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Your 2025 Blue Cross Blue Shield of Michigan Custom Select Drug List

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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

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Blue Cross Blue Shield of Michigan Custom Select Drug List

The Blue Cross Blue Shield of Michigan *Custom Select Drug List* is a useful reference and educational tool for prescribers, pharmacists and members.

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

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

About this drug list

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

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

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

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

Nonformulary (not covered) drugs

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

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

- Brand-name drugs when there's a generic equivalent available
- Prescription drugs for which there is an over-the-counter equivalent in both strength and dosage form (unless considered preventive by the United States Preventive Services Task Force)
- Over-the-counter medications (unless considered preventive by the U.S. Preventive Services Task Force)
- Lifestyle drugs (such as drugs to treat erectile dysfunction or weight loss)
- Prenatal vitamins
- Drugs used to treat heartburn and acid reflux (except select generic versions)
- Drugs that treat coughs and colds, including most antihistamines
- Drugs used for experimental purposes
- Drugs prescribed for cosmetic purposes

continued

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

Preferred alternatives for nonpreferred and nonformulary (not covered) drugs

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

Specialty drugs

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

Preventive drug coverage

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

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

New generics

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

Brand-for-generic substitution

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

Prescription coverage

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

Vaccines

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

Reading your drug list

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

Tier information

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

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

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

continued

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

Drug list information

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

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

How to fill a prescription

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

- **Specialty drugs**

- Local retail pharmacy
 - Walgreens is our preferred specialty pharmacy. Find a location at walgreens.com/pharmacy/.*
 - 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*
 - Phone: 1-866-515-1355

- **All other drugs**

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

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

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

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

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

How prior authorization, step therapy and quantity limits work

Prior authorization

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

Step therapy

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

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

Quantity limits

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

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

How to request authorization

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

To request coverage of a drug:

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

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

Doctors can request authorization one of four ways:

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

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

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

Send us your feedback:

Please send your comments and suggestions about this list to:

Drug Information Services — Mail Code 512C

Blue Cross Blue Shield of Michigan

600 E. Lafayette Blvd.

Detroit, MI 48226-2998

BCBSM Custom Select Drug List - January 2025

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Drug Name	Drug Tier	Notes
Analgesics		
Nonsteroidal Anti-inflammatory Drugs		
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	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	Generic	
diclofenac sodium er	Generic	
diclofenac sodium external gel 1 %	Generic	QL
diclofenac sodium external solution 1.5 %	Generic	
diclofenac sodium external solution 2 %	Not covered	QL
diclofenac sodium oral	Generic	
diclofenac-misoprostol	Generic	
diflunisal oral	Generic	
DOLOBID	Not covered	
ec-naproxen	Generic	
ELYXYB	Not covered	
etodolac	Generic	
etodolac er	Generic	
fenoprofen calcium oral capsule 200 mg	Not covered	QL
fenoprofen calcium oral capsule 400 mg	Generic	QL
fenoprofen calcium oral tablet	Not covered	QL
FLECTOR	Not covered	QL
flurbiprofen oral	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	Generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Generic	
ibuprofen-famotidine	Not covered	QL
indomethacin er	Generic	
indomethacin oral capsule	Generic	
indomethacin oral suspension	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	Not covered	QL
indomethacin rectal suppository 50 mg	Generic	QL
ketoprofen er	Generic	
ketoprofen oral capsule 25 mg	Generic	PA; QL
ketoprofen oral capsule 50 mg	Generic	
ketorolac tromethamine injection	Generic	
KETOROLAC TROMETHAMINE INTRAMUSCULAR SOLUTION 30 MG/ML	Nonpreferred brand	
ketorolac tromethamine intramuscular solution 60 mg/2ml	Generic	
ketorolac tromethamine oral	Generic	QL
LICART	Not covered	QL
meclofenamate sodium oral	Generic	
mefenamic acid oral	Generic	
meloxicam oral capsule	Not covered	QL
MELOXICAM ORAL SUSPENSION	Not covered	ABA
meloxicam oral tablet	Generic	
mm aspirin	Preventive	PV1
nabumetone oral	Generic	
naproxen dr	Generic	
naproxen oral suspension	Generic	
naproxen oral tablet	Generic	
naproxen oral tablet delayed release	Generic	
naproxen sodium er	Not covered	
naproxen sodium oral tablet 275 mg, 550 mg	Generic	
naproxen-esomeprazole mg	Not covered	QL

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

Drug Name	Drug Tier	Notes
OXYCONTIN	Not covered	QL
oxymorphone hcl er	Generic	PA; QL
QDOLO	Not covered	QL
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Not covered	ABA
tramadol hcl (er biphasic) oral tablet extended release 24 hour	Generic	
tramadol hcl er	Generic	
TRAMADOL HCL ORAL SOLUTION	Not covered	ABA; QL
XTAMPZA ER	Preferred brand	PA; QL
Opioid Analgesics, Short-acting		
acetaminophen-codeine	Generic	
ALLZITAL	Not covered	
APADAZ	Not covered	QL
apap-caff-dihydrocodeine	Generic	
ascomp-codeine	Generic	
bac	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	Generic	
butalbital-apap-caff-cod	Generic	
butalbital-apap-caffeine	Generic	
butalbital-asa-caff-codeine	Generic	
butalbital-aspirin-caffeine	Generic	
butorphanol tartrate nasal	Generic	
codeine sulfate	Generic	
endocet	Generic	
fentanyl citrate buccal lozenge on a handle	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	Generic	

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	Generic	
hydrocodone-ibuprofen	Generic	
hydromorphone hcl oral	Generic	
hydromorphone hcl rectal	Generic	
meperidine hcl oral solution	Generic	
meperidine hcl oral tablet	Not covered	
morphine sulfate (concentrate)	Generic	
morphine sulfate oral	Generic	
morphine sulfate rectal	Generic	
nalbuphine hcl injection	Generic	
NALOCET	Not covered	
NUCYNTA	Nonpreferred brand	PA; QL
OXAYDO ORAL TABLET 5 MG, 7.5 MG	Not covered	QL
oxycodone hcl oral capsule	Generic	QL
oxycodone hcl oral concentrate	Generic	QL
oxycodone hcl oral solution	Generic	QL
oxycodone hcl oral tablet	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	Generic	
oxymorphone hcl	Generic	QL
pentazocine-naloxone hcl	Generic	
PROLATE	Not covered	
ROXYBOND	Not covered	
SEGLENTIS	Not covered	
TENCON	Not covered	
tramadol hcl oral tablet 100 mg	Generic	
tramadol hcl oral tablet 25 mg	Not covered	

Drug Name	Drug Tier	Notes
tramadol hcl oral tablet 50 mg	Generic	
tramadol-acetaminophen	Generic	
Anesthetics		
Local Anesthetics		
glydo	Generic	
lidocaine external ointment 5 %	Not covered	
lidocaine external patch 5 %	Not covered	
lidocaine hcl external solution	Generic	
lidocaine hcl mouth/throat	Generic	
lidocaine hcl urethral/mucosal	Generic	
lidocaine viscous hcl	Generic	
lidocaine-prilocaine external cream	Generic	
LIDOCAN	Nonpreferred brand	
PLIAGLIS EXTERNAL CREAM	Not covered	
ZTLIDO	Not covered	QL
Anti-Addiction/Substance Abuse Treatment Agents		
Alcohol Deterrents/Anti-craving		
acamprosate calcium	Generic	
disulfiram oral	Generic	
naltrexone hcl oral	Generic	
Opioid Dependence Treatments		
buprenorphine hcl sublingual	Generic	QL
buprenorphine hcl-naloxone hcl	Generic	QL
lofexidine hcl	Generic	QL
ZUBSOLV	Preferred brand	QL
Opioid Reversal Agents		
KLOXXADO	Preferred brand	QL
naloxone hcl injection	Generic	
naloxone hcl nasal	Generic	QL
NARCAN	Preferred brand	QL
OPVEE	Preferred brand	QL
REXTOVY	Preferred brand	QL
RIVIVE	Preferred brand	QL
ZIMHI	Preferred brand	QL

Drug Name	Drug Tier	Notes
Smoking Cessation Agents		
bupropion hcl er (smoking det)	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 2 mg	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)
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	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)	Generic	PV2; QL; AL (Min 18 Years)
Antibacterials		
Aminoglycosides		
ARIKAYCE	Preferred brand specialty	PA; SP; QL
gentamicin sulfate external	Generic	
HUMATIN	Nonpreferred brand	
neomycin sulfate oral	Generic	
Antibacterials, Other		
AEMCOLO	Not covered	QL
ALTABAX EXTERNAL OINTMENT 1 %	Not covered	
CLEOCIN VAGINAL SUPPOSITORY	Nonpreferred brand	
clindamycin hcl oral	Generic	
clindamycin palmitate hcl	Generic	
clindamycin phosphate vaginal	Generic	
CLINDESSE	Nonpreferred brand	
fosfomycin tromethamine	Generic	

Drug Name	Drug Tier	Notes
LIKMEZ	Nonpreferred brand	QL
linezolid oral	Generic	
mafenide acetate external	Not covered	
methenamine hippurate	Generic	
metronidazole oral capsule	Not covered	
metronidazole oral tablet	Generic	
metronidazole vaginal	Generic	
mupirocin cream	Not covered	
mupirocin ointment	Generic	
NEO-SYNALAR	Not covered	
nitrofurantoin macrocrystal	Generic	
nitrofurantoin monohydrate macrocrystals	Generic	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	Generic	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	Not covered	
NUVESSA	Not covered	
silver sulfadiazine external	Generic	
SIVEXTRO ORAL	Nonpreferred brand	QL
SOLOSEC	Not covered	QL
ssd	Generic	
SULFAMYLON	Nonpreferred brand	
tinidazole oral	Generic	QL
trimethoprim oral	Generic	
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 10 GM, 5 GM	Not covered	
vancomycin hcl oral capsule	Generic	
vancomycin hcl oral solution reconstituted	Generic	QL
VANDAZOLE	Nonpreferred brand	
XACIATO	Not covered	
XEPI EXTERNAL CREAM 1 %	Not covered	QL
XIFAXAN ORAL TABLET 200 MG	Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG	Nonpreferred brand	PA; QL
Beta-lactam, Cephalosporins		
cefaclor	Generic	
cefaclor er	Generic	

Drug Name	Drug Tier	Notes
cefadroxil	Generic	
cefdinir	Generic	
cefixime	Generic	
cefpodoxime proxetil	Generic	
cefprozil	Generic	
cefuroxime axetil	Generic	
cephalexin	Generic	
Beta-lactam, Penicillins		
amoxicillin	Generic	
amoxicillin-potassium clavulanate	Generic	
amoxicillin-potassium clavulanate er	Generic	
ampicillin	Generic	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
dicloxacillin sodium	Generic	
penicillin v potassium	Generic	
Macrolides		
azithromycin oral packet 1 gm	Generic	
clarithromycin er	Generic	
clarithromycin oral	Generic	
DIFICID	Nonpreferred brand	QL
E.E.S. 400	Not covered	
ERYTHROCIN STEARATE ORAL TABLET 250 MG	Nonpreferred brand	
erythromycin base oral	Generic	
erythromycin ethylsuccinate oral	Generic	
erythromycin oral	Generic	
ZITHROMAX ORAL PACKET	Nonpreferred brand	
Quinolones		
BAXDELA ORAL	Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
ciprofloxacin hcl oral	Generic	
levofloxacin oral	Generic	
moxifloxacin hcl oral	Generic	
ofloxacin oral	Generic	

Drug Name	Drug Tier	Notes
Sulfonamides		
sulfadiazine oral	Generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Generic	
sulfamethoxazole-trimethoprim oral tablet	Generic	
sulfatrim pediatric	Generic	
Tetracyclines		
demeclocycline hcl	Generic	
DORYX MPC	Not covered	
doxycycline hyclate oral capsule	Generic	
doxycycline hyclate oral tablet 100 mg, 20 mg	Generic	
doxycycline hyclate oral tablet 150 mg	Not covered	QL
doxycycline hyclate oral tablet 50 mg	Not covered	
doxycycline hyclate oral tablet 75 mg	Generic	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Not covered	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	Not covered	ABA
doxycycline monohydrate oral capsule 100 mg, 50 mg	Generic	
doxycycline monohydrate oral capsule 150 mg	Generic	ST
doxycycline monohydrate oral capsule 75 mg	Not covered	
doxycycline monohydrate oral suspension reconstituted	Generic	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Generic	
doxycycline monohydrate oral tablet 150 mg	Generic	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Not covered	
minocycline hcl er oral tablet extended release 24 hour	Not covered	
minocycline hcl oral	Generic	
MINOLIRA	Not covered	
NUZYRA ORAL	Nonpreferred brand	QL
SEYSARA	Not covered	
tetracycline hcl oral capsule	Generic	
TETRACYCLINE HCL ORAL TABLET	Not covered	

Drug Name	Drug Tier	Notes
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	Not covered	
Anticonvulsants		
Anticonvulsants, Other		
BRIVIACT ORAL	Nonpreferred brand	PA; QL
ELEPSIA XR	Not covered	QL
EPIDIOLEX	Nonpreferred specialty	PA; SP; QL
FINTEPLA	Nonpreferred specialty	PA; SP; QL
levetiracetam er	Generic	
levetiracetam oral	Generic	
roweepra	Generic	
SPRITAM	Not covered	QL
Calcium Channel Modifying Agents		
ethosuximide oral	Generic	
methsuximide	Generic	
ZONISADE	Nonpreferred brand	PA; QL
zonisamide oral	Generic	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam	Generic	QL
DIACOMIT	Nonpreferred specialty	PA; SP; QL
diazepam rectal	Generic	
gabapentin oral capsule	Generic	
gabapentin oral solution	Generic	
gabapentin oral tablet 600 mg, 800 mg	Generic	
LIBERVANT	Nonpreferred brand	QL
NAYZILAM	Preferred brand	QL
phenobarbital oral	Generic	
primidone oral	Generic	
SYMPAZAN	Not covered	QL
tiagabine hcl	Generic	
valproic acid oral capsule	Generic	
valproic acid oral solution 250 mg/5ml	Generic	
VALTOCO	Preferred brand	QL
vigabatrin	Generic specialty	PA; SP; QL
VIGAFYDE	Not covered	SP; QL

Drug Name	Drug Tier	Notes
vigpoder	Generic specialty	PA; SP; QL
XCOPRI	Nonpreferred brand	PA; QL
ZTALMY	Preferred brand specialty	PA; SP; QL
Glutamate Reducing Agents		
EPRONTIA	Nonpreferred brand	PA; QL
felbamate	Generic	
FYCOMPA	Nonpreferred brand	QL
LAMICTAL XR ORAL KIT	Nonpreferred brand	
lamotrigine er	Generic	
lamotrigine oral kit	Generic	
lamotrigine oral tablet	Generic	
lamotrigine oral tablet chewable	Generic	
lamotrigine oral tablet dispersible	Generic	
lamotrigine starter kit-blue	Generic	
lamotrigine starter kit-green	Generic	
lamotrigine starter kit-orange	Generic	
subvenite	Generic	
subvenite starter kit-blue	Generic	
subvenite starter kit-green	Generic	
subvenite starter kit-orange	Generic	
topiramate er oral capsule er 24 hour sprinkle	Generic	PA; QL
topiramate er oral capsule extended release 24 hour	Not covered	QL
topiramate oral	Generic	
Sodium Channel Agents		
APTIOM	Not covered	QL
carbamazepine er	Generic	
carbamazepine oral suspension 100 mg/5ml	Generic	
carbamazepine oral tablet	Generic	
carbamazepine oral tablet chewable	Generic	
DILANTIN ORAL CAPSULE 30 MG	Preferred brand	
epitol	Generic	
lacosamide oral solution 10 mg/ml	Generic	
lacosamide oral tablet	Generic	QL
MOTPOLY XR	Not covered	QL

Drug Name	Drug Tier	Notes
oxcarbazepine er	Not covered	QL
oxcarbazepine oral suspension	Generic	
oxcarbazepine oral tablet	Generic	
phenytek	Generic	
phenytoin infatabs	Generic	
phenytoin oral	Generic	
phenytoin sodium extended	Generic	
rufinamide oral suspension	Generic	
rufinamide oral tablet	Generic	PA; QL
Antidementia Agents		
Antidementia Agents, Other		
NAMZARIC	Not covered	QL
Cholinesterase Inhibitors		
ADLARITY	Nonpreferred brand	PA; QL
donepezil hcl oral tablet 10 mg, 5 mg	Generic	
donepezil hcl oral tablet 23 mg	Not covered	QL
donepezil hcl oral tablet dispersible	Generic	
galantamine hydrobromide	Generic	
galantamine hydrobromide er	Generic	
rivastigmine	Generic	
rivastigmine tartrate	Generic	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	Generic	QL
memantine hcl oral solution	Generic	
memantine hcl oral tablet 10 mg, 5 mg	Generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Generic	QL
Antidepressants		
Antidepressants, Other		
APLENZIN	Not covered	
AUVELITY	Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Generic	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
bupropion hcl oral	Generic	
chlordiazepoxide-amitriptyline	Generic	
FORFIVO XL	Not covered	QL
mirtazapine oral	Generic	
olanzapine-fluoxetine hcl	Generic	
perphenazine-amitriptyline	Generic	
ZURZUVAE	Nonpreferred brand	PA; QL
Monoamine Oxidase Inhibitors		
EMSAM	Nonpreferred brand	PA; QL
MARPLAN	Nonpreferred brand	
phenelzine sulfate oral	Generic	
tranylcypromine sulfate	Generic	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	Not covered	QL
citalopram hydrobromide oral solution	Generic	
citalopram hydrobromide oral tablet	Generic	
DESVENLAFAXINE ER	Not covered	QL
desvenlafaxine succinate er	Generic	QL
DRIZALMA SPRINKLE	Not covered	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Generic	
duloxetine hcl oral capsule delayed release particles 40 mg	Not covered	
escitalopram oxalate oral	Generic	
FETZIMA	Not covered	QL
FETZIMA TITRATION	Not covered	QL
fluoxetine hcl (pmd)	Generic	
fluoxetine hcl oral	Generic	
fluvoxamine maleate	Generic	
fluvoxamine maleate er	Generic	
nefazodone hcl	Generic	
paroxetine hcl er	Generic	
paroxetine hcl oral suspension	Generic	
paroxetine hcl oral tablet	Generic	

Drug Name	Drug Tier	Notes
paroxetine mesylate	Not covered	QL
SERTRALINE HCL ORAL CAPSULE	Not covered	QL
sertraline hcl oral concentrate	Generic	
sertraline hcl oral tablet	Generic	
trazodone hcl oral	Generic	
TRINTELLIX	Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER	Not covered	QL
venlafaxine hcl	Generic	
venlafaxine hcl er oral capsule extended release 24 hour	Generic	
venlafaxine hcl er oral tablet extended release 24 hour	Not covered	
vilazodone hcl	Generic	QL
Tricyclics		
amitriptyline hcl oral	Generic	
amoxapine	Generic	
clomipramine hcl oral	Generic	
desipramine hcl oral	Generic	
doxepin hcl oral capsule	Generic	
doxepin hcl oral concentrate	Generic	
imipramine hcl oral	Generic	
imipramine pamoate	Generic	
nortriptyline hcl oral	Generic	
protriptyline hcl	Generic	
trimipramine maleate oral	Generic	
Antiemetics		
Antiemetics, Other		
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	Generic	
metoclopramide hcl oral tablet	Generic	
metoclopramide hcl oral tablet dispersible	Not covered	
perphenazine oral	Generic	

Drug Name	Drug Tier	Notes
prochlorperazine	Generic	
prochlorperazine maleate oral	Generic	
promethazine hcl oral	Generic	
promethazine hcl rectal	Generic	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Nonpreferred brand	
scopolamine	Generic	
trimethobenzamide hcl oral	Generic	
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL	Nonpreferred brand	PA; QL
ANZEMET	Nonpreferred brand	
aprepitant	Generic	QL
dronabinol	Generic	
EMEND ORAL SUSPENSION RECONSTITUTED	Preferred brand	QL
granisetron hcl oral	Generic	QL
ondansetron hcl oral solution	Generic	
ondansetron hcl oral tablet	Generic	QL
ondansetron odt oral tablet dispersible 16 mg	Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	Generic	QL
SANCUSO	Nonpreferred brand	PA; QL
SYNDROS	Not covered	QL
VARUBI (180 MG DOSE)	Nonpreferred brand	PA; QL
Antifungals		
BREXAFEMME	Nonpreferred brand	PA; QL
ciclodan	Generic	
ciclopirox external	Generic	
ciclopirox olamine external	Generic	
clotrimazole external	Generic	
clotrimazole mouth/throat	Generic	
clotrimazole-betamethasone	Generic	
CRESEMBA ORAL	Preferred brand	QL
econazole nitrate external	Generic	
ECOZA	Not covered	QL
ERTACZO	Not covered	

Drug Name	Drug Tier	Notes
EXELDERM	Not covered	
fluconazole oral	Generic	
flucytosine oral	Generic	
griseofulvin microsize oral	Generic	
griseofulvin ultramicrosize	Generic	
GYNAZOLE-1	Nonpreferred brand	
itraconazole oral	Generic	
JUBLIA	Not covered	QL
ketoconazole external	Generic	
ketoconazole oral	Generic	
ketodan	Generic	
klayesta	Generic	
LULICONAZOLE	Nonpreferred brand	PA; ABA; QL
LUZU	Not covered	QL
miconazole 3	Generic	
MICONAZOLE-ZINC OXIDE-PETROLAT	Not covered	ABA; QL
naftifine hcl external cream	Generic	QL
naftifine hcl external gel	Not covered	QL
NAFTIN EXTERNAL GEL 1 %	Not covered	QL
NOXAFIL ORAL PACKET	Nonpreferred brand	QL
nyamyc	Generic	
nystatin external	Generic	
nystatin mouth/throat	Generic	
nystatin oral	Generic	
nystatin-triamcinolone	Generic	
nystop	Generic	
ORAVIG	Not covered	QL
oxiconazole nitrate	Generic	PA; QL
OXISTAT	Not covered	QL
posaconazole oral	Generic	QL
SULCONAZOLE NITRATE	Nonpreferred brand	ABA
tavaborole	Not covered	QL
terbinafine hcl oral	Generic	
terconazole	Generic	
TOLSURA	Not covered	
VIVJOA	Not covered	QL

Drug Name	Drug Tier	Notes
voriconazole oral	Generic	
VUSION	Not covered	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	Generic	
allopurinol tablet 200 mg oral	Not covered	
allopurinol tablet 200 mg oral	Not covered	ABA
colchicine oral capsule	Not covered	
colchicine oral tablet	Generic	
colchicine-probenecid	Generic	
febuxostat	Generic	QL
GLOPERBA	Not covered	QL
probenecid	Generic	
Antimigraine Agents		
diclofenac potassium(migraine)	Not covered	QL
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Preferred brand	PA; QL
AJOVY	Nonpreferred brand	PA; QL
EMGALITY	Preferred brand	PA; QL
NURTEC	Preferred brand	PA; QL
QULIPTA	Preferred brand	PA; QL
UBRELVY	Preferred brand	PA; QL
ZAVZPRET	Not covered	QL
Ergot Alkaloids		
dihydroergotamine mesylate injection	Generic	QL
dihydroergotamine mesylate nasal	Not covered	QL
ERGOMAR	Not covered	QL
ergotamine-caffeine	Generic	QL
MIGERGOT	Not covered	QL
TRUDHESA	Not covered	QL
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	Generic	ST; QL
eletriptan hydrobromide	Generic	ST; QL
frovatriptan succinate	Generic	ST; QL
naratriptan hcl	Generic	QL

Drug Name	Drug Tier	Notes
ONZETRA XSAIL	Not covered	QL
REYVOW	Nonpreferred brand	PA; QL
rizatriptan benzoate	Generic	QL
sumatriptan nasal	Generic	QL
sumatriptan succinate oral	Generic	QL
sumatriptan succinate refill subcutaneous solution cartridge	Generic	QL
sumatriptan succinate subcutaneous	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	Generic	ST; QL
zolmitriptan oral	Generic	QL
ZOMIG NASAL SOLUTION 2.5 MG	Nonpreferred brand	ST; QL
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er	Generic	
pyridostigmine bromide oral solution	Generic	
pyridostigmine bromide oral tablet 30 mg	Not covered	
pyridostigmine bromide oral tablet 60 mg	Generic	
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	Generic	
rifabutin	Generic	
Antituberculars		
cycloserine oral	Generic	
ethambutol hcl oral	Generic	
isoniazid oral	Generic	
PRETOMANID	Preferred brand	QL
PRIFTIN	Nonpreferred brand	
pyrazinamide oral	Generic	
rifampin oral	Generic	
SIRTURO	Preferred brand	PA; QL
TRECTOR	Nonpreferred brand	

Drug Name	Drug Tier	Notes
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	Generic	
CYCLOPHOSPHAMIDE ORAL TABLET	Nonpreferred brand	ABA
GLEOSTINE	Preferred brand	
LEUKERAN	Nonpreferred brand	
MATULANE	Preferred brand specialty	SP
melphalan oral tablet 2 mg	Generic	
MYLERAN	Nonpreferred brand	
temozolomide	Generic specialty	SP
VALCHLOR	Nonpreferred specialty	PA; SP; QL
Antiandrogens		
abiraterone acetate oral tablet 250 mg	Generic specialty	SP; QL
abiraterone acetate oral tablet 500 mg	Not covered	SP; QL
bicalutamide	Generic	
ERLEADA	Preferred brand specialty	PA; SP; QL
EULEXIN	Nonpreferred specialty	PA; 15DS; SP; QL
nilutamide	Generic	PA; QL
NUBEQA	Preferred brand specialty	PA; 15DS; SP; QL
ORGOVYX	Nonpreferred specialty	PA; SP; QL
XTANDI	Preferred brand specialty	PA; 15DS; SP; QL
YONSA	Not covered	SP; QL
Antiangiogenic Agents		
lenalidomide	Generic specialty	SP; QL
POMALYST	Nonpreferred specialty	PA; SP; QL
REVLIMID	Nonpreferred specialty	SP; QL
THALOMID	Preferred brand specialty	SP
Antiestrogens/Modifiers		
EMCYT ORAL CAPSULE 140 MG	Preferred brand	
fulvestrant	Generic	
ORSERDU	Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Drug Tier	Notes
SOLTAMOX	Nonpreferred brand	
tamoxifen citrate oral	Generic	PV3; QL
toremifene citrate	Generic	
Antimetabolites		
capecitabine	Generic specialty	SP
DROXIA	Preferred brand	
hydroxyurea oral	Generic	
mercaptopurine oral	Generic	
PURIXAN	Nonpreferred specialty	SP
SIKLOS	Nonpreferred brand	PA
TABLOID	Nonpreferred brand	
Antineoplastics, Other		
AKEEGA	Preferred brand specialty	PA; 15DS; SP; QL
AUGTYRO	Nonpreferred specialty	PA; 15DS; SP; QL
BESREMI	Preferred brand specialty	PA; 15DS; SP; QL
CARAC	Not covered	QL
COPIKTRA	Preferred brand specialty	PA; SP; QL
diclofenac sodium external gel 3 %	Generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	Not covered	ABA; QL
fluorouracil external cream 5 %	Generic	
fluorouracil external solution	Generic	
INREBIC	Nonpreferred specialty	PA; 15DS; SP; QL
KISQALI (200 MG DOSE)	Preferred brand specialty	PA; SP; QL
KISQALI (400 MG DOSE)	Preferred brand specialty	PA; SP; QL
KISQALI (600 MG DOSE)	Preferred brand specialty	PA; SP; QL
KLISYRI (250 MG)	Nonpreferred brand	PA; QL
KLISYRI (350 MG)	Nonpreferred brand	PA; QL
KRAZATI	Preferred brand specialty	PA; 15DS; SP; QL
leucovorin calcium oral	Generic	
LONSURF	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
LUMAKRAS	Preferred brand specialty	PA; 15DS; SP; QL
NINLARO	Preferred brand specialty	PA; SP; QL
OJJAARA	Preferred brand specialty	PA; SP; QL
ONUREG	Preferred brand specialty	PA; SP; QL
PIQRAY	Preferred brand specialty	PA; SP; QL
ROZLYTREK ORAL CAPSULE	Preferred brand specialty	PA; 15DS; SP; QL
ROZLYTREK ORAL PACKET	Nonpreferred specialty	PA; SP; QL
TAZVERIK	Preferred brand specialty	PA; 15DS; SP; QL
TOLAK	Nonpreferred brand	QL
VERZENIO	Preferred brand specialty	PA; 15DS; SP; QL
VONJO	Preferred brand specialty	PA; SP; QL
WELIREG	Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (100 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; QL
XPOVIO (40 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; QL
XPOVIO (40 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; QL
XPOVIO (60 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; QL
XPOVIO (60 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; QL
XPOVIO (80 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; QL
XPOVIO (80 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; QL
ZOLINZA	Preferred brand specialty	PA; 15DS; SP
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	Generic	PV3; QL

Drug Name	Drug Tier	Notes
exemestane	Generic	PV3; QL
letrozole oral	Generic	
Enzyme Inhibitors		
BALVERSA	Preferred brand specialty	PA; 15DS; SP; QL
etoposide oral	Generic	
HYCAMTIN ORAL	Preferred brand specialty	SP
LYTGOBI (12 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; QL
LYTGOBI (16 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; QL
LYTGOBI (20 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; QL
OJEMDA ORAL SUSPENSION RECONSTITUTED	Preferred brand specialty	PA; 15DS; SP; QL
OJEMDA ORAL TABLET	Preferred brand specialty	PA; SP; QL
PEMAZYRE	Preferred brand specialty	PA; SP; QL
RUBRACA	Not covered	SP; QL
TALZENNA	Preferred brand specialty	PA; 15DS; SP; QL
VORANIGO	Preferred brand specialty	PA; 15DS; SP; QL
ZEJULA	Preferred brand specialty	PA; SP; QL
Molecular Target Inhibitors		
ALECENSA	Preferred brand specialty	PA; SP; QL
ALUNBRIG	Preferred brand specialty	PA; SP; QL
AYVAKIT	Preferred brand specialty	PA; 15DS; SP; QL
BOSULIF ORAL CAPSULE	Preferred brand specialty	PA; SP; QL
BOSULIF ORAL TABLET	Preferred brand specialty	PA; 15DS; SP; QL
BRAFTOVI	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
BRUKINSA	Nonpreferred specialty	PA; 15DS; SP; QL
CABOMETYX	Preferred brand specialty	PA; 15DS; SP; QL
CALQUENCE	Preferred brand specialty	PA; 15DS; SP; QL
CAPRELSA	Preferred brand specialty	PA; 15DS; SP; QL
COMETRIQ	Preferred brand specialty	PA; 15DS; SP; QL
COTELLIC	Preferred brand specialty	PA; SP; QL
dasatinib	Generic specialty	PA; 15DS; SP
DAURISMO	Preferred brand specialty	PA; 15DS; SP; QL
ERIVEDGE	Preferred brand specialty	PA; 15DS; SP; QL
erlotinib hcl	Generic specialty	PA; 15DS; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Generic specialty	PA; 15DS; SP; QL
everolimus oral tablet soluble	Generic specialty	PA; 15DS; SP; QL
FOTIVDA	Preferred brand specialty	PA; SP; QL
FRUZAQLA	Preferred brand specialty	PA; SP; QL
GAVRETO	Preferred brand specialty	PA; 15DS; SP; QL
gefitinib	Generic specialty	PA; SP; QL
GILOTRIF	Preferred brand specialty	PA; SP; QL
IBRANCE	Preferred brand specialty	PA; SP; QL
ICLUSIG	Preferred brand specialty	PA; 15DS; SP; QL
IDHIFA	Preferred brand specialty	PA; SP; QL
imatinib mesylate	Generic specialty	SP
IMBRUVICA ORAL CAPSULE	Preferred brand specialty	PA; 15DS; SP; QL
IMBRUVICA ORAL SUSPENSION	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
IMBRUVICA ORAL TABLET 140 MG	Not covered	SP; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG	Preferred brand specialty	PA; SP; QL
INLYTA	Preferred brand specialty	PA; 15DS; SP; QL
INQOVI	Preferred brand specialty	PA; SP; QL
JAKAFI	Preferred brand specialty	PA; 15DS; SP; QL
JAYPIRCA	Preferred brand specialty	PA; 15DS; SP; QL
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG	Preferred brand specialty	PA; SP; QL
KOSELUGO	Preferred brand specialty	PA; SP; QL
lapatinib ditosylate	Generic specialty	PA; SP
LAZCLUZE	Preferred brand 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 brand specialty	PA; 15DS; SP; QL
LORBRENA	Preferred brand specialty	PA; 15DS; SP; QL
LYNPARZA	Preferred brand specialty	PA; SP; QL
MEKINIST	Preferred brand specialty	PA; SP; QL
MEKTOVI	Preferred brand specialty	PA; SP; QL
NERLYNX	Preferred brand specialty	PA; 15DS; SP; QL
ODOMZO	Preferred brand specialty	PA; 15DS; SP; QL
OGSIVEO	Preferred brand specialty	PA; 15DS; SP; QL
pazopanib hcl	Generic specialty	PA; 15DS; SP
QINLOCK	Preferred brand specialty	PA; SP; QL
RETEVMO	Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Drug Tier	Notes
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Preferred brand specialty	PA; 15DS; SP; QL
REZLIDHIA	Preferred brand specialty	PA; 15DS; SP; QL
RYDAPT	Preferred brand specialty	PA; SP; QL
SCEMBLIX	Preferred brand specialty	PA; SP; QL
sorafenib tosylate	Generic specialty	PA; 15DS; SP; QL
STIVARGA	Preferred brand specialty	PA; SP; QL
sunitinib malate	Generic specialty	PA; 15DS; SP; QL
TABRECTA	Preferred brand specialty	PA; 15DS; SP; QL
TAFINLAR	Preferred brand specialty	PA; SP; QL
TAGRISO	Preferred brand specialty	PA; 15DS; SP; QL
TASIGNA	Preferred brand specialty	PA; 15DS; SP; QL
TEPMETKO	Preferred brand specialty	PA; 15DS; SP; QL
TIBSOVO	Preferred brand specialty	PA; 15DS; SP; QL
torpenz	Generic specialty	PA; 15DS; SP; QL
TRUQAP	Preferred brand specialty	PA; SP; QL
TUKYSA	Preferred brand specialty	PA; SP; QL
TURALIO	Preferred brand specialty	PA; SP; QL
VANFLYTA	Preferred brand specialty	PA; 15DS; SP; QL
VENCLEXTA	Preferred brand specialty	PA; SP; QL
VENCLEXTA STARTING PACK	Preferred brand specialty	PA; SP; QL
VIJOICE ORAL PACKET	Preferred brand specialty	PA; SP; QL

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

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

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

Drug Name	Drug Tier	Notes
trifluoperazine hcl	Generic	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	Preferred brand	QL
ABILIFY MAINTENA	Preferred brand	
aripiprazole oral solution	Generic	
aripiprazole oral tablet	Generic	
aripiprazole oral tablet dispersible	Generic	
ARISTADA	Preferred brand	QL
ARISTADA INITIO	Preferred brand	
asenapine maleate	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	Generic	
LYBALVI	Nonpreferred brand	ST; QL
NUPLAZID	Nonpreferred brand	PA; QL
olanzapine oral	Generic	
paliperidone er	Generic	QL
PERSERIS	Preferred brand	QL
quetiapine fumarate	Generic	
quetiapine fumarate er	Generic	QL
REXULTI	Nonpreferred brand	PA; QL
risperidone	Generic	
risperidone microspheres er	Generic	
RYKINDO	Preferred brand	QL
SECUADO	Nonpreferred brand	ST; QL
UZEDY	Preferred brand	QL
VRAYLAR	Nonpreferred brand	ST; QL
ziprasidone hcl	Generic	
ZYPREXA RELPREVV	Preferred brand	
Treatment-Resistant		
clozapine oral tablet	Generic	

Drug Name	Drug Tier	Notes
clozapine oral tablet dispersible	Generic	
VERSACLOZ	Not covered	
Antivirals		
LAGEVRIO CAPSULE 200 MG ORAL (govt supply)	Covered \$0	QL; AL (Min 18 Years)
LAGEVRIO CAPSULE 200 MG ORAL	Preferred brand	QL; AL (Min 18 Years)
PAXLOVID (150/100)	Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100)	Preferred brand	QL; AL (Min 12 Years)
Anti-cytomegalovirus (CMV) Agents		
LIVTENCITY	Preferred brand specialty	PA; SP; QL
PREVYMIS ORAL	Nonpreferred brand	QL
valganciclovir hcl	Generic	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	Generic specialty	SP
BARACLUDE ORAL SOLUTION	Preferred brand specialty	SP
entecavir	Generic specialty	SP
lamivudine oral tablet 100 mg	Generic	
VEMLIDY	Preferred brand specialty	SP; QL
Anti-hepatitis C (HCV) Agents		
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 brand specialty	SP; QL
ribavirin oral	Generic 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 brand specialty	PA; SP; QL
Antitherpetic Agents		
acyclovir external cream	Not covered	

Drug Name	Drug Tier	Notes
acyclovir external ointment	Generic	
acyclovir oral	Generic	
famciclovir oral	Generic	
penciclovir	Not covered	
SITAVIG	Not covered	QL
valacyclovir hcl oral	Generic	
XERESE	Not covered	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	Preferred brand	QL
DOVATO	Preferred brand	QL
GENVOYA	Preferred brand	QL
ISENTRESS	Preferred brand	
ISENTRESS HD	Preferred brand	
JULUCA	Preferred brand	QL
STRIBILD	Preferred brand	QL
TIVICAY	Preferred brand	
TIVICAY PD	Preferred brand	QL
TYBOST	Preferred brand	QL
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
COMPLERA	Preferred brand	QL
DELSTRIGO	Preferred brand	QL
EDURANT	Preferred brand	QL
efavirenz	Generic	
efavirenz oral capsule 200 mg, 50 mg	Generic	
efavirenz-emtricitab-tenofo df	Generic	
efavirenz-lamivudine-tenofovir	Generic	QL
etravirine	Generic	
INTELENCE ORAL TABLET 25 MG	Preferred brand	
nevirapine	Generic	
nevirapine er	Generic	
PIFELTRO	Preferred brand	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	Generic	
abacavir sulfate-lamivudine	Generic	

Drug Name	Drug Tier	Notes
CIMDUO	Preferred brand	QL
DESCOVY	Preferred brand	PV2; QL
emtricitabine	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Generic	PV2; QL
EMTRIVA ORAL SOLUTION	Preferred brand	
lamivudine oral solution	Generic	
lamivudine oral tablet 150 mg, 300 mg	Generic	
lamivudine-zidovudine	Generic	
ODEFSEY	Preferred brand	QL
tenofovir disoproxil fumarate	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	Generic	
Anti-HIV Agents, Other		
FUZEON	Preferred brand	
maraviroc	Generic	
RUKOBIA	Preferred brand	QL
SELZENTRY ORAL SOLUTION	Preferred brand	
SELZENTRY ORAL TABLET 25 MG, 75 MG	Preferred brand	
SUNLENCA ORAL	Preferred brand specialty	SP; QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	Preferred brand	
atazanavir sulfate	Generic	
darunavir	Generic	
EVOTAZ	Preferred brand	QL
fosamprenavir calcium	Generic	
LEXIVA ORAL SUSPENSION 50 MG/ML	Preferred brand	
lopinavir-ritonavir	Generic	
NORVIR ORAL CAPSULE 100 MG	Preferred brand	
NORVIR ORAL PACKET	Preferred brand	

Drug Name	Drug Tier	Notes
PREZCOBIX	Preferred brand	QL
PREZISTA ORAL SUSPENSION	Preferred brand	
PREZISTA ORAL TABLET 150 MG, 75 MG	Preferred brand	
REYATAZ ORAL PACKET	Preferred brand	
ritonavir	Generic	
SYMTUZA	Preferred brand	QL
VIRACEPT	Not covered	
Anti-influenza Agents		
oseltamivir phosphate oral	Generic	QL
RELENZA DISKHALER	Preferred brand	QL
rimantadine hcl	Generic	
XOFLUZA (40 MG DOSE)	Preferred brand	QL
XOFLUZA (80 MG DOSE)	Preferred brand	QL
Anxiolytics		
Anxiolytics, Other		
bupirone hcl oral	Generic	
hydroxyzine hcl oral	Generic	
hydroxyzine pamoate oral	Generic	
meprobamate	Generic	
Benzodiazepines		
alprazolam er	Generic	
alprazolam intensol	Generic	
alprazolam oral	Generic	
alprazolam xr	Generic	
chlordiazepoxide hcl	Generic	
clonazepam oral	Generic	
clorazepate dipotassium	Generic	
diazepam intensol	Generic	
diazepam oral	Generic	
estazolam	Generic	QL
lorazepam intensol	Generic	
lorazepam oral concentrate 2 mg/ml	Generic	
lorazepam oral tablet	Generic	
LOREEV XR	Not covered	QL
midazolam hcl oral	Generic	
oxazepam	Generic	

Drug Name	Drug Tier	Notes
quazepam	Not covered	QL
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	Generic	
divalproex sodium oral	Generic	
EQUETRO	Nonpreferred brand	
lithium	Generic	
lithium carbonate er	Generic	
lithium carbonate oral	Generic	
Blood Glucose Monitoring		
ACCU-CHEK AVIVA PLUS TEST STRIPS	Preferred brand	QL
ACCU-CHEK GUIDE TEST	Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	Preferred brand	QL
AGAMATRIX PRESTO TEST	Preferred brand	QL
ASSURE PLATINUM	Preferred brand	QL
BLOOD GLUCOSE TEST	Preferred brand	QL
CARESENS LANCETS 30G	Preferred brand	QL
CARETOUCH TEST	Preferred brand	QL
CEQUR SIMPLICITY 2U 10PK	Preferred brand	QL
CEQUR SIMPLICITY INSERTER	Preferred brand	QL
CHOSEN LANCETS 30G	Preferred brand	QL
CHOSEN SAFETY LANCETS 28G	Preferred brand	QL
CLEVER CHOICE COMFORT EZ	Preferred brand	QL
COMFORT TOUCH TWIST LANCET 30G	Preferred brand	QL
CONTOUR MONITOR DEVICE	Covered \$0	QL
CONTOUR NEXT EZ KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT GEN MONITOR	Covered \$0	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT ONE KIT	Covered \$0	QL
CONTOUR NEXT GEN TEST STRIPS	Preferred brand	QL
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

Drug Name	Drug Tier	Notes
DEXCOM G7 SENSOR	Preferred brand	PA; QL
DIATHRIVE BLOOD GLUCOSE TEST	Preferred brand	QL
DIATHRIVE GLUCOSE TEST	Preferred brand	QL
DIATHRIVE+ GLUCOSE TEST	Preferred brand	QL
EASY MAX BLOOD GLUCOSE TEST	Preferred brand	QL
EASY TALK PLUS II TEST STRIPS	Preferred brand	QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	Preferred brand	QL
EASY TRAK II GLUCOSE TEST	Preferred brand	QL
EMBRACE TALK GLUCOSE TEST	Preferred brand	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	Preferred brand	QL
FORA 6 CONNECT IN VITRO	Preferred brand	QL
FORA 6 CONNECT/GTEL TEST	Preferred brand	QL
FORA GTEL BLOOD GLUCOSE TEST	Preferred brand	QL
FORA TN'G ADVANCE PRO IN VITRO	Preferred brand	QL
FREESTYLE INSULINX TEST	Preferred brand	QL
FREESTYLE LIBRE 14 DAY READER	Preferred brand	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 2 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

Drug Name	Drug Tier	Notes
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
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

Blood Glucose Regulators

Antidiabetic Agents

acarbose oral	Generic	
ALOGLIPTIN BENZOATE	Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL	Not covered	QL
ALOGLIPTIN-PIOGLITAZONE	Not covered	ABA; QL

Drug Name	Drug Tier	Notes
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	Generic	
glipizide er	Generic	
glipizide ir	Generic	
glipizide xl	Generic	
glipizide-metformin hcl	Generic	
glyburide micronized	Generic	
glyburide oral	Generic	
glyburide-metformin	Generic	
GLYXAMBI	Preferred brand	QL
INVOKAMET	Not covered	QL
INVOKAMET XR	Not covered	QL
INVOKANA	Not covered	QL
JANUMET	Preferred brand	QL
JANUMET XR	Preferred brand	QL
JANUVIA	Preferred brand	QL
JARDIANCE	Preferred brand	QL
JENTADUETO	Preferred brand	QL
JENTADUETO XR	Preferred brand	QL
LIRAGLUTIDE	Not covered	ABA; QL
metformin hcl er	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	Generic	
metformin hcl oral tablet 625 mg	Not covered	

Drug Name	Drug Tier	Notes
miglitol	Generic	
MOUNJARO	Preferred brand	ST; QL
nateglinide	Generic	
OZEMPIC	Preferred brand	ST; QL
pioglitazone hcl	Generic	
pioglitazone hcl-glimepiride	Generic	
pioglitazone hcl-metformin hcl	Generic	
QTERN	Not covered	QL
repaglinide	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
SITAGLIPTIN BASE-METFORMIN HCL	Not covered	ABA
SOLIQUA	Preferred brand	QL
STEGLATRO	Not covered	QL
STEGLUJAN	Not covered	QL
SYMLINPEN 120	Nonpreferred brand	
SYMLINPEN 60	Nonpreferred brand	
SYNJARDY	Preferred brand	QL
SYNJARDY XR	Preferred brand	QL
TRADJENTA	Preferred brand	QL
TRIJARDY XR	Preferred brand	QL
TRULICITY	Preferred brand	ST; QL
VICTOZA	Preferred brand	ST; QL
XIGDUO XR	Preferred brand	QL
XULTOPHY	Preferred brand	QL
ZITUVIMET	Not covered	
ZITUVIMET XR	Not covered	QL
ZITUVIO	Not covered	QL
Glycemic Agents		
BAQSIMI ONE PACK	Preferred brand	QL
BAQSIMI TWO PACK	Preferred brand	QL
diazoxide oral	Generic	

Drug Name	Drug Tier	Notes
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG	Not covered	
glucagon emergency kit	Generic	
GLUCAGON EMERGENCY KIT	Not covered	
GVOKE HYPOPEN 1-PACK	Preferred brand	QL
GVOKE HYPOPEN 2-PACK	Preferred brand	QL
GVOKE KIT	Preferred brand	QL
GVOKE PFS	Preferred brand	QL
ZEGALOGUE	Preferred brand	QL
Insulins		
ADMELOG	Not covered	
ADMELOG SOLOSTAR	Not covered	
AFREZZA	Not covered	
APIDRA SOLOSTAR	Not covered	
APIDRA VIAL	Not covered	
BASAGLAR KWIKPEN	Preferred brand	
FIASP	Preferred brand	
FIASP FLEXTOUCH	Preferred brand	
FIASP PENFILL	Preferred brand	
FIASP PUMPCART	Preferred brand	
HUMALOG	Not covered	
HUMALOG KWIKPEN	Not covered	
HUMALOG MIX 50/50 KWIKPEN	Not covered	
HUMALOG MIX 50/50 VIAL	Not covered	
HUMALOG MIX 75/25 KWIKPEN	Not covered	
HUMALOG MIX 75/25 VIAL	Not covered	
HUMALOG U-100 JUNIOR KWIKPEN	Not covered	
HUMULIN 70/30 KWIKPEN	Not covered	
HUMULIN 70/30 VIAL	Not covered	
HUMULIN N KWIKPEN	Not covered	
HUMULIN N VIAL	Not covered	
HUMULIN R U-500 KWIKPEN	Preferred brand	
HUMULIN R U-500 VIAL	Preferred brand	
HUMULIN R VIAL	Not covered	
INSULIN ASP PROT & ASP FLEXPEN	Not covered	ABA
INSULIN ASPART	Not covered	ABA

Drug Name	Drug Tier	Notes
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 brand	
LANTUS U-100 VIAL	Preferred brand	
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 brand	
NOVOLIN 70/30 RELION	Not covered	
NOVOLIN 70/30 VIAL	Preferred brand	
NOVOLIN N FLEXPEN	Preferred brand	
NOVOLIN N RELION	Not covered	
NOVOLIN N VIAL	Preferred brand	
NOVOLIN R FLEXPEN	Preferred brand	
NOVOLIN R RELION	Not covered	
NOVOLIN R VIAL	Preferred brand	
NOVOLOG 70/30 FLEXPEN RELION	Not covered	
NOVOLOG FLEXPEN	Preferred brand	
NOVOLOG FLEXPEN RELION	Not covered	
NOVOLOG MIX 70/30 FLEXPEN	Preferred brand	
NOVOLOG MIX 70/30 RELION	Not covered	
NOVOLOG MIX 70/30 VIAL	Preferred brand	

Drug Name	Drug Tier	Notes
NOVOLOG PENFILL	Preferred brand	
NOVOLOG RELION	Not covered	
NOVOLOG U-100 VIAL	Preferred brand	
REZVOGLAR KWIKPEN	Preferred brand	
SEMGLEE (YFGN)	Not covered	
TOUJEO MAX SOLOSTAR	Preferred brand	
TOUJEO SOLOSTAR	Preferred brand	
TRESIBA	Preferred brand	
TRESIBA FLEXTOUCH	Preferred brand	
Blood Products and Modifiers		
EMPAVELI	Preferred brand specialty	PA; SP; QL
FABHALTA	Nonpreferred specialty	PA; SP; QL
VOYDEYA	Nonpreferred specialty	PA; SP; QL
Anticoagulants		
dabigatran etexilate mesylate	Generic	QL
ELIQUIS	Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK	Preferred brand	QL
enoxaparin sodium	Generic	
fondaparinux sodium	Generic	
FRAGMIN	Nonpreferred brand	
heparin sodium (porcine)	Generic	
heparin sodium (porcine) pf	Generic	
jantoven	Generic	
PRADAXA ORAL CAPSULE 150 MG, 75 MG	Preferred brand	QL
PRADAXA ORAL PACKET	Nonpreferred brand	QL
SAVAYSA	Nonpreferred brand	QL
warfarin sodium oral	Generic	
XARELTO	Preferred brand	QL
XARELTO STARTER PACK	Preferred brand	QL
ZONTIVITY	Nonpreferred brand	QL
Blood Formation Modifiers		
ALVAIZ	Not covered	SP; QL
anagrelide hcl	Generic	
ARANESP (ALBUMIN FREE)	Not covered	SP

Drug Name	Drug Tier	Notes
DOPTELET	Preferred brand specialty	PA; SP; QL
EPOGEN	Not covered	SP
FULPHILA	Nonpreferred specialty	ST; SP; QL
FYLNETRA	Not covered	SP
GRANIX	Not covered	SP
JESDUVROQ	Not covered	SP; QL
LEUKINE	Nonpreferred specialty	SP
MIRCERA	Not covered	SP; QL
MULPLETA	Not covered	SP; QL
NEULASTA	Preferred brand specialty	SP; QL
NEUPOGEN	Not covered	SP
NIVESTYM	Preferred brand specialty	SP; QL
NYVEPRIA	Nonpreferred specialty	ST; SP; QL
PROCRIT	Preferred brand specialty	SP
PROMACTA	Preferred brand specialty	PA; SP
PYRUKYND	Preferred brand specialty	PA; SP; QL
PYRUKYND TAPER PACK	Preferred brand specialty	PA; SP; QL
RELEUKO	Not covered	SP; QL
RETACRIT	Preferred brand specialty	SP
ROLVEDON	Nonpreferred specialty	PA; SP; QL
STIMUFEND	Nonpreferred specialty	ST; SP; QL
UDENYCA	Nonpreferred specialty	ST; SP; QL
VAFSEO	Nonpreferred specialty	SP; QL
XOLREMDI	Preferred brand specialty	PA; SP; QL
ZARXIO	Preferred brand specialty	SP
ZIEXTENZO	Preferred brand specialty	SP; QL

Drug Name	Drug Tier	Notes
Hemostasis Agents		
ADVATE	Preferred brand	
ADYNOVATE	Preferred brand	
AFSTYLA	Preferred brand	
ALPHANATE	Preferred brand	
ALPHANINE SD	Preferred brand	
ALPROLIX	Preferred brand	
ALTUVIIIO	Preferred brand	
aminocaproic acid oral	Generic	
BENEFIX	Preferred brand	
COAGADEX	Preferred brand	
CORIFACT	Preferred brand	
ELOCTATE	Preferred brand	
ESPEROCT	Preferred brand	
FEIBA	Preferred brand	
HEMLIBRA	Preferred brand	PA; QL
HEMOFIL M	Preferred brand	
HUMATE-P	Preferred brand	
IDELVION	Preferred brand	
IXINITY	Preferred brand	
JIVI	Preferred brand	
KOATE	Preferred brand	
KOATE-DVI	Preferred brand	
KOGENATE FS	Preferred brand	
KOVALTRY	Preferred brand	
NOVOEIGHT	Preferred brand	
NOVOSEVEN RT	Preferred brand	
NUWIQ	Preferred brand	
OBIZUR	Preferred brand	
PROFILNINE	Preferred brand	
REBINYN	Preferred brand	
RECOMBINATE	Preferred brand	
RIXUBIS	Preferred brand	
SEVENFACT	Preferred brand	
TAVALISSE	Nonpreferred specialty	PA; SP; QL
tranexamic acid oral	Generic	QL

Drug Name	Drug Tier	Notes
TRETTEN	Preferred brand	
VONVENDI	Preferred brand	
WILATE	Preferred brand	
XYNTHA	Preferred brand	
XYNTHA SOLOFUSE	Preferred brand	
Platelet Modifying Agents		
aspirin-dipyridamole er	Generic	
BRILINTA	Preferred brand	QL
CABLIVI	Preferred brand specialty	PA; SP; QL
cilostazol	Generic	
clopidogrel bisulfate oral	Generic	
dipyridamole oral	Generic	
prasugrel hcl	Generic	QL
YOSPRALA	Not covered	
Cardiovascular Agents		
Alpha-adrenergic Agonists		
clonidine	Generic	
CLONIDINE ER	Not covered	ABA
clonidine hcl oral	Generic	
guanfacine hcl	Generic	
METHYLDOPA	Nonpreferred brand	
midodrine hcl	Generic	
NEXICLON XR	Not covered	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	Generic	
phenoxybenzamine hcl oral	Generic	PA; QL
prazosin hcl oral	Generic	
Angiotensin II Receptor Antagonists		
candesartan cilexetil	Generic	
EDARBI	Nonpreferred brand	ST; QL
irbesartan	Generic	
losartan potassium oral	Generic	
olmesartan medoxomil oral	Generic	
telmisartan	Generic	
VALSARTAN ORAL SOLUTION	Not covered	

Drug Name	Drug Tier	Notes
valsartan oral tablet	Generic	
Angiotensin-converting Enzyme (ACE) Inhibitors		
benazepril hcl oral	Generic	
captopril oral	Generic	
enalapril maleate oral solution	Not covered	
enalapril maleate oral tablet	Generic	
fosinopril sodium	Generic	
lisinopril oral	Generic	
moexipril hcl	Generic	
perindopril erbumine	Generic	
QBRELIS	Not covered	QL
quinapril hcl	Generic	
ramipril	Generic	
trandolapril	Generic	
Antiarrhythmics		
amiodarone hcl oral	Generic	
disopyramide phosphate	Generic	
dofetilide	Generic	
flecainide acetate	Generic	
mexiletine hcl oral	Generic	
MULTAQ	Preferred brand	QL
NORPACE CR	Preferred brand	
propafenone hcl	Generic	
propafenone hcl er	Generic	
quinidine gluconate er	Generic	
quinidine sulfate	Generic	
sotalol hcl (af)	Generic	
sotalol hcl oral	Generic	
SOTYLIZE	Not covered	
Beta-adrenergic Blocking Agents		
acebutolol hcl oral	Generic	
atenolol oral	Generic	
betaxolol hcl oral	Generic	
bisoprolol fumarate oral	Generic	
carvedilol	Generic	

Drug Name	Drug Tier	Notes
carvedilol phosphate er	Not covered	QL
HEMANGEOL	Not covered	QL
INDERAL XL	Not covered	
INNOPRAN XL	Not covered	
KAPSPARGO SPRINKLE	Not covered	
labetalol hcl oral	Generic	
metoprolol succinate er	Generic	
metoprolol tartrate oral	Generic	
nadolol oral	Generic	
nebivolol hcl	Generic	QL
pindolol	Generic	
propranolol hcl er	Generic	
propranolol hcl oral	Generic	
timolol maleate oral	Generic	
Calcium Channel Blocking Agents		
amlodipine besylate oral	Generic	
cartia xt	Generic	
CONJUPRI	Not covered	
diltiazem hcl er	Generic	
diltiazem hcl er beads	Generic	
diltiazem hcl er coated beads	Generic	
diltiazem hcl oral	Generic	
dilt-xr	Generic	
felodipine er	Generic	
isradipine	Generic	
KATERZIA	Not covered	QL
LEVAMLODIPINE MALEATE	Not covered	ABA
matzim la	Generic	
nicardipine hcl oral	Generic	
nifedipine er	Generic	
nifedipine er osmotic release	Generic	
nifedipine oral	Generic	
nimodipine oral	Generic	
nisoldipine er	Generic	
NORLIQVA	Not covered	QL
NYMALIZE	Nonpreferred brand	QL

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

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

Drug Name	Drug Tier	Notes
eplerenone	Generic	
spironolactone oral suspension	Not covered	
spironolactone oral tablet	Generic	
triamterene oral	Generic	
Diuretics, Thiazide		
chlorthalidone	Generic	
DIURIL	Nonpreferred brand	
hydrochlorothiazide oral	Generic	
indapamide	Generic	
metolazone	Generic	
THALITONE	Not covered	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 43 mg	Generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Generic	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	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	Generic	
fenofibric acid oral capsule delayed release	Generic	
fenofibric acid oral tablet	Not covered	
FIBRICOR	Not covered	
gemfibrozil oral	Generic	
Dyslipidemics, HMG CoA Reductase Inhibitors		
ALTOPREV	Not covered	QL
ATORVALIQ	Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Generic	QL
EZALLOR SPRINKLE	Not covered	
FLOLIPID	Not covered	
fluvastatin sodium	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
fluvastatin sodium er	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
lovastatin oral	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pitavastatin calcium	Generic	ST; QL
pravastatin sodium	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	Generic	QL
ZYPITAMAG	Not covered	
Dyslipidemics, Other		
cholestyramine light	Generic	
cholestyramine oral	Generic	
colesevelam hcl	Generic	
colestipol hcl	Generic	
ezetimibe	Generic	QL
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Not covered	ABA
ezetimibe-simvastatin	Generic	QL
icosapent ethyl	Generic	QL
JUXTAPID	Not covered	SP; QL
NEXLETOL	Preferred brand	PA; QL
NEXLIZET	Preferred brand	PA; QL
niacin (antihyperlipidemic)	Not covered	
niacin er (antihyperlipidemic)	Generic	
niacor	Not covered	
omega-3-acid ethyl esters	Generic	QL
PRALUENT	Not covered	QL
prevalite	Generic	
REPATHA	Preferred brand	PA; QL
REPATHA PUSHTRONEX SYSTEM	Preferred brand	PA; QL
REPATHA SURECLICK	Preferred brand	PA; QL

Drug Name	Drug Tier	Notes
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	Not covered	
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate	Generic	
isosorbide mononitrate	Generic	
isosorbide mononitrate er	Generic	
NITRO-BID	Preferred brand	
NITRO-DUR	Not covered	
nitroglycerin rectal	Generic	QL
nitroglycerin sublingual	Generic	
nitroglycerin transdermal	Generic	
nitroglycerin translingual	Generic	
NITRO-TIME	Preferred brand	
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	Generic	
minoxidil oral	Generic	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
ADDERALL XR	Nonpreferred brand	QL
ADZENYS XR-ODT	Not covered	QL
amphetamine sulfate	Generic	PA; QL
amphetamine-dextroamphetamine	Generic	QL
amphetamine-dextroamphetamine er	Generic	QL
amphet-dextroamphet 3-bead er	Generic	QL
dextroamphetamine sulfate	Generic	QL
dextroamphetamine sulfate er	Generic	QL
DYANAVEL XR	Not covered	QL
lisdexamfetamine dimesylate	Generic	QL
methamphetamine hcl	Generic	QL
VYVANSE	Nonpreferred brand	QL
XELSTRYM	Not covered	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl	Generic	QL
AZSTARYS	Nonpreferred brand	PA; QL

Drug Name	Drug Tier	Notes
clonidine hcl er	Generic	QL
CONCERTA	Nonpreferred brand	QL
COTEMPLA XR-ODT	Not covered	QL
dexmethylphenidate hcl	Generic	QL
dexmethylphenidate hcl er	Generic	QL
guanfacine hcl er	Generic	QL
JORNAY PM	Nonpreferred brand	PA; QL
methylphenidate	Generic	QL
methylphenidate hcl er	Generic	QL
methylphenidate hcl er (cd)	Generic	QL
methylphenidate hcl er (la)	Generic	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	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	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
Central Nervous System, Other		
AUSTEDO	Preferred brand specialty	PA; SP; QL
AUSTEDO XR	Nonpreferred specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	Nonpreferred specialty	PA; SP; QL
caffeine citrate oral	Generic	
DAYBUE	Preferred brand specialty	PA; SP; QL
EXSERVAN 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

Drug Name	Drug Tier	Notes
IMCIVREE	Preferred brand specialty	PA; SP; QL
INGREZZA	Nonpreferred specialty	PA; SP; QL
NUEDEXTA	Preferred brand	PA; QL
RADICAVA ORS	Nonpreferred specialty	PA; SP; QL
RADICAVA ORS STARTER KIT	Nonpreferred specialty	PA; SP; QL
riluzole	Generic	
SKYCLARYS	Preferred brand specialty	PA; SP; QL
TEGLUTIK	Nonpreferred specialty	PA; SP; QL
tetrabenazine	Generic specialty	PA; SP; QL
TIGLUTIK ORAL SUSPENSION 50 MG/10ML	Nonpreferred specialty	PA; SP; QL
Fibromyalgia Agents		
pregabalin er	Not covered	QL
pregabalin oral	Generic	QL
SAVELLA	Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK	Nonpreferred brand	PA; QL
Multiple Sclerosis Agents		
AVONEX PEN	Preferred brand specialty	SP; QL
AVONEX PREFILLED	Preferred brand specialty	SP; QL
BAFIERTAM	Preferred brand specialty	SP; QL
BETASERON	Preferred brand specialty	SP; QL
dalfampridine er	Generic specialty	SP; QL
dimethyl fumarate oral	Generic	SP; QL
dimethyl fumarate starter pack	Generic	SP; QL
EXTAVIA	Not covered	SP; QL
fingolimod hcl	Generic	SP; QL
GILENYA ORAL CAPSULE 0.25 MG	Nonpreferred specialty	SP; QL
glatiramer acetate	Generic specialty	SP; QL
glatopa	Generic specialty	SP; QL
KESIMPTA	Preferred brand specialty	SP; QL
MAVENCLAD	Nonpreferred specialty	ST; SP; QL

Drug Name	Drug Tier	Notes
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	Generic	SP; QL
VUMERITY	Preferred brand specialty	SP; QL
ZEPOSIA	Nonpreferred specialty	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	Nonpreferred specialty	PA; SP; QL
ZEPOSIA STARTER KIT	Nonpreferred specialty	PA; SP; QL
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	Preferred brand specialty	PA; SP; QL
BYLVAY (PELLETS)	Preferred brand specialty	PA; SP; QL
LIVMARLI	Preferred brand specialty	PA; SP; QL
Dental and Oral Agents		
cevimeline hcl	Generic	
chlorhexidine gluconate mouth/throat	Generic	
periogard	Generic	
pilocarpine hcl oral	Generic	
triamcinolone acetonide mouth/throat	Generic	
Dermatological Agents		
ABSORICA LD	Not covered	QL
accutane	Generic	QL
acitretin	Generic	
adapalene external cream	Generic	

Drug Name	Drug Tier	Notes
adapalene external gel	Generic	
ADAPALENE EXTERNAL PAD	Not covered	
ADAPALENE EXTERNAL SOLUTION	Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Not covered	QL
ADBRY	Preferred brand specialty	PA; SP; QL
AKLIEF	Not covered	QL
ALTRENO	Nonpreferred brand	QL
ammonium lactate external	Generic	
amnesteem	Generic	QL
AMZEEQ	Not covered	QL
ARAZLO	Not covered	QL
azelaic acid external	Generic	
AZELEX	Not covered	
benzoyl peroxide-erythromycin	Generic	
BIMZELX	Nonpreferred specialty	PA; SP; QL
CABTREO	Not covered	QL
calcipotriene external cream	Generic	
CALCIPOTRIENE EXTERNAL FOAM	Not covered	ABA
calcipotriene external ointment	Generic	
calcipotriene external solution	Generic	
calcipotriene-betameth diprop	Generic	
calcitriol external	Generic	
CIBINQO	Preferred brand specialty	PA; SP; QL
claravis	Generic	QL
clindacin	Not covered	
clindacin etz external swab	Generic	
clindacin-p	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

Drug Name	Drug Tier	Notes
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Generic	
clindamycin phosphate external foam	Not covered	
clindamycin phosphate external gel	Generic	
clindamycin phosphate external lotion	Generic	
clindamycin phosphate external solution	Generic	
clindamycin phosphate external swab	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	Generic	PA; QL
doxycycline	Not covered	
DRYSOL	Preferred brand	
DUOBRII	Nonpreferred brand	QL
DUPIXENT	Preferred brand specialty	PA; SP; QL
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Not covered	SP; QL
ENSTILAR	Not covered	QL
EPIFOAM	Preferred brand	
EPSOLAY	Not covered	QL
ery pad 2%	Generic	
erythromycin external	Generic	
EUCRISA	Preferred brand	ST; QL
FABIOR	Not covered	QL
FILSUVEZ	Preferred brand specialty	PA; SP; QL
FINACEA EXTERNAL FOAM	Not covered	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Generic	

Drug Name	Drug Tier	Notes
HYFTOR	Preferred brand specialty	PA; SP; QL
imiquimod external cream 3.75 %	Not covered	QL
imiquimod external cream 5 %	Generic	QL
imiquimod pump	Not covered	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	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	Generic	
metronidazole external	Generic	
NEMLUVIO	Not covered	SP; QL
neuac	Generic	
NORITATE	Not covered	
OPZELURA	Nonpreferred brand	PA; QL
pimecrolimus	Generic	
podofilox external	Generic	
PRAMOSONE	Not covered	
QBREXZA	Not covered	QL
REGRANEX	Nonpreferred brand	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	Not covered	
SANTYL	Preferred brand	
selenium sulfide external lotion	Generic	
SILIQ	Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred brand specialty	PA; SP; QL
sodium sulfacetamide wash	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	Generic	
STELARA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
sulfacetamide sodium (acne)	Generic	

Drug Name	Drug Tier	Notes
sulfacetamide sodium external	Generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Generic	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	Generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	Generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Generic	
tacrolimus external	Generic	
TALTZ	Nonpreferred specialty	PA; SP; QL
tazarotene external cream	Generic	
TAZAROTENE EXTERNAL FOAM	Not covered	ABA; QL
tazarotene external gel	Generic	
TREMFYA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
tretinoin external cream	Generic	
tretinoin external gel 0.01 %, 0.025 %	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	Generic	QL
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
carglumic acid	Generic specialty	PA; SP

Drug Name	Drug Tier	Notes
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Not covered	
effer-k oral tablet effervescent 25 meq	Generic	
GALZIN	Nonpreferred brand	
iodine strong oral	Generic	
klor-con	Generic	
klor-con 10	Generic	
klor-con m10	Generic	
klor-con m15	Generic	
klor-con m20	Generic	
klor-con/ef	Generic	
K-PHOS	Nonpreferred brand	
K-PHOS NO 2	Not covered	
K-PRIME	Preferred brand	
levocarnitine oral solution	Generic	
levocarnitine oral tablet	Generic	
levocarnitine sf	Generic	
NEONATAL PN STARTER BAG INTRAVENOUS SOLUTION 3 %	Not covered	
PHOSPHO-TRIN K500	Nonpreferred brand	
POKONZA	Not covered	
potassium chloride crys er	Generic	
potassium chloride er	Generic	
potassium chloride oral	Generic	
potassium citrate er	Generic	
sodium fluoride oral	Generic	PV2; AL (Min 6 Months and Max 16 Years)
Electrolyte/Mineral/Metal Modifiers		
CHEMET	Preferred brand	
CUVRIOR	Not covered	SP; QL
deferasirox granules	Not covered	15DS; SP
deferasirox oral packet	Not covered	15DS; SP
deferasirox oral tablet	Generic specialty	15DS; SP
deferasirox oral tablet soluble	Generic specialty	15DS; SP
deferiprone	Generic specialty	PA; SP; QL
FERRIPROX ORAL SOLUTION	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
FERRIPROX TWICE-A-DAY	Nonpreferred specialty	PA; SP; QL
JYNARQUE	Preferred brand specialty	PA; SP; QL
KIONEX	Nonpreferred brand	
LOKELMA	Preferred brand	QL
sodium polystyrene sulfonate	Generic	
SPS (SODIUM POLYSTYRENE SULF)	Nonpreferred brand	
tolvaptan	Generic specialty	PA; SP; QL
trientine hcl	Generic specialty	PA; SP; QL
VELTASSA	Preferred brand	QL
Phosphate Binders		
AURYXIA	Nonpreferred brand	
calcium acetate (phos binder)	Generic	
calcium acetate oral tablet 667 mg	Generic	
FOSRENOL ORAL PACKET	Not covered	
lanthanum carbonate	Generic	
sevelamer carbonate	Generic	
sevelamer hcl	Generic	
VELPHORO	Not covered	
Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	Generic	
cyanocobalamin nasal	Not covered	
DODEX	Nonpreferred brand	
ergocalciferol oral capsule	Generic	
folate	Preventive	PV1
folic acid oral tablet 1 mg	Generic	
folic acid oral tablet 400 mcg, 800 mcg	Preventive	PV1
ft folic acid	Preventive	PV1
hydroxocobalamin acetate	Generic	
phytonadione injection solution 10 mg/ml	Generic	
phytonadione oral	Generic	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Generic	
vitamin k1 injection	Generic	
yl folic acid	Preventive	PV1

Drug Name	Drug Tier	Notes
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
belladonna alkaloids-opium	Generic	
dicyclomine hcl oral	Generic	
GLYCATE	Not covered	
glycopyrrolate oral solution	Generic	
glycopyrrolate oral tablet 1 mg, 2 mg	Generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	Not covered	
hyoscyamine sulfate er	Generic	
hyoscyamine sulfate oral	Generic	
hyoscyamine sulfate sublingual	Generic	
hyosyne	Generic	
LEVVID	Not covered	
LEVSIN	Not covered	
LEVSIN/SL	Not covered	
methscopolamine bromide oral	Generic	
NULEV	Not covered	
OSCIMIN	Not covered	
Gastrointestinal Agents, Other		
amoxicill-clarithro-lansopraz	Generic	
bis subcit-metronid-tetracyc	Not covered	
bismuth/metronidaz/tetracyclin	Not covered	
CHENODAL	Nonpreferred specialty	PA; SP
chlordiazepoxide-clidinium	Generic	
cromolyn sodium oral	Generic	
diphenoxylate-atropine	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	
MOTTEGRITY	Nonpreferred brand	ST; QL
MOTOFEN	Not covered	
MOVANTIK	Not covered	QL
MYTESI	Nonpreferred brand	PA; QL
OMECLAMOX-PAK	Not covered	

Drug Name	Drug Tier	Notes
RELISTOR	Not covered	QL
RELTONE	Not covered	
REZDIFFRA	Preferred brand specialty	PA; 15DS; SP; QL
SEROSTIM	Nonpreferred specialty	PA; SP
SYMPROIC	Preferred brand	QL
TALICIA	Not covered	QL
TRULANCE	Not covered	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	Not covered	
ursodiol oral capsule 300 mg	Generic	
ursodiol oral tablet	Generic	
VOQUEZNA	Not covered	QL
VOQUEZNA DUAL PAK	Not covered	QL
VOQUEZNA TRIPLE PAK	Not covered	QL
VOWST	Nonpreferred specialty	PA; SP; QL
XERMELO	Preferred brand specialty	PA; SP; QL
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG	Nonpreferred specialty	PA; SP
Histamine2 (H2) Receptor Antagonists		
cimetidine hcl	Generic	
cimetidine oral	Generic	
famotidine oral suspension reconstituted	Generic	
famotidine oral tablet 20 mg, 40 mg	Generic	
nizatidine	Generic	
Irritable Bowel Syndrome Agents		
alosetron hcl	Generic	QL
IBSRELA	Not covered	QL
LINZESS	Preferred brand	QL
lubiprostone	Generic	QL
VIBERZI	Not covered	QL
Laxatives		
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	Generic	
enulose	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	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac	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	Generic	
lactulose oral packet	Not covered	
lactulose oral solution	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	Generic	QL
peg 3350	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	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)
Protectants		
misoprostol oral	Generic	
sucralfate oral	Generic	
Proton Pump Inhibitors		
dexlansoprazole	Not covered	
esomeprazole magnesium oral capsule delayed release	Generic	
esomeprazole magnesium oral packet	Generic	
KONVOMEF	Not covered	
lansoprazole oral capsule delayed release	Generic	QL

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

Drug Name	Drug Tier	Notes
OLPRUVA (6 GM DOSE)	Nonpreferred specialty	PA; SP; QL
OLPRUVA (6.67 GM DOSE)	Nonpreferred specialty	PA; SP; QL
OPFOLDA	Nonpreferred specialty	SP; QL
ORFADIN ORAL SUSPENSION	Preferred brand specialty	PA; SP
PALYNZIQ	Preferred brand specialty	PA; SP; QL
PANCREAZE	Not covered	
PERTZYE	Not covered	
PHEBURANE	Nonpreferred specialty	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	Not covered	SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	Not covered	SP
PROCYSBI ORAL PACKET	Not covered	SP; QL
RAVICTI	Nonpreferred specialty	PA; SP; QL
REVCOVI	Preferred brand specialty	PA; SP; QL
sapropterin dihydrochloride	Generic specialty	PA; SP
sodium phenylbutyrate oral powder	Generic	
sodium phenylbutyrate oral tablet	Generic	QL
STRENSIQ	Preferred brand specialty	PA; SP; QL
SUCRAID	Nonpreferred specialty	PA; SP; QL
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML	Preferred brand specialty	PA; SP; QL
VIOKACE	Not covered	
VOXZOGO	Preferred brand specialty	PA; SP; QL
WAINUA	Nonpreferred specialty	PA; SP; QL
XURIDEN	Preferred brand specialty	PA; SP; QL
yargesa	Generic specialty	PA; SP; QL
ZENPEP	Preferred brand	
Genitourinary Agents		
Antispasmodics, Urinary		
darifenacin hydrobromide er	Not covered	QL
fesoterodine fumarate er	Generic	QL

Drug Name	Drug Tier	Notes
flavoxate hcl	Generic	
GELNIQUE	Not covered	QL
GEMTESA	Not covered	QL
mirabegron er	Generic	PA; QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Nonpreferred brand	PA; QL
oxybutynin chloride er	Generic	
oxybutynin chloride oral	Generic	
OXYTROL	Not covered	QL
solifenacin succinate	Generic	QL
tolterodine tartrate	Generic	
tolterodine tartrate er	Generic	
tropium chloride	Generic	QL
tropium chloride er	Generic	QL
VESICARE LS	Nonpreferred brand	PA; QL
Benign Prostatic Hypertrophy Agents		
alfuzosin hcl er	Generic	
CARDURA XL	Nonpreferred brand	
dutasteride oral	Generic	
dutasteride-tamsulosin hcl	Generic	QL
ENTADFI	Not covered	QL
finasteride oral tablet 5 mg	Generic	
silodosin	Generic	QL
tamsulosin hcl	Generic	
terazosin hcl	Generic	
Genitourinary Agents, Other		
acetic acid irrigation	Generic	
ARGYLE STERILE SALINE	Nonpreferred brand	
bethanechol chloride oral	Generic	
CURITY STERILE SALINE	Nonpreferred brand	
ELMIRON	Nonpreferred brand	
FILSPARI	Preferred brand specialty	PA; 15DS; SP; QL
LITHOSTAT	Nonpreferred brand	
OPTIONS GYNOL II CONTRACEPTIVE	Preventive	PV1; QL
penicillamine oral	Generic	QL

Drug Name	Drug Tier	Notes
RIVFLOZA	Nonpreferred specialty	PA; SP; QL
sodium chloride irrigation	Generic	
tiopronin	Generic	PA
TODAY SPONGE	Preventive	PV1; QL
VCF VAGINAL CONTRACEPTIVE	Preventive	PV1; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)		
AGAMREE	Nonpreferred specialty	PA; SP; QL
ALA SCALP	Nonpreferred brand	
ala-cort	Generic	
alclometasone dipropionate	Generic	
ALKINDI SPRINKLE	Nonpreferred brand	PA; QL
amcinonide	Not covered	
amcinonide external lotion 0.1 %	Not covered	
APEXICON E	Not covered	
betamethasone dipropionate aug	Generic	
betamethasone dipropionate external	Generic	
betamethasone valerate external	Generic	
BRYHALI	Nonpreferred brand	QL
CAPEX EXTERNAL SHAMPOO 0.01 %	Nonpreferred brand	
clobetasol prop emollient base external cream 0.05 %	Generic	
clobetasol propionate e	Generic	
clobetasol propionate emulsion	Generic	
clobetasol propionate external	Generic	
clocortolone pivalate	Not covered	
clodan	Generic	
CORDRAN	Not covered	
CORTISONE ACETATE ORAL	Not covered	
deflazacort	Generic specialty	PA; SP
desonide external cream	Generic	
desonide external gel	Not covered	
desonide external lotion	Generic	
desonide external ointment	Generic	
desoximetasone external	Generic	

Drug Name	Drug Tier	Notes
DEXABLISS	Not covered	
dexamethasone intensol	Generic	
dexamethasone oral elixir	Generic	
dexamethasone oral solution	Generic	
dexamethasone oral tablet	Generic	
dexamethasone oral tablet therapy pack	Generic	
diflorasone diacetate	Not covered	
fludrocortisone acetate oral	Generic	
fluocinolone acetonide body	Generic	
fluocinolone acetonide external	Generic	
fluocinolone acetonide scalp	Generic	
fluocinonide emulsified base	Generic	
fluocinonide external cream 0.05 %	Generic	
fluocinonide external cream 0.1 %	Generic	QL
fluocinonide external gel	Generic	
fluocinonide external ointment	Generic	
fluocinonide external solution	Generic	
flurandrenolide	Not covered	
fluticasone propionate external	Generic	
halcinonide	Not covered	
halobetasol propionate external cream	Generic	
halobetasol propionate external foam	Not covered	
halobetasol propionate external ointment	Generic	
HALOG EXTERNAL OINTMENT	Not covered	
HALOG EXTERNAL SOLUTION	Not covered	
HEMADY	Not covered	
HIDEX 6-DAY	Not covered	
hydrocortisone butyr lipo base external cream 0.1 %	Generic	
hydrocortisone butyrate	Generic	
hydrocortisone external cream 1 %, 2.5 %	Generic	
hydrocortisone external lotion 2 %	Not covered	
hydrocortisone external lotion 2.5 %	Generic	
hydrocortisone external ointment 1 %, 2.5 %	Generic	
hydrocortisone oral	Generic	
hydrocortisone sod suc (pf)	Generic	

Drug Name	Drug Tier	Notes
hydrocortisone valerate	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	Generic	
mometasone furoate external	Generic	
PANDEL	Not covered	
prednisolone oral solution	Generic	
prednisolone oral tablet	Generic	
prednisolone sodium phosphate oral solution	Generic	
prednisolone sodium phosphate oral tablet dispersible	Not covered	
prednisone intensol	Generic	
prednisone oral	Generic	
RAYOS	Not covered	QL
SERNIVO	Not covered	QL
TAPERDEX 12-DAY	Not covered	
TAPERDEX 6-DAY	Not covered	
TAPERDEX 7-DAY	Not covered	
TEXACORT	Nonpreferred brand	
tovet	Generic	
triamcinolone acetonide external aerosol solution	Generic	QL
triamcinolone acetonide external cream	Generic	
triamcinolone acetonide external lotion	Generic	
triamcinolone acetonide external ointment	Generic	
triamcinolone in absorbbase	Generic	
triderm	Generic	
ULTRAVATE	Not covered	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR	Not covered	SP; QL
ACTHAR GEL	Not covered	SP; QL
cabergoline	Generic	

Drug Name	Drug Tier	Notes
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Not covered	SP; QL
CORTROPHIN	Not covered	SP; QL
desmopressin ace spray refrig	Generic	
desmopressin acetate injection	Generic	
desmopressin acetate oral	Generic	
desmopressin acetate pf	Generic	
desmopressin acetate spray	Generic	
EGRIFTA SV	Not covered	SP; QL
FOLLISTIM AQ	Nonpreferred specialty	PA; SP; QL
GENOTROPIN	Preferred brand specialty	PA; SP
GENOTROPIN MINIQUICK	Preferred brand specialty	PA; SP
GONAL-F	Preferred brand specialty	PA; SP; QL
GONAL-F RFF	Preferred brand specialty	PA; SP; QL
GONAL-F RFF REDIJECT	Preferred brand specialty	PA; SP; QL
HUMATROPE	Nonpreferred specialty	PA; SP
INCRELEX	Nonpreferred specialty	PA; SP
ISTURISA	Nonpreferred specialty	PA; SP; QL
MENOPUR	Not covered	SP
NGENLA	Nonpreferred specialty	PA; SP
NOCDURNA	Not covered	QL
NORDITROPIN FLEXPRO	Preferred brand specialty	PA; SP
NOVAREL	Not covered	SP; QL
NUTROPIN AQ NUSPIN 10	Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 20	Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 5	Nonpreferred specialty	PA; SP
OMNITROPE	Nonpreferred specialty	PA; SP
OVIDREL	Preferred brand specialty	PA; SP; QL
PREGNYL	Preferred brand specialty	PA; SP; QL
RECORLEV	Not covered	SP; QL

Drug Name	Drug Tier	Notes
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG	Nonpreferred specialty	PA; SP
SKYTROFA	Nonpreferred specialty	PA; SP
SOGROYA	Nonpreferred specialty	PA; SP; QL
ZOMACTON	Nonpreferred specialty	PA; SP
Selective Estrogen Receptor Modifying Agents		
CLOMID	Not covered	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone oral tablet 300 mg	Generic specialty	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
AZMIRO	Not covered	
danazol oral	Generic	
INTRAROSA	Nonpreferred brand	
JATENZO	Not covered	QL
KYZATREX	Not covered	QL
METHITEST	Nonpreferred brand	QL
methyltestosterone oral	Not covered	QL
NATESTO	Not covered	QL
TESTOSTERONE CYPIONATE INJECTION	Not covered	
testosterone cypionate intramuscular	Generic	
testosterone enanthate intramuscular	Generic	
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%)	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
Estrogens		
afirmelle	Generic	PV2

Drug Name	Drug Tier	Notes
ALORA	Preferred brand	
altavera	Generic	PV2
alyacen 1/35	Generic	PV2
alyacen 7/7/7	Generic	PV2
amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg	Generic	
amethia oral tablet 0.15-0.03 & 0.01 mg	Generic	PV2; QL
amethyst	Generic	PV2
ANGELIQ	Nonpreferred brand	
ANNOVERA	Nonpreferred brand	QL
apri	Generic	PV2
aranelle	Generic	PV2
ashlyna	Generic	PV2; QL
aubra eq	Generic	PV2
aurovela 1.5/30	Generic	PV2
aurovela 1/20	Generic	PV2
aurovela 24 fe	Generic	PV2
aurovela fe 1.5/30	Generic	PV2
aurovela fe 1/20	Generic	PV2
aviane	Generic	PV2
ayuna	Generic	PV2
azurette	Generic	PV2
balziva	Generic	PV2
BIJUVA	Not covered	QL
blisovi 24 fe	Generic	PV2
blisovi fe 1.5/30	Generic	PV2
blisovi fe 1/20	Generic	PV2
briellyn	Generic	PV2
camrese	Generic	PV2; QL
camrese lo	Generic	PV2; QL
charlotte 24 fe	Generic	PV2
chateal eq	Generic	PV2
CLIMARA PRO	Nonpreferred brand	
COMBIPATCH	Nonpreferred brand	
COVARYX	Not covered	
COVARYX HS	Not covered	
cryselle-28	Generic	PV2

Drug Name	Drug Tier	Notes
cyred eq	Generic	PV2
dasetta 1/35	Generic	PV2
dasetta 7/7/7	Generic	PV2
daysee	Generic	PV2; QL
delyla	Generic	PV2
DEPO-ESTRADIOL	Nonpreferred brand	
desogestrel-ethinyl estradiol	Generic	PV2
dolishale	Generic	PV2
dotti	Generic	
drospiren-eth estrad-levomefol	Generic	PV2
drospirenone-ethinyl estradiol	Generic	PV2
DUAVEE	Nonpreferred brand	
EEMT	Not covered	
EEMT HS	Not covered	
ELESTRIN	Nonpreferred brand	
elinest	Generic	PV2
eluryng	Generic	PV2; QL
enilloring	Generic	PV2; QL
enpresse-28	Generic	PV2
enskyce	Generic	PV2
est estrogens-methyltest	Generic	
est estrogens-methyltest ds	Generic	
est estrogens-methyltest hs	Generic	
estarylla	Generic	PV2
estradiol oral	Generic	
estradiol transdermal	Generic	
estradiol vaginal	Generic	
estradiol valerate intramuscular	Generic	
estradiol-norethindrone acet	Generic	
estratest f.s.	Generic	
ESTRATEST H.S.	Not covered	
ESTRING	Preferred brand	
ethynodiol diac-eth estradiol	Generic	PV2
etonogestrel-ethinyl estradiol	Generic	PV2; QL
EVAMIST	Nonpreferred brand	
falmina	Generic	PV2

Drug Name	Drug Tier	Notes
FEMLYV	Nonpreferred brand	QL
FEMRING	Nonpreferred brand	
finzala	Generic	PV2
fyavolv	Generic	
gemmily	Generic	PV2
hailey 1.5/30	Generic	PV2
hailey 24 fe	Generic	PV2
hailey fe 1.5/30	Generic	PV2
hailey fe 1/20	Generic	PV2
haloette	Generic	PV2; QL
iclevia	Generic	PV2; QL
IMVEXXY MAINTENANCE PACK	Nonpreferred brand	
IMVEXXY STARTER PACK	Nonpreferred brand	
introvale	Generic	PV2; QL
isibloom	Generic	PV2
jaimiess	Generic	PV2; QL
jasmiel	Generic	PV2
jinteli	Generic	
jolessa	Generic	PV2; QL
joyeaux	Generic	PV2
juleber	Generic	PV2
junel 1.5/30	Generic	PV2
junel 1/20	Generic	PV2
junel fe 1.5/30	Generic	PV2
junel fe 1/20	Generic	PV2
junel fe 24	Generic	PV2
kaitlib fe	Generic	PV2
kalliga	Generic	PV2
kariva	Generic	PV2
kelnor 1/35	Generic	PV2
kelnor 1/50	Generic	PV2
kurvelo	Generic	PV2
larin 1.5/30	Generic	PV2
larin 1/20	Generic	PV2
larin 24 fe	Generic	PV2
larin fe 1.5/30	Generic	PV2

Drug Name	Drug Tier	Notes
larin fe 1/20	Generic	PV2
layolis fe	Generic	PV2
leena	Generic	PV2
lessina	Generic	PV2
levonest	Generic	PV2
levonorgest-eth est & eth est	Generic	PV2; QL
levonorgest-eth estrad 91-day	Generic	PV2; QL
levonorgest-eth estradiol-iron	Generic	PV2
levonorgestrel-ethinyl estrad	Generic	PV2
levonorg-eth estrad triphasic	Generic	PV2
levora 0.15/30 (28)	Generic	PV2
LO LOESTRIN FE	Nonpreferred brand	
lojaimiess	Generic	PV2; QL
loryna	Generic	PV2
low-ogestrel	Generic	PV2
lo-zumandimine	Generic	PV2
lutera	Generic	PV2
lyllana	Generic	
marlissa	Generic	PV2
MENEST	Nonpreferred brand	
MENOSTAR	Nonpreferred brand	
merzee	Generic	PV2
mibelas 24 fe	Generic	PV2
microgestin 1.5/30	Generic	PV2
microgestin 1/20	Generic	PV2
microgestin fe 1.5/30	Generic	PV2
microgestin fe 1/20	Generic	PV2
mili	Generic	PV2
mimvey	Generic	
mono-linyah	Generic	PV2
MYFEMBREE	Nonpreferred brand	PA; QL
NATAZIA	Nonpreferred brand	
necon 0.5/35 (28)	Generic	PV2
NEXTSTELLIS	Nonpreferred brand	
nikki	Generic	PV2
norelgestromin-eth estradiol	Generic	PV2; QL

Drug Name	Drug Tier	Notes
norethin ace-eth estrad-fe	Generic	PV2
norethindrone acet-ethinyl est	Generic	PV2
norethindrone-eth estradiol	Generic	
norethindron-ethinyl estrad-fe	Generic	PV2
norethin-eth estradiol-fe	Generic	PV2
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Generic	PV2
norgestimate-ethinyl estradiol triphasic	Generic	PV2
nortrel 0.5/35 (28)	Generic	PV2
nortrel 1/35 (21)	Generic	PV2
nortrel 1/35 (28)	Generic	PV2
nortrel 7/7/7	Generic	PV2
nylia 1/35	Generic	PV2
nylia 7/7/7	Generic	PV2
ocella	Generic	PV2
ORIAHNN	Nonpreferred brand	PA; QL
philith	Generic	PV2
pimtrea	Generic	PV2
portia-28	Generic	PV2
PREMARIN ORAL	Preferred brand	
PREMARIN VAGINAL	Preferred brand	
PREMPHASE	Preferred brand	
PREMPRO	Preferred brand	
reclipsen	Generic	PV2
rivelsa	Generic	PV2; QL
setlakin	Generic	PV2; QL
simliya	Generic	PV2
simpesse	Generic	PV2; QL
sprintec 28	Generic	PV2
sronyx	Generic	PV2
syeda	Generic	PV2
tarina 24 fe	Generic	PV2
tarina fe 1/20 eq	Generic	PV2
taysofy	Generic	PV2
tilia fe	Generic	PV2
tri-estarylla	Generic	PV2

Drug Name	Drug Tier	Notes
tri-legest fe	Generic	PV2
tri-linyah	Generic	PV2
tri-lo-estarylla	Generic	PV2
tri-lo-marzia	Generic	PV2
tri-lo-mili	Generic	PV2
tri-lo-sprintec	Generic	PV2
tri-mili	Generic	PV2
tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg	Generic	PV2
tri-sprintec	Generic	PV2
trivora (28)	Generic	PV2
tri-vylibra	Generic	PV2
tri-vylibra lo	Generic	PV2
turqoz	Generic	PV2
TWIRLA	Not covered	QL
TYBLUME	Nonpreferred brand	
tydemy	Generic	PV2
velivet	Generic	PV2
vestura	Generic	PV2
vienva	Generic	PV2
viorele	Generic	PV2
volnea	Generic	PV2
vyfemla	Generic	PV2
vylibra	Generic	PV2
wera	Generic	PV2
wymzya fe	Generic	PV2
xulane	Generic	PV2; QL
yuvafem	Generic	
zafemy	Generic	PV2; QL
zovia 1/35 (28)	Generic	PV2
zumandimine	Generic	PV2
Progestins		
aftera	Preventive	PV1; QL
camila	Generic	PV2
CRINONE VAGINAL GEL 8 %	Not covered	
curae	Preventive	PV1; QL
deblitane	Generic	PV2

Drug Name	Drug Tier	Notes
DEPO-SUBQ PROVERA 104	Preferred brand	
econtra one-step	Preventive	PV1; QL
ELLA	Nonpreferred brand	PV2; QL
emzahh	Generic	PV2
ENDOMETRIN	Not covered	
errin	Generic	PV2
gallifrey	Generic	
heather	Generic	PV2
her style	Preventive	PV1; QL
incassia	Generic	PV2
jencycla	Generic	PV2
levonorgestrel	Preventive	PV1; QL
lyleq	Generic	PV2
lyza	Generic	PV2
medroxyprogesterone acetate intramuscular	Generic	PV2
medroxyprogesterone acetate oral	Generic	
megestrol acetate oral	Generic	
my choice	Preventive	PV1; QL
my way	Preventive	PV1; QL
new day	Preventive	PV1; QL
nora-be	Generic	PV2
norethindrone acetate oral	Generic	
norethindrone oral	Generic	PV2
norlyroc	Generic	PV2
opcicon one-step	Preventive	PV1; QL
option 2	Preventive	PV1; QL
progesterone intramuscular	Generic	
progesterone oral	Generic	
react	Preventive	PV1; QL
sharobel	Generic	PV2
SLYND	Nonpreferred brand	QL
take action	Preventive	PV1; QL
Selective Estrogen Receptor Modifying Agents		
OSPHENA	Nonpreferred brand	
raloxifene hcl	Generic	PV3; QL

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

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

Drug Name	Drug Tier	Notes
ADALIMUMAB-FKJP (2 PEN)	Not covered	SP
ADALIMUMAB-FKJP (2 SYRINGE)	Not covered	SP
AMJEVITA	Not covered	SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	Not covered	SP
AMJEVITA-PED 15KG TO <30KG	Not covered	SP
ASTAGRAF XL	Nonpreferred specialty	SP
azathioprine oral	Generic	
CIMZIA (2 SYRINGE)	Preferred brand specialty	PA; SP; QL
CIMZIA-STARTER	Preferred brand specialty	PA; SP; QL
cyclosporine modified	Generic specialty	SP
cyclosporine oral	Generic specialty	SP
CYLTEZO (2 PEN)	Not covered	SP
CYLTEZO (2 SYRINGE)	Not covered	SP
CYLTEZO-CD/UC/HS STARTER	Not covered	SP
CYLTEZO-PSORIASIS/UV STARTER	Not covered	SP
ENBREL	Preferred brand specialty	PA; SP; QL
ENBREL MINI	Preferred brand specialty	PA; SP; QL
ENBREL SURECLICK	Preferred brand specialty	PA; SP; QL
ENVARUSUS XR	Nonpreferred specialty	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Generic specialty	SP
gengraf	Generic specialty	SP
HADLIMA	Not covered	SP
HADLIMA PUSH TOUCH	Not covered	SP
HULIO (2 PEN)	Not covered	SP
HULIO (2 SYRINGE)	Not covered	SP
HUMIRA (2 PEN)	Not covered	SP; QL
HUMIRA (2 SYRINGE)	Not covered	SP; QL
HUMIRA-CD/UC/HS STARTER	Not covered	SP; QL

Drug Name	Drug Tier	Notes
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/VEIT STARTER	Not covered	SP; QL
HYRIMOZ	Not covered	SP
HYRIMOZ-CROHNS/UC STARTER	Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER	Not covered	SP
HYRIMOZ-PED>/=40KG CROHN START	Not covered	SP
HYRIMOZ-PLAQ PSOR/VEIT 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) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml	Generic	
methotrexate sodium injection solution	Generic	
methotrexate sodium oral	Generic	
mycophenolate mofetil oral	Generic specialty	SP
mycophenolate sodium	Generic specialty	SP
mycophenolic acid	Generic specialty	SP
MYHIBBIN	Not covered	SP; QL
OLUMIANT	Nonpreferred specialty	PA; SP; QL
OMVOH SUBCUTANEOUS	Not covered	SP; QL
ORENCIA CLICKJECT	Nonpreferred specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
OTREXUP	Not covered	SP; QL
PROGRAF ORAL PACKET	Nonpreferred specialty	SP

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

Drug Name	Drug Tier	Notes
HIZENTRA	Preferred brand specialty	PA; SP
HYQVIA	Nonpreferred specialty	PA; SP
XEMBIFY	Nonpreferred specialty	PA; SP
Immunomodulators		
ACTEMRA ACTPEN	Nonpreferred specialty	PA; SP; QL
ACTEMRA SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
ACTIMMUNE	Preferred brand specialty	SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML	Preferred brand	
ARCALYST	Nonpreferred specialty	PA; SP; QL
BENLYSTA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
BEYFORTUS	Preventive	PV1; QL
ENSPRYNG	Preferred brand specialty	PA; SP; QL
ENTYVIO PEN	Not covered	SP; QL
KEVZARA	Nonpreferred specialty	PA; SP; QL
leflunomide oral	Generic	
OTEZLA	Preferred brand specialty	PA; SP; QL
RIDAURA	Nonpreferred brand	
RINVOQ	Preferred brand specialty	PA; SP; QL
RINVOQ LQ	Preferred brand specialty	PA; SP; QL
TYENNE SUBCUTANEOUS	Not covered	SP; QL
VELSIPITY	Not covered	SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL
Immunosuppressants		
JOENJA	Preferred brand specialty	PA; SP; QL
Vaccines		
ABRYSVO	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
MRESVIA	Preventive	PV1; QL
NOVAVAX COVID-19 VACCINE	Preventive	PV1; QL
PEDIARIX	Preventive	PV1; QL
PEDVAX HIB	Preventive	PV1; QL
PENBRAYA	Preventive	PV1; QL
PENTACEL	Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 5-11Y	Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y	Preventive	PV1; QL
PNEUMOVAX 23	Preventive	PV1; QL
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5ML	Preventive	PV1; QL
PREHEVBRIO	Preventive	PV1; QL
PREVNAR 20	Preventive	PV1; QL
PRIORIX	Preventive	PV1; QL
PROQUAD	Preventive	PV1; QL
QUADRACEL	Preventive	PV1; QL
RECOMBIVAX HB	Preventive	PV1; QL
ROTARIX	Preventive	PV1; QL
ROTATEQ	Preventive	PV1; QL
SHINGRIX	Preventive	PV1; QL
SPIKEVAX	Preventive	PV1; QL
TDVAX	Preventive	PV1; QL
TENIVAC	Preventive	PV1; QL
TRUMENBA	Preventive	PV1; QL
TWINRIX	Preventive	PV1; QL
VAQTA	Preventive	PV1; QL
VARIVAX	Preventive	PV1; QL
VAXELIS	Preventive	PV1; QL
VAXNEUVANCE	Preventive	PV1; QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	Generic	
DIPENTUM	Nonpreferred brand	
mesalamine er	Generic	
mesalamine oral capsule delayed release 400 mg	Generic	

Drug Name	Drug Tier	Notes
mesalamine oral tablet delayed release 1.2 gm	Generic	QL
mesalamine oral tablet delayed release 800 mg	Generic	
mesalamine rectal	Generic	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG	Preferred brand	
SFROWASA	Not covered	
Glucocorticoids		
ANALPRAM HC	Nonpreferred brand	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 %	Nonpreferred brand	
ANALPRAM-HC EXTERNAL LOTION	Nonpreferred brand	
ANUCORT-HC	Not covered	
ANUSOL-HC RECTAL	Not covered	
budesonide er	Generic	QL
budesonide oral	Generic	
budesonide rectal	Not covered	
CORTIFOAM	Nonpreferred brand	
EOHILIA	Nonpreferred specialty	PA; SP; QL
HEMMOREX-HC	Not covered	
hydrocortisone (perianal)	Generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Generic	
hydrocortisone acetate rectal	Generic	
hydrocortisone rectal	Generic	
hydrocort-pramoxine (perianal)	Generic	
lidocaine-hydrocort (perianal)	Generic	
LIDOCORT	Nonpreferred brand	
PROCTOCORT RECTAL	Not covered	
PROCTOFOAM HC	Preferred brand	
procto-med hc	Generic	
TARPEYO	Nonpreferred specialty	PA; SP; QL
Sulfonamides		
sulfasalazine oral	Generic	
Metabolic Bone Disease Agents		
alendronate sodium	Generic	QL
BINOSTO	Not covered	QL

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

Drug Name	Drug Tier	Notes
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
deferroxamine mesylate	Generic	
DOJOLVI	Preferred brand specialty	PA; SP
DUREX EXTRA SENSITIVE THIN	Preventive	PV1; QL
DUREX TROPICAL	Preventive	PV1; QL
EASIVENT	Nonpreferred brand	QL
ergoloid mesylates oral	Generic	
FC2 FEMALE CONDOM	Preventive	PV1; QL
FEMCAP	Nonpreferred brand	PV2; QL
FIRDAPSE	Preferred brand specialty	PA; SP; QL
FLEXICHAMBER	Nonpreferred brand	QL
GRASTEK	Not covered	QL
IWILFIN	Preferred brand specialty	PA; 15DS; SP; QL
KERENDIA	Preferred brand	PA; QL
l-glutamine oral packet	Generic	PA; QL
methylergonovine maleate oral	Generic	PA; QL
MICROCHAMBER DEVICE	Nonpreferred brand	QL
MONOJECT FLUSH SYRINGE	Nonpreferred brand	
MONOJECT SODIUM CHLORIDE FLUSH	Nonpreferred brand	
normal saline flush	Generic	

Drug Name	Drug Tier	Notes
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 brand specialty	PA; SP; QL
PHEXXI	Preventive	PV1; QL
POCKET SPACER	Nonpreferred brand	QL
PRO COMFORT SPACER ADULT	Nonpreferred brand	QL
PRO COMFORT SPACER CHILD	Nonpreferred brand	QL
PRO COMFORT SPACER INFANT	Nonpreferred brand	QL
PROCARE SPACER/ADULT MASK	Nonpreferred brand	QL
PROCARE SPACER/CHILD MASK	Nonpreferred brand	QL
PURE COMFORT SPACER CHAMBER	Nonpreferred brand	QL
RADIOGARDASE	Preferred brand	
RAGWITEK	Not covered	QL
saline flush	Generic	
sodium chloride flush solution 0.9 % intravenous	Generic	
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	Nonpreferred brand	

Drug Name	Drug Tier	Notes
SOHONOS	Preferred brand specialty	PA; SP; QL
sterile water for irrigation	Generic	
TAVNEOS	Nonpreferred specialty	PA; SP; QL
TIS-U-SOL	Not covered	
TRUE COVER	Preventive	PV1; QL
VEOZAH	Nonpreferred brand	PA; QL
V-GO 20	Preferred brand	QL
V-GO 30	Preferred brand	QL
V-GO 40	Preferred brand	QL
VISTOGARD	Preferred brand specialty	SP; QL
VORTEX VALVED HOLDING CHAMBER	Nonpreferred brand	QL
water for irrigation, sterile	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 brand specialty	PA; SP; QL
ZILBRYSQ	Nonpreferred specialty	PA; SP; QL
ZOKINVY	Preferred brand specialty	PA; SP; QL

Ophthalmic Agents

Aminoglycosides

gentamicin sulfate ophthalmic	Generic	
neomycin-polymyxin-gramicidin	Generic	
TOBRADEX	Nonpreferred brand	
TOBRADEX ST	Nonpreferred brand	
tobramycin ophthalmic	Generic	
tobramycin-dexamethasone	Generic	
TOBEX	Nonpreferred brand	

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

Drug Name	Drug Tier	Notes
OXERVATE	Preferred brand specialty	PA; SP; QL
RESTASIS MULTIDOSE	Not covered	
sulfacetamide-prednisolone	Generic	
tropicamide ophthalmic	Generic	
TYRVAYA	Not covered	QL
VERKAZIA	Not covered	QL
VEVYE	Not covered	QL
XIIDRA	Preferred brand	QL
ZYLET	Nonpreferred brand	
Ophthalmic Anti-allergy Agents		
ALOCRIAL	Nonpreferred brand	
ALOMIDE	Nonpreferred brand	
altafrin	Generic	
azelastine hcl ophthalmic	Generic	
bepotastine besilate	Generic	
cromolyn sodium ophthalmic	Generic	
CYCLOMYDRIL	Nonpreferred brand	
epinastine hcl	Generic	
olopatadine hcl ophthalmic solution 0.2 %	Generic	
phenylephrine hcl ophthalmic	Generic	
UPNEEQ	Not covered	QL
ZERVIATE	Not covered	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	Generic	
betaxolol hcl ophthalmic	Generic	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Not covered	
BETOPTIC-S	Nonpreferred brand	
brimonidine tartrate ophthalmic	Generic	
brimonidine tartrate-timolol	Generic	
brinzolamide	Generic	
carteolol hcl	Generic	
dorzolamide hcl ophthalmic	Generic	
dorzolamide hcl-timolol mal	Generic	
dorzolamide hcl-timolol mal pf	Generic	
IOPIDINE	Nonpreferred brand	

Drug Name	Drug Tier	Notes
levobunolol hcl	Generic	
PHOSPHOLINE IODIDE	Not covered	
pilocarpine hcl ophthalmic	Generic	
RHOPRESSA	Preferred brand	ST; QL
ROCKLATAN	Preferred brand	ST; QL
SIMBRINZA	Not covered	
timolol hemihydrate	Not covered	
timolol maleate (once-daily)	Not covered	
timolol maleate ocudose	Not covered	
timolol maleate ophthalmic gel forming solution	Generic	
timolol maleate ophthalmic solution	Generic	
timolol maleate pf	Not covered	
Ophthalmic Anti-inflammatories		
ACUVAIL	Not covered	
bromfenac sodium (once-daily)	Generic	
bromfenac sodium ophthalmic solution 0.07 %	Generic	
bromfenac sodium ophthalmic solution 0.075 %	Not covered	QL
CLOBETASOL PROPIONATE OPHTHALMIC	Not covered	
dexamethasone sodium phosphate ophthalmic	Generic	
diclofenac sodium ophthalmic	Generic	
difluprednate	Generic	
EYSUVIS	Not covered	QL
FLAREX	Not covered	
fluorometholone	Generic	
flurbiprofen sodium	Generic	
FML FORTE	Nonpreferred brand	
ILEVRO	Not covered	
INVELTYS	Not covered	QL
ketorolac tromethamine ophthalmic	Generic	
LOTEMAX OPHTHALMIC OINTMENT	Nonpreferred brand	
LOTEMAX SM	Not covered	QL
loteprednol etabonate	Generic	
MAXIDEX	Nonpreferred brand	
NEVANAC	Not covered	
PRED MILD	Nonpreferred brand	
prednisolone acetate ophthalmic	Generic	

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

Drug Name	Drug Tier	Notes
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	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	Generic	
cyproheptadine hcl oral	Generic	
diphenhydramine hcl oral elixir	Generic	
olopatadine hcl nasal	Not covered	QL
RYCLORA	Not covered	
ryvent	Not covered	
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	Preferred brand	QL
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Not covered	
AIRDUO RESPICLICK 113/14	Not covered	QL
AIRDUO RESPICLICK 232/14	Not covered	QL
AIRDUO RESPICLICK 55/14	Not covered	QL
ALVESCO	Not covered	QL
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT	Not covered	QL
ARNUITY ELLIPTA	Preferred brand	QL
ASMANEX (120 METERED DOSES)	Preferred brand	QL
ASMANEX (30 METERED DOSES)	Preferred brand	QL
ASMANEX (60 METERED DOSES)	Preferred brand	QL
ASMANEX HFA	Preferred brand	QL
BEVESPI AEROSPHERE	Not covered	QL
BREO ELLIPTA	Preferred brand	QL
breyana	Not covered	QL
budesonide inhalation	Generic	
budesonide-formoterol fumarate	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Not covered	QL

Drug Name	Drug Tier	Notes
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Not covered	
flunisolide nasal	Generic	QL
FLUTICASONE FUROATE-VILANTEROL	Not covered	ABA; QL
FLUTICASONE PROPIONATE DISKUS	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
FLUTICASONE PROPIONATE HFA	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
fluticasone propionate nasal	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL	Not covered	ABA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Nonpreferred brand	ABA; QL
OMNARIS	Not covered	QL
PULMICORT FLEXHALER	Preferred brand	QL
QNASL	Not covered	QL
QNASL CHILDRENS	Not covered	QL
QVAR REDHALER	Not covered	QL
SYMBICORT	Generic	QL
wixela inhub	Generic	QL
XHANCE	Not covered	QL
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT	Not covered	QL
Antileukotrienes		
montelukast sodium oral	Generic	QL
zafirlukast	Generic	QL
zileuton er	Generic	QL
ZYFLO	Not covered	QL
Bronchodilators, Anticholinergic		
ATROVENT HFA	Preferred brand	QL
INCRUSE ELLIPTA	Not covered	QL
ipratropium bromide inhalation	Generic	
ipratropium bromide nasal	Generic	QL
SPIRIVA RESPIMAT	Preferred brand	QL
tiotropium bromide monohydrate	Generic	QL

Drug Name	Drug Tier	Notes
TUDORZA PRESSAIR	Not covered	QL
YUPELRI	Preferred brand	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	Generic	QL
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	Not covered	ABA; QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Generic	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Generic	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	Nonpreferred brand	
albuterol sulfate oral	Generic	
arformoterol tartrate	Generic	QL
AUVI-Q	Not covered	QL
epinephrine injection solution auto-injector	Generic	QL
formoterol fumarate inhalation	Generic	QL
levalbuterol hcl inhalation	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	Generic	
VENTOLIN HFA	Not covered	QL
XOPENEX HFA	Nonpreferred brand	QL
Cystic Fibrosis Agents		
BRONCHITOL	Nonpreferred specialty	PA; SP; QL
BRONCHITOL TOLERANCE TEST	Nonpreferred specialty	PA; SP; QL
CAYSTON	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
KALYDECO	Preferred brand specialty	PA; SP; QL
ORKAMBI	Preferred brand specialty	PA; SP; QL
PULMOZYME	Preferred brand specialty	PA; SP
SYMDEKO	Preferred brand specialty	PA; SP; QL
TOBI PODHALER	Not covered	SP; QL
tobramycin inhalation	Generic specialty	SP; QL
TRIKAFTA	Preferred brand specialty	PA; SP; QL
Mast Cell Stabilizers		
cromolyn sodium inhalation	Generic	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	Generic	
OHTUVAYRE	Not covered	SP; QL
roflumilast	Generic	QL
THEO-24	Preferred brand	
theophylline er	Generic	
theophylline oral	Generic	
Pulmonary Antihypertensives		
ADEMPAS	Preferred brand specialty	PA; SP; QL
alyq	Generic specialty	PA; SP; QL
ambrisentan	Generic specialty	PA; SP; QL
bosentan	Generic specialty	PA; SP; QL
LIQREV ORAL SUSPENSION 10 MG/ML	Not covered	QL
OPSUMIT	Preferred brand specialty	PA; SP; QL
OPSYNVI	Nonpreferred specialty	PA; SP; QL
ORENITRAM	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 1	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 2	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 3	Nonpreferred specialty	PA; SP; QL
sildenafil citrate oral suspension reconstituted	Generic	PA; QL
sildenafil citrate oral tablet 20 mg	Generic	PA; QL

Drug Name	Drug Tier	Notes
tadalafil (pah)	Generic specialty	PA; SP; QL
TADLIQ	Nonpreferred specialty	PA; SP; QL
TRACLEER 32 MG	Nonpreferred specialty	PA; SP; QL
TYVASO	Preferred brand specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	Preferred brand specialty	PA; SP; QL
TYVASO DPI TITRATION KIT	Preferred brand specialty	PA; SP; QL
TYVASO REFILL KIT	Preferred brand specialty	PA; SP; QL
TYVASO STARTER KIT	Preferred brand specialty	PA; SP; QL
UPTRAVI ORAL	Nonpreferred specialty	PA; SP; QL
UPTRAVI TITRATION	Nonpreferred specialty	PA; SP; QL
VENTAVIS	Nonpreferred specialty	PA; SP; QL
WINREVAIR	Nonpreferred specialty	PA; SP; QL
Pulmonary Fibrosis Agents		
OFEV	Preferred brand specialty	PA; SP; QL
pirfenidone	Generic specialty	PA; SP; QL
Respiratory Tract Agents, Other		
acetylcysteine inhalation	Generic	
AIRSUPRA	Preferred brand	QL
ANORO ELLIPTA	Preferred brand	QL
azelastine-fluticasone	Not covered	QL
BREZTRI AEROSPHERE	Preferred brand	QL
COMBIVENT RESPIMAT	Preferred brand	QL
DUAKLIR PRESSAIR	Not covered	QL
FASENRA PEN	Preferred brand specialty	PA; SP; QL
HYPERSAL	Nonpreferred brand	
ipratropium-albuterol	Generic	
mometasone furoate nasal	Generic	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Nonpreferred brand	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	Not covered	

Drug Name	Drug Tier	Notes
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL
ORALAIR	Not covered	QL
potassium iodide oral solution 1 gm/ml	Generic	
PULMOSAL	Nonpreferred brand	
RYALTRIS	Not covered	QL
sodium chloride inhalation	Generic	
SSKI	Nonpreferred brand	
STIOLTO RESPIMAT	Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
TRELEGY ELLIPTA	Preferred brand	QL
Skeletal Muscle Relaxants		
BACLOFEN ORAL SOLUTION 5 MG/5ML	Not covered	ABA; QL
baclofen oral suspension	Not covered	QL
baclofen oral tablet	Generic	
BACLOFEN SOLUTION 10 MG/5ML ORAL	Not covered	QL
BACLOFEN SOLUTION 10 MG/5ML ORAL	Not covered	ABA; QL
carisoprodol oral	Not covered	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Not covered	
chlorzoxazone oral tablet 500 mg	Generic	
cyclobenzaprine hcl er	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Generic	
cyclobenzaprine hcl oral tablet 7.5 mg	Not covered	
dantrolene sodium oral	Generic	
LYVISPAH	Not covered	QL
metaxalone	Generic	
methocarbamol oral tablet 1000 mg	Not covered	
methocarbamol oral tablet 500 mg, 750 mg	Generic	
NORGESIC	Not covered	QL
NORGESIC FORTE	Not covered	
orphenadrine citrate er	Generic	
orphenadrine-aspirin-caffeine	Generic	PA; QL
ORPHENGESIC FORTE	Not covered	

Drug Name	Drug Tier	Notes
OZOBAX DS	Not covered	QL
OZOBAX ORAL SOLUTION 5 MG/5ML	Not covered	QL
tizanidine hcl oral	Generic	
Sleep Disorder Agents		
GABA Receptor Modulators		
EDLUAR	Not covered	QL
eszopiclone	Generic	QL
flurazepam hcl	Generic	QL
temazepam	Generic	QL
triazolam	Generic	QL
zaleplon	Generic	QL
zolpidem tartrate er	Generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	Not covered	QL
zolpidem tartrate oral tablet	Generic	QL
zolpidem tartrate sublingual	Not covered	QL
Sleep Disorders, Other		
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	Generic	QL
tasimelteon	Generic specialty	PA; SP; QL
Wakefulness Promoting Agents		
armodafinil	Generic	QL
LUMRYZ	Nonpreferred specialty	PA; SP; QL
LUMRYZ STARTER PACK	Nonpreferred specialty	PA; SP; QL
modafinil oral	Generic	QL
SODIUM OXYBATE	Nonpreferred specialty	PA; ABA; SP; QL
SUNOSI	Nonpreferred brand	PA; QL
WAKIX	Nonpreferred specialty	PA; SP; QL
XYREM	Nonpreferred specialty	PA; SP; QL
XYWAV	Not covered	SP; QL

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We Speak Your Language

ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 877-469-2583 TTY: 711 or speak to your provider.

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

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

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

අවධානය: ඔබ ඉංග්‍රීසි භාෂාවේ දී සිටිනවා නම්, නිවැරදි ආධාරක සේවාවන් සහ තොරතුරු සැපයීම සඳහා නිවැරදි ආධාරක සේවාවන් නොමිලේ ලබාදීමට සූදානම්ව ඇවිත් සිටිමු. ආවේණික ආධාරක සේවාවන් සහ තොරතුරු සැපයීම සඳහා නිවැරදි ආධාරක සේවාවන් නොමිලේ ලබාදීමට සූදානම්ව ඇවිත් සිටිමු. 877-469-2583 TTY: 711 හිටිනවා නම්, ඔබගේ සේවාවේ සපයුම්කරු සමඟ කතා කරන්න.

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

VËMENDJE: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. 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。

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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.

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<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

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