	90	MICRODOT TEST.....	42

microgestin 1.5/30.....	80	mupirocin.....	16	NERLYNX.....	32
microgestin 1/20.....	80	mupirocin cream.....	16	neuac.....	62
microgestin fe 1.5/30.....	80	my choice.....	83	NEULASTA.....	48
microgestin fe 1/20.....	80	my way.....	83	NEUPOGEN.....	48
midazolam hcl.....	40	MYALEPT.....	70	NEUPRO.....	35
midodrine hcl.....	50	MYCAPSSA.....	84	NEVANAC.....	98
MIEBO.....	96	mycophenolate mofetil.....	87	nevirapine.....	38
mifepristone.....	76	mycophenolate sodium.....	87	nevirapine er.....	38
MIGERGOT.....	27	mycophenolic acid.....	87	new day.....	83
miplitol.....	44	MYFEMBREE.....	81	NEXICLON XR.....	50
miplustat.....	70	MYHIBBIN.....	87	NEXIUM.....	70
mili.....	80	MYLERAN.....	28	NEXLETOL.....	56
milk of magnesia.....	69	MYRBETRIQ.....	71	NEXLIZET.....	56
milk of magnesia concentrate...	69	MYTESI.....	67	NEXTSTELLIS.....	81
mimvey.....	80	na sulfate-k sulfate-mg sulf.....	69	NGENLA.....	76
minocycline hcl.....	19	nabumetone.....	11	niacin (antihyperlipidemic).....	56
MINOCYCLINE HCL ER.....	19	nadolol.....	52	niacin er (antihyperlipidemic)....	56
minocycline hcl er.....	19	naftifine hcl.....	25	niacor.....	56
MINOLIRA.....	19	NAFTIN.....	25	nicardipine hcl.....	52
minoxidil.....	57	nalbuphine hcl.....	14	nicotine.....	16
mirabegron er.....	71	NALOCET.....	14	nicotine mini.....	15
MIRCERA.....	48	naloxone hcl.....	15	nicotine polacrilex.....	16
mirtazapine.....	22	naltrexone hcl.....	15	nicotine polacrilex mini.....	16
misoprostol.....	69	NAMZARIC.....	21	nicotine step 1.....	16
mm aspirin.....	11	naproxen.....	11	nicotine step 2.....	16
mm clearlax.....	69	naproxen dr.....	11	nicotine step 3.....	16
M-M-R II.....	90	naproxen sodium.....	11	NICOTROL.....	16
modafinil.....	105	naproxen sodium er.....	11	NICOTROL NS.....	16
MODERNA COVID-19 VAC		naproxen-esomeprazole mg.....	11	nifedipine.....	52
6M-11Y.....	90	naratriptan hcl.....	27	nifedipine er.....	52
moexipril hcl.....	51	NARCAN.....	15	nifedipine er osmotic release....	52
molindone hcl.....	35	NATACYN.....	96	nikki.....	81
mometasone furoate.....	74, 104	NATAZIA.....	81	nilutamide.....	28
MONOJECT FLUSH		nateglinide.....	44	nimodipine.....	52
SYRINGE.....	93	NATESTO.....	76	NINLARO.....	30
MONOJECT SODIUM		NAYZILAM.....	20	nisoldipine er.....	52
CHLORIDE FLUSH.....	93	nebivolol hcl.....	52	nitazoxanide.....	34
mono-linyah.....	81	NEBUSAL.....	104	nitisinone.....	70
montelukast sodium.....	101	necon 0.5/35 (28).....	81	NITRO-BID.....	56
morphine sulfate.....	14	nefazodone hcl.....	23	NITRO-DUR.....	57
morphine sulfate (concentrate).	14	NEFFY.....	102	nitrofurantoin.....	17
morphine sulfate er.....	12	NEMLUVIO.....	62	NITROFURANTOIN.....	17
morphine sulfate er beads.....	12	neomycin sulfate.....	16	nitrofurantoin macrocrystal.....	17
MOTEGRITY.....	67	neomycin-bacitracin zn-		nitrofurantoin monohydrate	
MOTOFEN.....	67	polymyx.....	96	macrocrystals.....	17
MOTPOLY XR.....	21	neomycin-polymyxin-dexameth	96	nitroglycerin.....	57
MOUNJARO.....	44	neomycin-polymyxin-		NITRO-TIME.....	57
MOVANTIK.....	67	gramicidin.....	95	NITYR.....	70
moxifloxacin hcl.....	18, 99	neomycin-polymyxin-hc.....	96, 99	NIVA THYROID.....	84
moxifloxacin hcl (2x day).....	99	NEONATAL PN STARTER		NIVESTYM.....	48
MRESVIA.....	90	BAG.....	64	nizatidine.....	67
MULPLETA.....	48	NEO-POLYCIN HC.....	96	NOCDURNA.....	76
MULTAQ.....	51	NEO-SYNALAR.....	17	nora-be.....	83

NORDITROPIN FLEXPEN.....	76	NOVOLOG MIX 70/30 VIAL.....	47	OLPRUVA (6 GM DOSE).....	70
norelgestromin-eth estradiol.....	81	NOVOLOG PENFILL.....	47	OLPRUVA (6.67 GM DOSE)....	70
norethin ace-eth estrad-fe.....	81	NOVOLOG RELION.....	47	OLUMIANT.....	87
norethindrone.....	83	NOVOLOG U-100 VIAL.....	47	OMECLAMOX-PAK.....	67
norethindrone acetate.....	83	NOVOSEVEN RT.....	49	omega-3-acid ethyl esters.....	56
norethindrone acet-ethinyl est...81		NOXAFIL.....	26	omeprazole.....	70
norethindrone-eth estradiol.....	81	np thyroid.....	84	omeprazole-sodium	
norethindron-ethinyl estrad-fe...81		NUBEQA.....	28	bicarbonate.....	70
norethin-eth estradiol-fe.....	81	NUCALA.....	104	OMNARIS.....	101
NORGESIC.....	105	NUCYNTA.....	14	OMNIPOD 5 DEXG7G6	
NORGESIC FORTE.....	105	NUCYNTA ER.....	12	INTRO GEN 5.....	94
norgestimate-eth estradiol.....	81	NUDEXTA.....	58	OMNIPOD 5 DEXG7G6 PODS	
norgestimate-ethinyl estradiol		NULEV.....	66	GEN 5.....	94
triphasic.....	81	NUPLAZID.....	36	OMNIPOD 5 G7 INTRO (GEN	
NORITATE.....	62	NURTEC.....	26	5).....	94
NORLIQVA.....	53	NUTROPIN AQ NUSPIN 10.....	76	OMNIPOD 5 G7 PODS (GEN	
norlyroc.....	83	NUTROPIN AQ NUSPIN 20.....	76	5).....	94
normal saline flush.....	94	NUTROPIN AQ NUSPIN 5.....	76	OMNIPOD 5 LIBRE2 PLUS G6	94
NORPACE CR.....	51	NUVESSA.....	17	OMNIPOD 5 LIBRE2 PLUS G6	
nortrel 0.5/35 (28).....	81	NUWIQ.....	49	PODS.....	94
nortrel 1/35 (21).....	81	NUZYRA.....	19	OMNIPOD CLASSIC PODS	
nortrel 1/35 (28).....	81	nyamyc.....	26	(GEN 3).....	94
nortrel 7/7/7.....	81	nylia 1/35.....	81	OMNIPOD DASH INTRO	
nortriptyline hcl.....	24	nylia 7/7/7.....	81	(GEN 4).....	94
NORVIR.....	39	NYMALIZE.....	53	OMNIPOD DASH PDM (GEN	
NOURIANZ.....	34	NYPOZI.....	48	4).....	94
NOVAREL.....	76	nystatin.....	26	OMNIPOD DASH PODS (GEN	
NOVAVAX COVID-19		nystatin-triamcinolone.....	26	4).....	94
VACCINE.....	90	nystop.....	26	OMNIPOD GO.....	94
NOVOEIGHT.....	49	NYVEPRIA.....	48	OMNITROPE.....	76
NOVOFINE AUTOCOVER		OBIZUR.....	49	OMVOH.....	87
PEN NEEDLE.....	94	OCALIVA.....	70	ondansetron hcl.....	24
NOVOFINE PEN NEEDLE.....	94	ocella.....	81	ondansetron odt.....	25
NOVOFINE PLUS PEN		octreotide acetate.....	85	ONE DROP TEST.....	42
NEEDLE.....	94	ODACTRA.....	94	ONETOUCH DELICA SAFETY	
NOVOLIN 70/30 FLEXPEN.....	47	ODEFSEY.....	39	LANCING.....	42
NOVOLIN 70/30 RELION.....	47	ODOMZO.....	32	ONETOUCH ULTRA 2 KIT	
NOVOLIN 70/30 VIAL.....	47	OFEV.....	103	W/DEVICE.....	42
NOVOLIN N FLEXPEN.....	47	ofloxacin.....	18, 99	ONETOUCH ULTRA BLUE	
NOVOLIN N RELION.....	47	OGSIVEO.....	32	TEST.....	42
NOVOLIN N VIAL.....	47	OHTUVAYRE.....	102	ONETOUCH ULTRA TEST	
NOVOLIN R FLEXPEN.....	47	OJEMDA.....	30	STRIPS.....	42
NOVOLIN R RELION.....	47	OJJAARA.....	30	ONETOUCH VERIO FLEX	
NOVOLIN R VIAL.....	47	olanzapine.....	36	SYSTEM.....	43
NOVOLOG 70/30 FLEXPEN		olanzapine-fluoxetine hcl.....	22	ONETOUCH VERIO KIT	
RELION.....	47	olmesartan medoxomil.....	51	W/DEVICE.....	43
NOVOLOG FLEXPEN.....	47	olmesartan medoxomil-hctz.....	54	ONETOUCH VERIO	
NOVOLOG FLEXPEN		olmesartan-amlodipine-hctz.....	54	REFLECT KIT W/DEVICE.....	43
RELION.....	47	olopatadine hcl.....	97, 100	ONGENTYS.....	34
NOVOLOG MIX 70/30		OLPRUVA (2 GM DOSE).....	70	ONUREG.....	30
FLEXPEN.....	47	OLPRUVA (3 GM DOSE).....	70	ONYDA XR.....	58
NOVOLOG MIX 70/30		OLPRUVA (4 GM DOSE).....	70	ONZETRA XSAIL.....	27
RELION.....	47	OLPRUVA (5 GM DOSE).....	70	opcicon one-step.....	83

OPFOLDA.....	70	OXYCODONE HCL.....	14	PFIZER COVID-19 VAC-TRIS	
OPIPZA.....	36	OXYCODONE HCL ER.....	12	5-11Y.....	90
OPSUMIT.....	103	OXYCODONE-		PFIZER COVID-19 VAC-TRIS	
OPSYNVI.....	103	ACETAMINOPHEN.....	14	6M-4Y.....	90
OPTICHAMBER DIAMOND.....	94	oxycodone-acetaminophen.....	14	PHEBURANE.....	71
OPTICHAMBER DIAMOND-		OXYCONTIN.....	12	phenelzine sulfate.....	22
LG MASK.....	94	oxymorphone hcl.....	14	phenobarbital.....	20
OPTICHAMBER DIAMOND-		oxymorphone hcl er.....	12	phenoxybenzamine hcl.....	50
MD MASK.....	94	OXYTROL.....	71	phenylephrine hcl.....	97
OPTICHAMBER DIAMOND-		OZEMPIC.....	44	phenytek.....	21
SM MASK.....	94	OZOBAX DS.....	105	phenytoin.....	21
option 2.....	83	PALFORZIA.....	94	phenytoin infatabs.....	21
OPTIONS GYNOL II		paliperidone er.....	36	phenytoin sodium extended.....	21
CONTRACEPTIVE.....	72	PALYNZIQ.....	70	PHEXXI.....	94
OPVEE.....	15	PANCREAZE.....	70	philith.....	81
OPZELURA.....	62	PANDEL.....	74	PHOSPHOLINE IODIDE.....	97
ORALAIR.....	104	PANRETIN.....	33	PHOSPHO-TRIN K500.....	64
ORAVIG.....	26	pantoprazole sodium.....	70	phytonadione.....	66
ORENCIA.....	87	paricalcitol.....	92	PIFELTRO.....	38
ORENCIA CLICKJECT.....	87	paroxetine hcl.....	23	pilocarpine hcl.....	60, 97
ORENITRAM.....	103	paroxetine hcl er.....	23	pimecrolimus.....	62
ORENITRAM MONTH 1.....	103	paroxetine mesylate.....	23	pimozide.....	35
ORENITRAM MONTH 2.....	103	PAXIL.....	23	pimtrea.....	81
ORENITRAM MONTH 3.....	103	PAXLOVID (150/100).....	37	pindolol.....	52
ORFADIN.....	70	PAXLOVID (300/100).....	37	pioglitazone hcl.....	44
ORGOVYX.....	28	pazopanib hcl.....	32	pioglitazone hcl-glimepiride.....	44
ORIAHNN.....	81	PEDIARIX.....	90	pioglitazone hcl-metformin hcl..	44
ORILISSA.....	85	PEDVAX HIB.....	90	PIQRAY.....	30
ORKAMBI.....	102	peg 3350.....	69	pirfenidone.....	103
ORLADEYO.....	85	peg 3350-kcl-na bicarb-nacl.....	69	piroxicam.....	12
orphenadrine citrate er.....	105	peg-3350/electrolytes.....	69	pitavastatin calcium.....	55
orphenadrine-aspirin-caffeine.	105	peg-3350/electrolytes/ascorbat.	69	PLEGRIDY.....	59
ORPHENGESIC FORTE.....	105	PEGASYS.....	37	PLEGRIDY STARTER PACK...	59
ORSERDU.....	29	peg-kcl-nacl-nasulf-na asc-c.....	69	PLENVU.....	69
OSCIMIN.....	66	PEMAZYRE.....	30	PLIAGLIS.....	15
oseltamivir phosphate.....	39	PENBRAYA.....	90	PNEUMOVAX 23.....	90
OSMOLEX ER.....	34	penciclovir.....	37	POCKET SPACER.....	94
OSPHENA.....	84	penicillamine.....	72	podofilox.....	62
OTEZLA.....	88	penicillin v potassium.....	18	POKONZA.....	64
OTOVEL.....	99	PENTACEL.....	90	polyethylene glycol 3350.....	69
OTREXUP.....	87	pentamidine isethionate.....	34	polymyxin b-trimethoprim.....	96
OVIDREL.....	76	PENTASA.....	91	POMALYST.....	29
OXAPROZIN.....	11	pentazocine-naloxone hcl.....	14	PONVORY.....	59
oxaprozin.....	12	pentoxifylline er.....	54	PONVORY STARTER PACK...	59
oxazepam.....	40	PERFECT POINT SAFETY		portia-28.....	81
oxcarbazepine.....	21	LANCETS.....	43	posaconazole.....	26
oxcarbazepine er.....	21	perindopril erbumine.....	51	potassium chloride.....	64
OXERVATE.....	96	periogard.....	60	potassium chloride crys er.....	64
oxiconazole nitrate.....	26	permethrin.....	34	potassium chloride er.....	64
OXISTAT.....	26	perphenazine.....	24	potassium citrate er.....	64
oxybutynin chloride.....	71	perphenazine-amitriptyline.....	22	potassium iodide (expectorant)	
oxybutynin chloride er.....	71	PERSERIS.....	36	.....	104
oxycodone hcl.....	14	PERTZYE.....	70	PRADAXA.....	48



PRALUENT.....	56	PROCRIT.....	48	QVAR REDIHALER.....	101
pramipexole dihydrochloride.....	35	PROCTOCORT.....	91	RABEPRAZOLE SODIUM.....	70
pramipexole dihydrochloride er.....	35	PROCTOFOAM HC.....	92	rabeprazole sodium.....	70
PRAMOSONE.....	62	procto-med hc.....	92	RADICAVA ORS.....	58
prasugrel hcl.....	50	PROCYSBI.....	71	RADICAVA ORS STARTER	
pravastatin sodium.....	56	PROFILNINE.....	49	KIT.....	58
praziquantel.....	33	progesterone.....	83	RADIOGARDASE.....	94
prazosin hcl.....	50	PROGRAF.....	87	RAGWITEK.....	94
PRECISION XTRA BLOOD		PROLATE.....	14	raloxifene hcl.....	84
GLUCOSE.....	43	PROMACTA.....	48	ramelteon.....	105
PRED MILD.....	98	promethazine hcl.....	24	ramipril.....	51
prednisolone.....	74	PROMETHEGAN.....	24	ranolazine er.....	54
prednisolone acetate.....	98	propafenone hcl.....	51	rasagiline mesylate.....	35
PREDNISOLONE ACETATE		propafenone hcl er.....	51	RASUVO.....	87
P-F.....	98	propranolol hcl.....	52	RAVICTI.....	71
prednisolone sodium		propranolol hcl er.....	52	RAYALDEE.....	92
phosphate.....	74, 98	propylthiouracil.....	85	RAYOS.....	74
prednisone.....	74	PROQUAD.....	90	react.....	83
prednisone intensol.....	74	protriptyline hcl.....	24	REBIF.....	59
pregabalin.....	59	PULMICORT FLEXHALER.....	101	REBIF REBIDOSE.....	59
pregabalin er.....	58	PULMOSAL.....	104	REBIF REBIDOSE	
PREGNYL.....	76	PULMOZYME.....	102	TITRATION PACK.....	59
PREHEVBRIO.....	90	PURE COMFORT SPACER		REBIF TITRATION PACK.....	59
PREMARIN.....	81	CHAMBER.....	94	REBINYN.....	49
PREMPHASE.....	81	PURIXAN.....	29	reclipsen.....	81
PREMPRO.....	81	pyrazinamide.....	28	RECOMBINATE.....	50
PRESTALIA.....	54	pyridostigmine bromide.....	27	RECOMBIVAX HB.....	90
PRETOMANID.....	28	pyridostigmine bromide er.....	27	RECORLEV.....	76
prevalite.....	56	pyrimethamine.....	34	REGRANEX.....	62
PREVNAR 20.....	90	PYRUKYND.....	48	RELAFEN DS.....	12
PREVYMIS.....	37	PYRUKYND TAPER PACK.....	48	RELENZA DISKHALER.....	39
PREZCOBIX.....	39	QBRELIS.....	51	RELEUKO.....	48
PREZISTA.....	39	QBREXZA.....	62	RELEXXII.....	58
PRIFTIN.....	28	qc magnesium citrate.....	69	RELION GLUCOSE TEST	
PRILOSEC.....	70	QDOLO.....	13	STRIPS.....	43
primaquine phosphate.....	34	QELBREE.....	58	RELION PREMIER TEST.....	43
primidone.....	20	QINLOCK.....	32	RELISTOR.....	67
PRIORIX.....	90	QNASL.....	101	RELTONE.....	67
PRO COMFORT SPACER		QNASL CHILDRENS.....	101	repaglinide.....	44
ADULT.....	94	QTERN.....	44	REPATHA.....	56
PRO COMFORT SPACER		QUADRACEL.....	90	REPATHA PUSHTRONEX	
CHILD.....	94	quazepam.....	40	SYSTEM.....	56
PRO COMFORT SPACER		quetiapine fumarate.....	36	REPATHA SURECLICK.....	56
INFANT.....	94	quetiapine fumarate er.....	36	RESTASIS MULTIDOSE.....	96
PROAIR DIGIHALER.....	102	QUILLICHEW ER.....	58	RETACRIT.....	48
PROAIR RESPICLICK.....	102	QUILLIVANT XR.....	58	RETEVMO.....	32
probenecid.....	26	quinapril hcl.....	51	RETIN-A MICRO PUMP.....	62
PROCARE SPACER/ADULT		quinapril-hydrochlorothiazide....	54	REVCovi.....	71
MASK.....	94	quinidine gluconate er.....	51	REVLIMID.....	29
PROCARE SPACER/CHILD		quinidine sulfate.....	51	REXTOVY.....	15
MASK.....	94	quinine sulfate.....	34	REXULTI.....	36
prochlorperazine.....	24	QULIPTA.....	27	REYATAZ.....	39
prochlorperazine maleate.....	24	QUVIVIQ.....	105	REYVOW.....	27

REZDIFFRA.....	67	sapropterin dihydrochloride.....	71	SLYND.....	83
REZLIDHIA.....	32	SAVAYSA.....	48	sm milk of magnesia.....	69
REZUROCK.....	87	SAVELLA.....	59	SOAANZ.....	54
REZVOGLAR KWIKPEN.....	47	SAVELLA TITRATION PACK...	59	sodium chloride.....	72, 104
RHOPRESSA.....	97	saxagliptin hcl.....	44	sodium chloride flush.....	94
ribavirin.....	37	saxagliptin-metformin er.....	44	SODIUM CHLORIDE FLUSH...	94
RIDAURA.....	88	SCEMBLIX.....	32	sodium fluoride.....	64
rifabutin.....	28	scopolamine.....	24	SODIUM OXYBATE.....	105
rifampin.....	28	SECUADO.....	36	sodium phenylbutyrate.....	71
riluzole.....	58	SEGLENTIS.....	14	sodium polystyrene sulfonate...	65
rimantadine hcl.....	39	SEGLUROMET.....	44	sodium sulfacetamide wash.....	63
RINVOQ.....	88	selegiline hcl.....	35	SOFDRA.....	63
RINVOQ LQ.....	89	selenium sulfide.....	63	SOFOSBUVIR-VELPATASVIR..	37
risedronate sodium.....	92	SELZENTRY.....	39	SOGROYA.....	76
risperidone.....	36	SEMGLEE (YFGN).....	47	SOHONOS.....	94
risperidone microspheres er.....	36	SEREVENT DISKUS.....	102	solifenacin succinate.....	71
ritonavir.....	39	SERNIVO.....	74	SOLIQUA.....	45
rivastigmine.....	22	SEROSTIM.....	67	SOLOSEC.....	17
rivastigmine tartrate.....	22	SERTRALINE HCL.....	23	SOLTAMOX.....	29
rivelsa.....	81	sertraline hcl.....	23	SOMAVERT.....	85
RIVFLOZA.....	72	setlakin.....	81	sorafenib tosylate.....	32
RIVIVE.....	15	sevelamer carbonate.....	65	SORILUX.....	63
RIXUBIS.....	50	sevelamer hcl.....	65	sotalol hcl.....	51
rizatriptan benzoate.....	27	SEVENFACT.....	50	sotalol hcl (af).....	51
ROCKLATAN.....	97	SEYSARA.....	19	SOTYKTU.....	63
roflumilast.....	102	SFROWASA.....	91	SOTYLIZE.....	51
ROLVEDON.....	48	sharobel.....	83	SOVALDI.....	37
ropinirole hcl.....	35	SHINGRIX.....	90	SOVUNA.....	34
ropinirole hcl er.....	35	SIGNIFOR.....	85	SPEVIGO.....	63
rosuvastatin calcium.....	56	SIKLOS.....	29	SPIKEVAX.....	90
ROSZET.....	56	sildenafil citrate.....	103	spinosad.....	34
ROTARIX.....	90	SILIQ.....	63	SPIRIVA RESPIMAT.....	101
ROTATEQ.....	90	silodosin.....	72	spironolactone.....	54
roweepra.....	19	silver sulfadiazine.....	17	spironolactone-hctz.....	54
ROXYBOND.....	14	SIMBRINZA.....	97	sprintec 28.....	81
ROZLYTREK.....	30	SIMLANDI (1 PEN).....	87	SPRITAM.....	19
RUBRACA.....	31	SIMLANDI (2 PEN).....	87	SPRIX.....	12
RUCONEST.....	85	SIMLANDI (2 SYRINGE).....	87	SPS (SODIUM	
rufinamide.....	21	simliya.....	81	POLYSTYRENE SULF).....	65
RUKOBIA.....	39	simpesse.....	81	sronyx.....	81
RYALTRIS.....	104	SIMPONI.....	87	ssd.....	17
RYBELSUS.....	44	simvastatin.....	56	SSKI.....	104
RYCLORA.....	100	sirolimus.....	87	sss 10-5.....	63
RYDAPT.....	32	SIRTURO.....	28	STEGLATRO.....	45
RYKINDO.....	36	SITAGLIPTIN.....	44	STEGLUJAN.....	45
RYTARY.....	35	SITAGLIPTIN BASE-		STELARA.....	63
ryvent.....	100	METFORMIN HCL.....	45	sterile water for irrigation.....	95
SAIZEN.....	76	SITAVIG.....	37	STIMUFEND.....	49
saline flush.....	94	SIVEXTRO.....	17	STIOLTO RESPIMAT.....	104
salsalate.....	12	SKYCLARYS.....	58	STIVARGA.....	32
SANCUSO.....	25	SKYRIZI.....	63, 87	STRENSIQ.....	71
SANDIMMUNE.....	87	SKYRIZI PEN.....	87	STRIBILD.....	38
SANTYL.....	62	SKYTROFA.....	76	STRIVERDI RESPIMAT.....	102

subvenite.....	21	TALZENNA.....	31	theophylline er.....	103
subvenite starter kit-blue.....	21	tamoxifen citrate.....	29	thioridazine hcl.....	35
subvenite starter kit-green.....	21	tamsulosin hcl.....	72	thiothixene.....	35
subvenite starter kit-orange.....	21	TAPERDEX 12-DAY.....	75	THYQUIDITY.....	84
SUCRAID.....	71	TAPERDEX 6-DAY.....	75	thyroid.....	84
sucralfate.....	69	TAPERDEX 7-DAY.....	75	tiadylt er.....	53
SUFLAVE.....	69	tarina 24 fe.....	82	tiagabine hcl.....	20
SULCONAZOLE NITRATE.....	26	tarina fe 1/20 eq.....	82	TIBSOVO.....	32
sulfacetamide sodium.....	63, 99	TARPEYO.....	92	tilia fe.....	82
sulfacetamide sodium (acne)....	63	TASCENSO ODT.....	59	timolol hemihydrate.....	97
sulfacetamide sodium-sulfur.....	63	TASIGNA.....	32	timolol maleate.....	52, 98
sulfacetamide sod-sulfur wash..	63	tasimelton.....	105	timolol maleate (once-daily).....	97
sulfacetamide-prednisolone.....	96	tavaborole.....	26	timolol maleate ocudose.....	98
sulfadiazine.....	18	TAVALISSE.....	50	timolol maleate pf.....	98
sulfamethoxazole-trimethoprim..	18	TAVNEOS.....	95	tinidazole.....	17
SULFAMYLON.....	17	taysofy.....	82	tiopronin.....	72
sulfasalazine.....	92	tazarotene.....	63	tiotropium bromide	
sulfatrim pediatric.....	18	TAZAROTENE.....	63	monohydrate.....	101
sulindac.....	12	taztia xt.....	53	TIROSINT.....	84
sumatriptan.....	27	TAZVERIK.....	30	TIROSINT-SOL.....	84
sumatriptan succinate.....	27	TDVAX.....	90	TIS-U-SOL.....	95
sumatriptan succinate refill		TECHLITE LANCETS 26G.....	43	TIVICAY.....	38
subcutaneous solution		TEGLUTIK.....	58	TIVICAY PD.....	38
cartridge.....	27	telmisartan.....	51	tizanidine hcl.....	105
sumatriptan-naproxen sodium..	27	telmisartan-amlodipine.....	54	TLANDO.....	77
sunitinib malate.....	32	telmisartan-hctz.....	54	TOBI PODHALER.....	102
SUNLENCA.....	39	temazepam.....	105	TOBRADEX.....	95
SUNOSI.....	106	temozolomide.....	28	TOBRADEX ST.....	95
SUTAB.....	69	TENCON.....	14	tobramycin.....	95, 102
syeda.....	82	TENIVAC.....	90	tobramycin-dexamethasone.....	95
SYMBICORT.....	101	tenofovir disoproxil fumarate....	39	TOBREX.....	95
SYMDEKO.....	102	TEPMETKO.....	32	TODAY SPONGE.....	72
SYMLINPEN 120.....	45	terazosin hcl.....	72	TOLAK.....	30
SYMLINPEN 60.....	45	terbinafine hcl.....	26	tolcapone.....	34
SYMPAZAN.....	20	terbutaline sulfate.....	102	TOLECTIN 600.....	12
SYMPROIC.....	67	terconazole.....	26	tolmetin sodium.....	12
SYMTUZA.....	39	teriflunomide.....	59	TOLSURA.....	26
SYNAREL.....	85	teriparatide.....	92	tolterodine tartrate.....	71
SYNDROS.....	25	TERIPARATIDE.....	92	tolterodine tartrate er.....	71
SYNJARDY.....	45	testosterone.....	77	tolvaptan.....	65
SYNJARDY XR.....	45	TESTOSTERONE		topiramate.....	21
TABLOID.....	29	CYPIONATE.....	76	topiramate er.....	21
TABRECTA.....	32	testosterone cypionate.....	76	toremifene citrate.....	29
tacrolimus.....	63, 87	testosterone enanthate.....	76	torpenz.....	32
tadalafil (pah).....	103	tetrabenazine.....	58	torsemide.....	54
TADLIQ.....	103	tetracycline hcl.....	19	TOSYMRA.....	27
TAFINLAR.....	32	TETRACYCLINE HCL.....	19	TOUJEO MAX SOLOSTAR.....	47
tafluprost (pf).....	98	TEXACORT.....	75	TOUJEO SOLOSTAR.....	47
TAGRISSO.....	32	TEZSPIRE.....	104	tovet.....	75
take action.....	83	THALITONE.....	55	TRACLEER.....	103
TAKHZYRO.....	85	THALOMID.....	29	TRADJENTA.....	45
TALICIA.....	67	THEO-24.....	103	TRAMADOL HCL (ER	
TALTZ.....	63	theophylline.....	103	BIPHASIC).....	13

tramadol hcl (er biphasic).....	13	trosipium chloride.....	71	VANDAZOLE.....	17
tramadol hcl er.....	13	trosipium chloride er.....	71	VANFLYTA.....	33
TRAMADOL HCL IR.....	13	TRUDHESA.....	27	VAQTA.....	90
tramadol hcl ir.....	14	TRUE COVER.....	95	varenicline tartrate.....	16
tramadol-acetaminophen.....	14	true laxative.....	69	varenicline tartrate (starter).....	16
trandolapril.....	51	TRUE METRIX BLOOD		varenicline tartrate(continue)....	16
trandolapril-verapamil hcl er.....	54	GLUCOSE TEST.....	43	VARIVAX.....	90
tranexamic acid.....	50	TRUETRACK TEST.....	43	VARUBI (180 MG DOSE).....	25
tranylcypramine sulfate.....	22	TRULANCE.....	67	VAXELIS.....	91
travoprost (bak free).....	99	TRULICITY.....	45	VAXNEUVANCE.....	91
trazodone hcl.....	23	TRUMENBA.....	90	VCF VAGINAL	
TREATOR.....	28	TRUQAP.....	32	CONTRACEPTIVE.....	72
TRELEGY ELLIPTA.....	104	TRYVIO.....	54	VECAMYL.....	54
TREMFYA.....	63	TUDORZA PRESSAIR.....	101	velivet.....	82
TRESIBA.....	47	TUKYSA.....	33	VELPHORO.....	65
TRESIBA FLEXTOUCH.....	47	TURALIO.....	33	VELSIPITY.....	89
tretinoin.....	33, 63	turqoz.....	82	VELTASSA.....	65
tretinoin microsphere.....	63	TWINRIX.....	90	VEMLIDY.....	37
tretinoin microsphere pump.....	63	TWIRLA.....	82	VENCLEXTA.....	33
TRETEN.....	50	TWYNEO.....	63	VENCLEXTA STARTING	
TREXALL.....	88	TYBLUME.....	82	PACK.....	33
triamcinolone acetonide.....	60, 75	TYBOST.....	38	VENLAFAXINE BESYLATE	
triamcinolone in absorbbase.....	75	tydemy.....	82	ER.....	23
triamterene.....	55	TYENNE.....	89	venlafaxine hcl.....	23
triamterene-hctz.....	54	TYMLOS.....	92	venlafaxine hcl er.....	23
triazolam.....	105	TYRVAYA.....	96	VENTAVIS.....	103
triderm.....	75	TYVASO.....	103	VENTOLIN HFA.....	102
trientine hcl.....	65	TYVASO DPI MAINTENANCE		VEOZAH.....	95
tri-estarylla.....	82	KIT.....	103	verapamil hcl.....	53
TRIFENA PAIN RELIEF.....	12	TYVASO DPI TITRATION KIT	103	verapamil hcl er.....	53
trifluoperazine hcl.....	35	TYVASO REFILL KIT.....	103	VEREGEN.....	63
trifluridine.....	96	TYVASO STARTER KIT.....	103	VERIFINE SAFE LANCET	
trihexyphenidyl hcl.....	34	UBRELVY.....	27	MINI 21G.....	43
TRIJARDY XR.....	45	UDENYCA.....	49	VERIFINE SAFE LANCET	
TRIKAFTA.....	102	ULTRAVATE.....	75	MINI 23G.....	43
tri-legest fe.....	82	UNDECATREX.....	77	VERIFINE SAFE LANCET	
tri-linyah.....	82	unithroid.....	84	MINI 28G.....	43
tri-lo-estarylla.....	82	UPNEEQ.....	97	VERIFINE SAFE LANCET	
tri-lo-marzia.....	82	UPTRAVI.....	103	MINI 30G.....	43
tri-lo-mili.....	82	UPTRAVI TITRATION.....	103	VERKAZIA.....	96
tri-lo-sprintec.....	82	URSODIOL.....	67	VERQUOVO.....	54
trimethobenzamide hcl.....	24	ursodiol.....	67	VERSACLOZ.....	36
trimethoprim.....	17	UZEDY.....	36	VERZENIO.....	30
tri-mili.....	82	VAFSEO.....	49	VESICARE LS.....	72
trimipramine maleate.....	24	valacyclovir hcl.....	37	vestura.....	82
TRINTELLIX.....	23	VALCHLOR.....	28	VEVYE.....	97
tri-sprintec.....	82	valganciclovir hcl.....	37	V-GO 20.....	95
TRIUMEQ.....	39	valproic acid.....	20	V-GO 30.....	95
TRIUMEQ PD.....	39	VALSARTAN.....	51	V-GO 40.....	95
trivora (28).....	82	valsartan.....	51	VIBERZI.....	67
tri-vylibra.....	82	valsartan-hydrochlorothiazide...	54	VICTOZA.....	45
tri-vylibra lo.....	82	VALTOCO.....	20	vienna.....	82
tropicamide.....	96	vancomycin hcl.....	17	vigabatrin.....	20

VIGAFYDE.....	20	WIDE-SEAL DIAPHRAGM 80..	95	XTANDI.....	28
vigpoder.....	20	WIDE-SEAL DIAPHRAGM 85..	95	xulane.....	82
VIJOICE.....	33	WIDE-SEAL DIAPHRAGM 90..	95	XULTOPHY.....	45
vilazodone hcl.....	23	WIDE-SEAL DIAPHRAGM 95..	95	XURIDEN.....	71
VIOKACE.....	71	WILATE.....	50	XYNTHA.....	50
viorele.....	82	WINLEVI.....	63	XYNTHA SOLOFUSE.....	50
VIRACEPT.....	39	WINREVAIR.....	103	XYOSTED.....	77
VIREAD.....	39	wixela inhub.....	101	XYREM.....	106
VISTOGARD.....	95	wymzya fe.....	82	XYWAV.....	106
vitamin d (ergocalciferol).....	66	WYNZORA.....	63	yargesa.....	71
vitamin k1.....	66	XACIATO.....	17	yl folic acid.....	66
VITRAKVI.....	33	XADAGO.....	35	YONSA.....	28
VIVAGUARD INO TEST		XALKORI.....	33	YORVIPATH.....	95
STRIPS.....	43	XARELTO.....	48	YOSPRALA.....	50
VIVAGUARD LANCETS 30G...	43	XARELTO STARTER PACK....	48	YUFLYMA (1 PEN).....	88
VIVAGUARD SAFETY		XATMEP.....	88	YUFLYMA (2 PEN).....	88
LANCETS 28G.....	43	XCOPRI.....	20	YUFLYMA (2 SYRINGE).....	88
VIVJOA.....	26	XDEMVY.....	96	YUFLYMA-CD/UC/HS	
VIZIMPRO.....	33	XELJANZ.....	88	STARTER.....	88
volnea.....	82	XELJANZ XR.....	88	YUPELRI.....	101
VONJO.....	30	XELPROS.....	99	YUSIMRY.....	88
VONVENDI.....	50	XELSTRYM.....	57	yuvaferm.....	82
VOQUEZNA.....	67	XEMBIFY.....	88	zafemy.....	82
VOQUEZNA DUAL PAK.....	67	XEPI.....	17	zafirlukast.....	101
VOQUEZNA TRIPLE PAK.....	67	XERESE.....	38	zaleplon.....	105
VORANIGO.....	31	XERMELO.....	67	ZARXIO.....	49
voriconazole.....	26	XHANCE.....	101	ZAVZPRET.....	27
VORTEX VALVED HOLDING		XIFAXAN.....	17	ZEGALOGUE.....	45
CHAMBER.....	95	XIGDUO XR.....	45	ZEJULA.....	31
VOSEVI.....	37	XIIDRA.....	97	ZELAPAR.....	35
VOWST.....	67	XIMINO.....	19	ZELBORAF.....	33
VOXZOGO.....	71	XOFLUZA (40 MG DOSE).....	40	ZEMBRACE SYMTOUCH.....	27
VOYDEYA.....	47	XOFLUZA (80 MG DOSE).....	40	zenatane.....	63
VRAYLAR.....	36	XOLAIR.....	89	ZENPEP.....	71
VTAMA.....	63	XOLREMDI.....	49	ZEPATIER.....	37
VUMERITY.....	59	XOPENEX HFA.....	102	ZEPOSIA.....	59
VUSION.....	26	XOSPATA.....	33	ZEPOSIA 7-DAY STARTER	
vyfemla.....	82	XPHOZAH.....	95	PACK.....	59
vylibra.....	82	XPOVIO (100 MG ONCE		ZEPOSIA STARTER KIT.....	59
VYNDAMAX.....	54	WEEKLY).....	30	ZERVIAE.....	97
VYNDAQEL.....	54	XPOVIO (40 MG ONCE		ZETONNA.....	101
VYVANSE.....	57	WEEKLY).....	30	zidovudine.....	39
VYZULTA.....	99	XPOVIO (40 MG TWICE		ZIEXTENZO.....	49
WAINUA.....	71	WEEKLY).....	30	ZILBRYSQ.....	95
WAKIX.....	106	XPOVIO (60 MG ONCE		zileuton er.....	101
warfarin sodium.....	48	WEEKLY).....	30	ZILXI.....	64
water for irrigation, sterile.....	95	XPOVIO (60 MG TWICE		ZIMHI.....	15
WELIREG.....	30	WEEKLY).....	30	ziprasidone hcl.....	36
wera.....	82	XPOVIO (80 MG ONCE		ZIRGAN.....	96
WIDE-SEAL DIAPHRAGM 60..	95	WEEKLY).....	30	ZITHROMAX.....	18
WIDE-SEAL DIAPHRAGM 65..	95	XPOVIO (80 MG TWICE		ZITUVIMET.....	45
WIDE-SEAL DIAPHRAGM 70..	95	WEEKLY).....	30	ZITUVIMET XR.....	45
WIDE-SEAL DIAPHRAGM 75..	95	XTAMPZA ER.....	13	ZITUVIO.....	45

ZOKINVY .....	95
ZOLINZA.....	30
ZOLMITRIPTAN .....	27
zolmitriptan.....	27
ZOLPIDEM TARTRATE .....	105
zolpidem tartrate.....	105
zolpidem tartrate er.....	105
ZOMACTON.....	76
ZOMIG.....	27
ZONISADE.....	20
zonisamide.....	20
ZONTIVITY .....	48
ZORYVE.....	64
zovia 1/35 (28).....	82
ZTALMY .....	20
ZTLIDO.....	15
ZUBSOLV.....	15
zumandimine.....	82
ZURZUVAE.....	22
ZYCLARA PUMP.....	64
ZYDELIG.....	33
ZYFLO.....	101
ZYKADIA.....	33
ZYLET.....	97
ZYMFENTRA (1 PEN).....	88
ZYMFENTRA (2 PEN).....	88
ZYMFENTRA (2 SYRINGE).....	88
ZYPITAMAG.....	56
ZYPREXA RELPREVV.....	36

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ਅੰਗਰੇਜ਼ੀ: ਜੇ ਤੁਸੀਂ ਅੰਗਰੇਜ਼ੀ ਵਿਚ ਗੱਲਬਾਤ ਕਰਦੇ ਹੋ, ਤਾਂ ਸੇਵਾਵਾਂ ਮੁਫਤ ਵਿਚ ਮੁੜ ਪੇਸ਼ ਕੀਤੀਆਂ ਹਨ। ਜੇ ਤੁਸੀਂ ਹੋਰ ਕਿਸੇ ਭਾਸ਼ਾ ਵਿਚ ਗੱਲਬਾਤ ਕਰਦੇ ਹੋ, ਤਾਂ ਸੇਵਾਵਾਂ ਮੁਫਤ ਵਿਚ ਮੁੜ ਪੇਸ਼ ਕੀਤੀਆਂ ਹਨ। ਆਪਣੇ ਸੇਵਾ ਪ੍ਰਦਾਤਾ ਨੂੰ 877-469-2583 TTY: 711 ਜਾਂ ਸੋਚੋ।

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

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

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

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

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

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

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

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

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

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

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

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

## Discrimination is against the law

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

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](mailto: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](mailto: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.bcbms.com/important-information/policies-practices/nondiscrimination-notice/](https://www.bcbms.com/important-information/policies-practices/nondiscrimination-notice/)



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