Blue Cross Blue Shield Blue Care Network of Michigan

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Your 2023 Blue Cross Blue Shield of Michigan Custom Select Drug List

PPO

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If you have questions, 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. 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 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 drugs (Drugs that aren't covered)

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 altogether from coverage under this drug list and are not 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 will not 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 phone 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 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 alternativeswith similar effectiveness, quality and safety, but at a fraction of the cost. Nonformulary drugs arenot covered.		
Covered $0	**No out-of-pocket cost** This tier includes select productsthat 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 are not met, the drug is not covered.		
Generic	**Generic – Lowest out-of-pocket cost** This tier includes generic drugs. Members pay the lowest copay forgenerics, making them the most cost-effective option for treatment.		
Preferred brand	**Preferred brand – Higher out-of-pocket cost** This tier includes preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.	**Preferred brand – Higher out-of-pocket cost** This tier includes nonspecialty, preferred brand-name drugs. These drugs are more expensive than generics, and members pay more for them.	
Nonpreferred brand	**Nonpreferred brand – Highest out-of-pocket cost** This tier includes brand-name drugs for 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 – Highestout-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	**Generic – Lowest out-of-pocket cost** This tier includes 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.	**Specialty** This tier includes specialty drugs, both generic and brand name, that are used to treat difficult health conditions.	**Preferred specialty – Lower out-of-pocket cost** This tier includes generic and brand-name specialty drugs that are used totreat difficult health conditions. These drugs are generally morecost-effective than nonpreferredspecialty drugs.
Preferred brand specialty	**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.		
Nonpreferred specialty	**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.		**Nonpreferred specialty – Higher out-of-pocket cost** This tier includes nonpreferred brand-name, specialty drugs that are used to treat difficult health conditions. Members pay more for nonpreferred specialty drugs because there are more cost-effective generic or preferred drugs available.

Drug list information

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

AL	**Age limit** – Age restrictions apply.
ABA	**Authorized brand alternative** – Approved brand medication marketed by either the brand company or another company without the brand name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but are not true generic drugs. The respective brand out-of-pocket 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 are not met, the drug is not covered.
PV2	**Preventive 2** – Covered with no out-of-pocket cost when health care reform requirements are met. When health care reform requirements are not met, coverage and applicable out-of-pocket costs apply, based on the members' benefit design.
PV3	**Preventive 3** – Covered with no out-of-pocket cost when health care reform requirements are met. When health care reform requirements are not met, coverage and applicable out-of-pocket costs apply, based on the members' 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
    - AllianceRx Walgreens Pharmacy**
    - Website: **alliancerxwp.com***
    - Telephone: 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.
  - Home delivery
    - Optum Home Delivery***
    - Telephone: 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.

** AllianceRx Walgreens Pharmacy® is an independent company that provides specialty pharmacy benefit management services for Blue Cross Blue Shield of Michigan and Blue Care Network.

*** Optum Rx® is an independent company providing home delivery pharmacy and other pharmacy benefit administration services for 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 Blue Shield of Michigan 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, please see the **Quantity Limit Program**, and refer to the column labeled *Blue Cross Blue Shield of Michigan 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**.
- **Write 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
- **Write:**
  Pharmacy Services — Mail Code 512C
  Blue Cross Blue Shield of Michigan
  600 E. Lafayette Blvd.
  Detroit, MI 48226-2998

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

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

Send us your feedback:

Please send your comments and suggestions about this list to:

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

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Drug Name	Brand Reference	Drug Tier	Notes
Analgesics			
LOTREXONE		Not covered	
NALTREX		Not covered	
Nonsteroidal Anti-inflammatory Drugs			
adult aspirin regimen	Aspir-Low	Preventive	PV1
aspirin 81 oral tablet delayed release	Aspir-Low	Preventive	PV1
aspirin adult low dose	Aspir-Low	Preventive	PV1
aspirin adult low strength	Aspir-Low	Preventive	PV1
aspirin childrens	Bayer Low Dose	Preventive	PV1
aspirin ec low dose	Aspir-Low	Preventive	PV1
aspirin ec low strength	Aspir-Low	Preventive	PV1
aspirin low dose	Aspir-Low	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Aspir-Low	Preventive	PV1
aspirin regimen	Aspir-Low	Preventive	PV1
celecoxib oral	CeleBREX	Generic	
DICLOFENAC CAP ORAL CAPSULE 35 MG		Not covered	QL
DICLOFENAC PATCH 1.3%		Not covered	ABA; QL
diclofenac potassium oral capsule	Zipsor	Not covered	QL
diclofenac potassium oral tablet 25 mg	Lofena	Not covered	
diclofenac potassium oral tablet 50 mg		Generic	
diclofenac sodium er		Generic	
diclofenac sodium external gel 1 %	Aspercreme Arthritis Pain	Generic	QL
diclofenac sodium external solution 1.5 %		Not covered	
diclofenac sodium external solution 2 %	Pennsaid	Not covered	QL
diclofenac sodium oral		Generic	
diclofenac-misoprostol	Arthrotec	Generic	
diflunisal oral		Generic	
ec-naproxen	EC-Naprosyn	Generic	
ELYXYB		Not covered	
etodolac	Lodine	Generic	
etodolac er		Generic	
fenoprofen calcium oral capsule	Fenortho	Not covered	QL
fenoprofen calcium oral tablet	Nalfon	Generic	PA; QL
fenortho oral capsule 200 mg		Not covered	QL
FLECTOR		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
flurbiprofen oral		Generic	
goodsense aspirin low dose	Aspir-Low	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Childrens Advil	Generic	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	IBUPROFEN	Generic	
ibuprofen-famotidine	Duexis	Not covered	QL
INDOCIN ORAL		Not covered	
INDOCIN RECTAL		Nonpreferred brand	QL
indomethacin er		Generic	
INDOMETHACIN ORAL CAPSULE 20 MG		Not covered	QL
indomethacin oral capsule 25 mg, 50 mg		Generic	
INDOMETHACIN RECTAL		Nonpreferred brand	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		Generic	
KETOROLAC TROMETHAMINE NASAL		Not covered	ABA; QL
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 tablet		Generic	
MELOXICAM SUSPENSION 7.5 MG/5ML ORAL		Not covered	
MELOXICAM SUSPENSION 7.5 MG/5ML ORAL		Not covered	ABA
mm aspirin	Aspir-Low	Preventive	PV1
nabumetone oral		Generic	
naproxen oral suspension	Naprosyn	Generic	
naproxen oral tablet	Naprosyn	Generic	
naproxen oral tablet delayed release	EC-Naprosyn	Generic	
naproxen sodium er	Naprelan	Not covered	
naproxen sodium oral tablet 275 mg		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
naproxen sodium oral tablet 550 mg	Anaprox DS	Generic	
naproxen-esomeprazole mg	Vimovo	Not covered	QL
oxaprozin	Daypro	Generic	
piroxicam oral	Feldene	Generic	
RELAFEN DS		Not covered	
salsalate oral		Generic	
SPRIX		Not covered	QL
sulindac oral		Generic	
TIVORBEX ORAL CAPSULE 20 MG		Not covered	QL
ZORVOLEX		Not covered	QL
Opioid Analgesics, Long-acting			
BELBUCA		Not covered	QL
buprenorphine	Butrans	Generic	QL
CONZIP		Not covered	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr		Generic	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr		Not covered	QL
hydrocodone bitartrate er oral capsule extended release 12 hour		Generic	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent	Hysingla ER	Not covered	QL
hydromorphone hcl er		Not covered	QL
levorphanol tartrate oral		Generic	PA; QL
methadone hcl intensol	Methadone HCl Intensol	Generic	
methadone hcl oral	Methadone HCl Intensol	Generic	
methadose oral tablet soluble	Methadose	Generic	
morphine sulfate er beads		Not covered	QL
morphine sulfate er oral capsule extended release 24 hour		Not covered	QL
morphine sulfate er oral tablet extended release	MS Contin	Generic	QL
NUCYNTA ER		Nonpreferred brand	PA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG ORAL		Not covered	ABA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 20 MG ORAL		Not covered	ABA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 40 MG ORAL		Not covered	ABA; QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL		Not covered	QL
OXYCODONE HCL ER TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL		Not covered	ABA; QL
OXYCONTIN		Not covered	QL
oxymorphone hcl er		Generic	PA; QL
QDOLO		Not covered	QL
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR		Not covered	ABA
tramadol hcl (er biphasic) oral tablet extended release 24 hour		Generic	
tramadol hcl er		Generic	
TRAMADOL HCL SOLUTION 5 MG/ML ORAL		Not covered	QL
TRAMADOL HCL SOLUTION 5 MG/ML ORAL		Not covered	ABA; QL
XTAMPZA ER		Preferred brand	PA; QL
Opioid Analgesics, Short-acting			
acetaminophen-codeine		Generic	
acetaminophen-codeine #2		Generic	
acetaminophen-codeine #3		Generic	
acetaminophen-codeine #4		Generic	
ALLZITAL		Not covered	
APADAZ		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
apap-caff-dihydrocodeine oral capsule	Trezix	Generic	
apap-caff-dihydrocodeine oral tablet 325-30-16 mg		Not covered	
ascomp-codeine	Ascomp-Codeine	Generic	
bac	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 25-325 mg	Allzital	Not covered	
butalbital-acetaminophen oral tablet 50-300 mg	Bupap	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Tencon	Generic	
butalbital-apap-caff-cod	Fioricet/Codeine	Generic	
butalbital-apap-caffeine	Bac	Generic	
butalbital-asa-caff-codeine	Ascomp-Codeine	Generic	
butalbital-aspirin-caffeine		Generic	
butorphanol tartrate nasal		Generic	
carisoprodol-aspirin-codeine oral tablet 200-325-16 mg		Not covered	
codeine sulfate		Generic	
endocet	Endocet	Generic	
fentanyl citrate buccal lozenge on a handle	Actiq	Generic	PA; QL
FENTANYL CITRATE BUCCAL TABLET		Not covered	ABA; QL
FENTORA		Not covered	QL
hydrocodone-acetaminophen	Xodol	Generic	
hydrocodone-ibuprofen		Generic	
hydromorphone hcl oral	Dilaudid	Generic	
hydromorphone hcl rectal		Generic	
LAZANDA NASAL SOLUTION 100 MCG/ACT, 400 MCG/ACT		Not covered	QL
LORTAB		Not covered	
meperidine hcl oral		Not covered	
morphine sulfate (concentrate)		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
morphine sulfate oral		Generic	
morphine sulfate rectal		Generic	
nalbuphine hcl injection		Generic	
NALOCET		Not covered	
NUCYNTA		Nonpreferred brand	PA; QL
OXAYDO		Not covered	QL
oxycodone hcl oral capsule		Generic	QL
oxycodone hcl oral concentrate 100 mg/5ml		Generic	QL
oxycodone hcl oral solution		Generic	QL
oxycodone hcl oral tablet		Generic	QL
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION		Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG		Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Endocet	Generic	
oxymorphone hcl		Generic	QL
pentazocine-naloxone hcl		Generic	
PROLATE		Not covered	
ROXYBOND		Not covered	
SEGLENTIS		Not covered	
SUBSYS		Not covered	QL
TENCON		Not covered	
tramadol hcl oral tablet		Generic	
tramadol-acetaminophen		Generic	
VTOL LQ ORAL SOLUTION 50-325-40 MG/15ML		Not covered	
Anesthetics			
Local Anesthetics			
glydo	Glydo	Generic	
lidocaine external ointment 5 %		Not covered	
lidocaine external patch 5 %	Lidoderm	Not covered	
lidocaine hcl external solution		Generic	
lidocaine hcl mouth/throat		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
lidocaine hcl urethral/mucosal external gel		Not covered	
lidocaine hcl urethral/mucosal external prefilled syringe	Glydo	Generic	
lidocaine viscous hcl		Generic	
lidocaine-prilocaine external cream		Generic	
LIDOCAINE-TETRACAINE EXTERNAL CREAM 7-7 %		Not covered	ABA
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	Suboxone	Generic	QL
LUCEMYRA		Preferred brand	QL
ZUBSOLV		Preferred brand	QL
Opioid Reversal Agents			
KLOXXADO		Preferred brand	QL
naloxone hcl injection		Generic	
naloxone hcl nasal	Narcan	Generic	QL
ZIMHI		Preferred brand	
Smoking Cessation Agents			
APO-VARENICLINE		Preferred brand	PV2; QL; AL (Min 18 Years)
bupropion hcl er (smoking det)		Generic	PV2; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	KLS Quit4	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mini	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	KLS Quit2	Preventive	PV1; QL; AL (Min 18 Years)

Drug Name	Brand Reference	Drug Tier	Notes
nicotine step 1	Habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 2	Nicoderm CQ	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 3	Nicoderm CQ	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal kit		Preventive	PV1; QL; AL (Min 18 Years)
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)
Antibacterials			
Aminoglycosides			
ARIKAYCE		Preferred brand specialty	PA; SP; QL
gentamicin sulfate external		Generic	
neomycin sulfate oral		Generic	
paromomycin sulfate oral	Humatin	Generic	
Antibacterials, Other			
AEMCOLO		Not covered	QL
ALTABAX		Not covered	
CLEOCIN VAGINAL SUPPOSITORY		Nonpreferred brand	
clindamycin hcl oral	Cleocin	Generic	
clindamycin palmitate hcl	Cleocin	Generic	
clindamycin phosphate vaginal	Cleocin	Generic	
CLINDESSE		Nonpreferred brand	
FIRVANQ		Nonpreferred brand	QL
fosfomycin tromethamine	Monurol	Generic	
linezolid oral	Zyvox	Generic	
mafenide acetate external	Sulfamylon	Not covered	
methenamine hippurate	Hiprex	Generic	
metronidazole oral	Flagyl	Generic	
metronidazole vaginal	Vandazole	Generic	
mupirocin calcium		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
mupirocin external	Centany	Generic	
NEO-SYNALAR EXTERNAL CREAM		Not covered	
nitrofurantoin		Generic	
nitrofurantoin macrocrystal	Macrodantin	Generic	
nitrofurantoin monohydrate macrocrystals	Macrobid	Generic	
NUVESSA		Not covered	
silver sulfadiazine external	SSD	Generic	
SIVEXTRO ORAL		Preferred brand	QL
SOLOSEC		Not covered	QL
ssd	SSD	Generic	
SULFAMYLON EXTERNAL CREAM		Nonpreferred brand	
tinidazole oral		Generic	QL
trimethoprim oral		Generic	
vancomycin hcl oral capsule	Vancocin	Generic	
vancomycin hcl oral solution reconstituted	Firvanq	Generic	QL
VANDAZOLE		Nonpreferred brand	
XACIATO		Not covered	
XENLETA ORAL		Nonpreferred brand	QL
XEPI		Not covered	QL
XIFAXAN ORAL TABLET 200 MG		Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG		Nonpreferred brand	PA; QL
Beta-lactam, Cephalosporins			
cefaclor		Generic	
cefaclor er		Generic	
cefadroxil		Generic	
cefdinir		Generic	
cefixime	Suprax	Generic	
cefpodoxime proxetil		Generic	
cefprozil		Generic	
cefuroxime axetil		Generic	
cephalexin		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
SUPRAX ORAL SUSPENSION RECONSTITUTED 500 MG/5ML		Nonpreferred brand	
SUPRAX ORAL TABLET CHEWABLE		Nonpreferred brand	
Beta-lactam, Penicillins			
amoxicillin		Generic	
amoxicillin-potassium clavulanate	Augmentin	Generic	
amoxicillin-potassium clavulanate er		Generic	
ampicillin		Generic	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/ML		Preferred brand	
dicloxacillin sodium		Generic	
penicillin v potassium		Generic	
Macrolides			
azithromycin oral	Zithromax	Generic	
clarithromycin er		Generic	
clarithromycin oral		Generic	
DIFICID		Nonpreferred brand	QL
E.E.S. 400		Not covered	
ERYTHROCIN STEARATE		Preferred brand	
erythromycin base oral	Ery-Tab	Generic	
erythromycin ethylsuccinate oral	E.E.S. 400	Generic	
erythromycin oral	Ery-Tab	Generic	
Quinolones			
BAXDELA ORAL		Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED		Nonpreferred brand	
ciprofloxacin hcl oral	Cipro	Generic	
levofloxacin oral	Levaquin	Generic	
moxifloxacin hcl oral		Generic	
ofloxacin oral		Generic	
Sulfonamides			
sulfadiazine oral		Generic	
sulfamethoxazole-trimethoprim oral	Bactrim	Generic	
sulfatrim pediatric	Sulfatrim Pediatric	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Tetracyclines			
avidoxy		Generic	
coremino	CoreMino	Not covered	
demeclocycline hcl		Generic	
DORYX MPC		Not covered	
DORYX ORAL TABLET DELAYED RELEASE 80 MG		Not covered	
doxycycline hyclate oral capsule	Vibramycin	Generic	
doxycycline hyclate oral tablet 100 mg		Generic	
doxycycline hyclate oral tablet 150 mg		Not covered	QL
doxycycline hyclate oral tablet 20 mg		Generic	
doxycycline hyclate oral tablet 50 mg	TargaDOX	Not covered	
doxycycline hyclate oral tablet 75 mg		Not covered	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 75 mg		Not covered	
doxycycline hyclate oral tablet delayed release 200 mg, 50 mg	Doryx	Not covered	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG		Not covered	ABA
doxycycline monohydrate oral capsule 100 mg	Mondoxyne NL	Generic	
doxycycline monohydrate oral capsule 150 mg		Not covered	
doxycycline monohydrate oral capsule 50 mg, 75 mg		Generic	
doxycycline monohydrate oral suspension reconstituted	Vibramycin	Generic	
doxycycline monohydrate oral tablet		Generic	
LYMEPAK		Not covered	
MINOCYCLINE HCL ER (BIPHASIC)		Not covered	ABA
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR		Not covered	
minocycline hcl er oral tablet extended release 24 hour	CoreMino	Not covered	
minocycline hcl oral	Minocin	Generic	
MINOLIRA		Not covered	
mondoxyne nl	Mondoxyne NL	Generic	
NUZYRA ORAL		Nonpreferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
SEYSARA		Not covered	
tetracycline hcl oral		Generic	
XIMINO		Not covered	
Anticonvulsants			
Anticonvulsants, Other			
BRIVIACT ORAL		Nonpreferred brand	PA; QL
ELEPSIA XR		Not covered	QL
EPIDIOLEX		Nonpreferred specialty	PA; SP; QL
FINTEPLA		Nonpreferred specialty	PA; SP; QL
levetiracetam er	Keppra XR	Generic	
levetiracetam oral	Keppra	Generic	
roweepra	Roweepra	Generic	
SPRITAM		Not covered	QL
Calcium Channel Modifying Agents			
CELONTIN		Nonpreferred brand	
ethosuximide oral	Zarontin	Generic	
ZONISADE		Nonpreferred brand	PA; QL
zonisamide oral	Zonegran	Generic	
Gamma-aminobutyric Acid (GABA) Augmenting Agents			
clobazam	Onfi	Generic	QL
DIACOMIT		Nonpreferred specialty	PA; SP; QL
diazepam rectal	Diastat AcuDial	Generic	
gabapentin oral capsule	Neurontin	Generic	
gabapentin oral solution	Neurontin	Generic	
gabapentin oral tablet 600 mg, 800 mg	Neurontin	Generic	
GABITRIL		Nonpreferred brand	
NAYZILAM		Preferred brand	QL
phenobarbital oral		Generic	
primidone oral	Mysoline	Generic	
SYMPAZAN		Not covered	QL
tiagabine hcl	Gabitril	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
valproic acid oral		Generic	
VALTOCO		Preferred brand	QL
vigabatrin	Sabril	Generic specialty	PA; SP; QL
vigadrone	Vigadrone	Not covered	SP; QL
XCOPRI		Nonpreferred brand	PA; QL
ZTALMY		Preferred brand specialty	PA; SP; QL
Glutamate Reducing Agents			
EPRONTIA		Nonpreferred brand	PA; QL
felbamate	Felbatol	Generic	
FYCOMPA		Nonpreferred brand	QL
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 42 X 50 MG & 14X100 MG		Nonpreferred brand	
LAMICTAL XR ORAL KIT		Nonpreferred brand	
lamotrigine er	LaMICtal XR	Generic	
lamotrigine oral kit 25 & 50 & 100 mg	LaMICtal ODT	Generic	
lamotrigine oral tablet	Subvenite	Generic	
lamotrigine oral tablet chewable	LaMICtal	Generic	
lamotrigine oral tablet dispersible	LaMICtal ODT	Generic	
lamotrigine starter kit-blue	Subvenite Starter Kit-Blue	Generic	
lamotrigine starter kit-green	Subvenite Starter Kit-Green	Generic	
lamotrigine starter kit-orange	Subvenite Starter Kit-Orange	Generic	
subvenite	Subvenite	Generic	
subvenite starter kit-blue	Subvenite Starter Kit-Blue	Generic	
subvenite starter kit-green	Subvenite Starter Kit-Green	Generic	
subvenite starter kit-orange	Subvenite Starter Kit-Orange	Generic	
topiramate er	Qudexy XR	Not covered	QL
topiramate oral	Topamax	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG		Not covered	QL
Sodium Channel Agents			
APTIOM		Not covered	QL
carbamazepine er	Carbatrol	Generic	
carbamazepine oral	Epitol	Generic	
DILANTIN ORAL CAPSULE 30 MG		Preferred brand	
epitol	Epitol	Generic	
lacosamide oral solution	Vimpat	Generic	
lacosamide oral tablet	Vimpat	Generic	PA; QL
oxcarbazepine oral suspension	Trileptal	Generic	
oxcarbazepine oral tablet	Trileptal	Generic	
OXTELLAR XR		Not covered	QL
PHENYTEK		Preferred brand	
phenytoin infatabs	Phenytoin Infatabs	Generic	
phenytoin oral suspension 125 mg/5ml	Dilantin	Generic	
phenytoin oral tablet chewable	Phenytoin Infatabs	Generic	
phenytoin sodium extended	Dilantin	Generic	
rufinamide oral suspension	Banzel	Generic	
rufinamide oral tablet	Banzel	Generic	PA; QL
Antidementia Agents			
Antidementia Agents, Other			
NAMZARIC		Not covered	QL
Cholinesterase Inhibitors			
ADLARITY		Nonpreferred brand	PA; QL
donepezil hcl oral tablet 10 mg, 5 mg	Aricept	Generic	
donepezil hcl oral tablet 23 mg	Aricept	Not covered	QL
donepezil hcl oral tablet dispersible		Generic	
galantamine hydrobromide		Generic	
galantamine hydrobromide er	Razadyne ER	Generic	
rivastigmine	Exelon	Generic	
rivastigmine tartrate		Generic	
N-methyl-D-aspartate (NMDA) Receptor Antagonist			
memantine hcl er	Namenda XR	Generic	QL
memantine hcl oral solution		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
memantine hcl oral tablet 10 mg, 5 mg	Namenda	Generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Namenda Titration Pak	Generic	QL
Antidepressants			
Antidepressants, Other			
APLENZIN		Not covered	
AUVELITY		Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Wellbutrin SR	Generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Wellbutrin XL	Generic	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG		Not covered	ABA; QL
bupropion hcl oral		Generic	
chlordiazepoxide-amitriptyline		Generic	
FORFIVO XL		Not covered	QL
LYBALVI		Nonpreferred brand	ST; QL
mirtazapine oral	Remeron	Generic	
olanzapine-fluoxetine hcl	Symbyax	Generic	
perphenazine-amitriptyline		Generic	
Monoamine Oxidase Inhibitors			
EMSAM		Nonpreferred brand	PA; QL
MARPLAN		Nonpreferred brand	
phenelzine sulfate oral	Nardil	Generic	
tranylcypromine sulfate	Parnate	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	CeleXA	Generic	
DESVENLAFAXINE ER		Not covered	QL
desvenlafaxine succinate er	Pristiq	Generic	QL
DRIZALMA SPRINKLE		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Cymbalta	Generic	
duloxetine hcl oral capsule delayed release particles 40 mg		Not covered	
escitalopram oxalate oral	Lexapro	Generic	
FETZIMA		Not covered	QL
FETZIMA TITRATION		Not covered	QL
fluoxetine hcl (pmdd)		Generic	
fluoxetine hcl oral capsule	PROzac	Generic	
fluoxetine hcl oral capsule delayed release		Generic	
fluoxetine hcl oral solution		Generic	
fluoxetine hcl oral tablet 10 mg, 20 mg		Generic	
fluoxetine hcl oral tablet 60 mg		Generic	
fluvoxamine maleate		Generic	
fluvoxamine maleate er		Generic	
nefazodone hcl		Generic	
paroxetine hcl er	Paxil CR	Generic	
paroxetine hcl oral suspension	Paxil	Generic	
paroxetine hcl oral tablet	Paxil	Generic	
paroxetine mesylate		Not covered	QL
PEXEVA		Nonpreferred brand	ST; QL
SERTRALINE HCL ORAL CAPSULE		Not covered	QL
sertraline hcl oral concentrate	Zoloft	Generic	
sertraline hcl oral tablet	Zoloft	Generic	
trazodone hcl oral		Generic	
TRINTELLIX		Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER		Not covered	QL
venlafaxine hcl		Generic	
venlafaxine hcl er oral capsule extended release 24 hour	Effexor XR	Generic	
venlafaxine hcl er oral tablet extended release 24 hour		Not covered	
VIIBRYD STARTER PACK		Nonpreferred brand	ST; QL
vilazodone hcl	Viibryd	Generic	ST; QL

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

Drug Name	Brand Reference	Drug Tier	Notes
granisetron hcl oral		Generic	QL
ondansetron hcl oral solution		Generic	
ondansetron hcl oral tablet		Generic	QL
ondansetron odt		Generic	QL
SANCUSO		Nonpreferred brand	PA; QL
SYNDROS		Not covered	
VARUBI (180 MG DOSE)		Nonpreferred brand	PA; QL
ZUPLENZ ORAL FILM 4 MG		Not covered	
Antifungals			
BREXAFEMME		Not covered	QL
ciclodan	Ciclodan	Generic	
ciclopirox external	Ciclodan	Generic	
ciclopirox olamine external	Loprox	Generic	
clotrimazole external	Desenex	Generic	
clotrimazole mouth/throat		Generic	
clotrimazole-betamethasone		Generic	
CRESEMBA ORAL		Preferred brand	QL
econazole nitrate external		Generic	
ECOZA		Not covered	QL
ERTACZO		Not covered	
EXELDERM		Nonpreferred brand	
fluconazole oral	Diflucan	Generic	
flucytosine oral	Ancobon	Generic	
griseofulvin microsize oral		Generic	
griseofulvin ultramicrosize		Generic	
GYNAZOLE-1		Nonpreferred brand	
itraconazole oral	Sporanox	Generic	
JUBLIA		Not covered	QL
ketoconazole external	Ketodan	Generic	
ketoconazole oral		Generic	
ketodan external foam	Ketodan	Generic	
LULICONAZOLE		Nonpreferred brand	PA; QL
LUZU		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
MENTAX		Preferred brand	
miconazole 3		Generic	
MICONAZOLE-ZINC OXIDE-PETROLAT		Not covered	ABA; QL
naftifine hcl		Generic	PA; QL
NAFTIN		Not covered	QL
NOXAFIL ORAL PACKET		Nonpreferred brand	QL
NOXAFIL ORAL SUSPENSION		Preferred brand	
nyamyc	Nyamyc	Generic	
nystatin external	Nyamyc	Generic	
nystatin mouth/throat		Generic	
nystatin oral		Generic	
nystatin-triamcinolone		Generic	
nystop	Nyamyc	Generic	
ORAVIG		Not covered	QL
oxiconazole nitrate	Oxistat	Generic	PA; QL
OXISTAT EXTERNAL LOTION		Not covered	QL
posaconazole	Noxafil	Generic	QL
SULCONAZOLE NITRATE		Nonpreferred brand	
tavaborole	Kerydin	Not covered	QL
terbinafine hcl oral		Generic	
terconazole		Generic	
TOLSURA		Not covered	
VIVJOA		Not covered	QL
voriconazole oral	Vfend	Generic	
VUSION		Not covered	QL
XOLEGEL EXTERNAL GEL 2 %		Not covered	QL
Antigout Agents			
allopurinol oral tablet 100 mg, 300 mg	Zyloprim	Generic	
ALLOPURINOL ORAL TABLET 200 MG		Not covered	ABA
COLCHICINE ORAL CAPSULE		Not covered	
colchicine oral tablet	Colcrys	Generic	
colchicine-probenecid		Generic	
febuxostat	Uloric	Generic	ST; QL
MITIGARE		Not covered	
probenecid		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Antimigraine Agents			
diclofenac potassium(migraine) packet 50 mg oral	Cambia	Not covered	QL
diclofenac potassium(migraine) packet 50 mg oral	Cambia	Not covered	QL
Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist			
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML		Preferred brand	PA; QL
AJOVY		Preferred brand	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML		Nonpreferred brand	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML		Preferred brand	PA; QL
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML		Nonpreferred brand	PA; QL
NURTEC		Preferred brand	PA; QL
QULIPTA		Preferred brand	PA; QL
UBRELVY		Preferred brand	PA; QL
Ergot Alkaloids			
dihydroergotamine mesylate injection		Generic	QL
dihydroergotamine mesylate nasal	Migranal	Not covered	QL
ERGOMAR		Not covered	QL
ergotamine-caffeine	Cafergot	Generic	QL
MIGERGOT		Not covered	QL
TRUDHESA		Not covered	QL
Serotonin (5-HT) Receptor Agonists			
almotriptan malate		Generic	ST; QL
eletriptan hydrobromide	Relpax	Generic	ST; QL
frovatriptan succinate	Frova	Generic	ST; QL
naratriptan hcl		Generic	QL
ONZETRA XSAIL		Not covered	QL
REYVOW		Nonpreferred brand	PA; QL
rizatriptan benzoate	Maxalt	Generic	QL
sumatriptan nasal	Imitrex	Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
sumatriptan succinate oral	Imitrex	Generic	QL
sumatriptan succinate refill subcutaneous solution cartridge	Imitrex STATdose Refill	Generic	QL
sumatriptan succinate subcutaneous	Imitrex STATdose System	Generic	QL
sumatriptan-naproxen sodium	Treximet	Not covered	QL
TOSYMRA		Not covered	QL
ZEMBRACE SYMTOUCH		Not covered	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG		Nonpreferred brand	ST; ABA; QL
zolmitriptan nasal solution 5 mg	Zomig	Generic	ST; QL
zolmitriptan oral	Zomig	Generic	QL
ZOMIG NASAL SOLUTION 2.5 MG		Nonpreferred brand	ST; QL
Antimyasthenic Agents			
Parasympathomimetics			
pyridostigmine bromide er	Mestinon	Generic	
pyridostigmine bromide oral solution	Mestinon	Generic	
pyridostigmine bromide oral tablet 30 mg		Not covered	
pyridostigmine bromide oral tablet 60 mg	Mestinon	Generic	
Antimycobacterials			
Antimycobacterials, Other			
dapsone oral		Generic	
rifabutin	Mycobutin	Generic	
Antituberculars			
cycloserine oral		Generic	
ethambutol hcl oral	Myambutol	Generic	
isoniazid oral		Generic	
PASER ORAL PACKET 4 GM		Nonpreferred brand	
PRETOMANID		Preferred brand	QL
PRIFTIN		Nonpreferred brand	
pyrazinamide oral		Generic	
rifampin oral		Generic	
SIRTURO		Preferred brand	PA; QL
TRECATOR		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
Antineoplastics			
Alkylating Agents			
cyclophosphamide oral capsule		Generic	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG		Nonpreferred brand	ABA
CYCLOPHOSPHAMIDE ORAL TABLET 50 MG		Nonpreferred brand	
GLEOSTINE		Preferred brand	
LEUKERAN		Preferred brand	
MATULANE		Preferred brand specialty	SP
melphalan	Alkeran	Generic	
MYLERAN		Preferred brand	
temozolomide		Generic specialty	SP
VALCHLOR		Nonpreferred specialty	PA; SP; QL
Antiandrogens			
abiraterone acetate oral tablet 250 mg	Zytiga	Generic specialty	SP; QL
abiraterone acetate oral tablet 500 mg	Zytiga	Not covered	SP; QL
bicalutamide	Casodex	Generic	
ERLEADA		Preferred brand specialty	PA; SP; QL
EULEXIN		Nonpreferred brand	
flutamide oral capsule 125 mg	Eulexin	Generic	
nilutamide	Nilandron	Generic	PA; QL
NUBEQA		Preferred brand specialty	PA; 15DS; SP; QL
ORGOVYX		Nonpreferred specialty	PA; SP; QL
XTANDI		Preferred brand specialty	PA; 15DS; SP; QL
YONSA		Not covered	SP; QL
Antiangiogenic Agents			
lenalidomide	Revlimid	Generic specialty	SP; QL
POMALYST		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
REVLIMID		Nonpreferred specialty	SP; QL
THALOMID		Preferred brand specialty	SP
Antiestrogens/Modifiers			
EMCYT		Preferred brand	
fulvestrant	Faslodex	Generic	
SOLTAMOX		Nonpreferred brand	
tamoxifen citrate oral		Generic	PV3; QL
toremifene citrate	Fareston	Generic	
Antimetabolites			
capecitabine	Xeloda	Generic specialty	SP
DROXIA		Preferred brand	
hydroxyurea oral	Hydrea	Generic	
mercaptopurine oral		Generic	
PURIXAN		Nonpreferred specialty	SP
SIKLOS		Nonpreferred brand	PA
TABLOID		Nonpreferred brand	
XELODA		Nonpreferred specialty	SP
Antineoplastics, Other			
BESREMI		Preferred brand specialty	PA; 15DS; SP; QL
CARAC		Not covered	QL
COPIKTRA		Preferred brand specialty	PA; SP; QL
diclofenac sodium external gel 3 %		Generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %		Not covered	ABA; QL
fluorouracil external cream 5 %	Efudex	Generic	
fluorouracil external solution		Generic	
INREBIC		Nonpreferred specialty	PA; 15DS; SP; QL
KISQALI ORAL TABLET THERAPY PACK 200 MG		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
KLISYRI		Nonpreferred brand	PA; QL
KRAZATI		Preferred brand specialty	PA; 15DS; SP; QL
leucovorin calcium oral		Generic	
LONSURF		Preferred brand specialty	PA; SP; QL
LUMAKRAS		Preferred brand specialty	PA; 15DS; SP; QL
NINLARO		Preferred brand specialty	PA; SP; QL
ONUREG		Preferred brand specialty	PA; SP; QL
PIQRAY		Preferred brand specialty	PA; SP; QL
ROZLYTREK		Preferred brand specialty	PA; 15DS; SP; QL
SYNRIBO		Preferred brand specialty	PA; SP; QL
TAZVERIK		Preferred brand specialty	PA; 15DS; SP; 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; 15DS; SP; QL
XPOVIO (40 MG ONCE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (40 MG TWICE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (60 MG ONCE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (60 MG TWICE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (80 MG ONCE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL
XPOVIO (80 MG TWICE WEEKLY)		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ZOLINZA		Preferred brand specialty	PA; 15DS; SP
Aromatase Inhibitors, 3rd Generation			
anastrozole oral	Arimidex	Generic	PV3; QL
ARIMIDEX		Nonpreferred brand	QL
exemestane	Aromasin	Generic	PV3; QL
letrozole oral	Femara	Generic	
Enzyme Inhibitors			
BALVERSA		Preferred brand specialty	PA; 15DS; SP; QL
etoposide oral		Generic	
HYCAMTIN ORAL		Preferred brand specialty	SP
LYTGOBI (12 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
LYTGOBI (16 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
LYTGOBI (20 MG DAILY DOSE)		Preferred brand specialty	PA; 15DS; SP; QL
PEMAZYRE		Preferred brand specialty	PA; SP; QL
RUBRACA		Preferred brand specialty	PA; 15DS; SP; QL
TALZENNA		Preferred brand specialty	PA; 15DS; SP; QL
ZEJULA		Preferred brand specialty	PA; 15DS; 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		Preferred brand specialty	PA; 15DS; SP; QL
BRAFTOVI		Preferred brand specialty	PA; SP; QL
BRUKINSA		Preferred brand specialty	PA; 15DS; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
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
DAURISMO		Preferred brand specialty	PA; 15DS; SP; QL
ERIVEDGE		Preferred brand specialty	PA; 15DS; SP; QL
erlotinib hcl	Tarceva	Generic specialty	PA; 15DS; SP
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Afinitor	Generic specialty	PA; 15DS; SP; QL
everolimus oral tablet soluble	Afinitor Disperz	Generic specialty	PA; 15DS; SP; QL
EXKIVITY		Preferred brand specialty	PA; 15DS; SP; QL
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG		Preferred brand specialty	PA; SP; QL
FOTIVDA		Preferred brand specialty	PA; SP; QL
GAVRETO		Preferred brand specialty	PA; 15DS; 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	Gleevec	Generic specialty	SP
IMBRUVICA ORAL CAPSULE		Preferred brand specialty	PA; 15DS; SP; QL
IMBRUVICA ORAL SUSPENSION		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
IMBRUVICA ORAL TABLET 140 MG		Not covered	SP; QL
IMBRUVICA ORAL TABLET 280 MG, 420 MG, 560 MG		Preferred brand specialty	PA; SP; QL
INLYTA		Preferred brand specialty	PA; 15DS; SP; QL
INQOVI		Preferred brand specialty	PA; SP; QL
IRESSA		Preferred brand specialty	PA; SP; QL
JAKAFI		Preferred brand specialty	PA; 15DS; SP; QL
KISQALI FEMARA		Preferred brand specialty	PA; SP; QL
KOSELUGO		Preferred brand specialty	PA; SP; QL
lapatinib ditosylate	Tykerb	Generic specialty	PA; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG		Preferred brand specialty	PA; 15DS; SP; QL
LORBRENA		Preferred brand specialty	PA; 15DS; SP; QL
LYNPARZA		Preferred brand specialty	PA;SP; QL
MEKINIST		Preferred brand specialty	PA; SP; QL
MEKTOVI		Preferred brand specialty	PA; SP; QL
NERLYNX		Preferred brand specialty	PA; 15DS; SP; QL
ODOMZO		Preferred brand specialty	PA; 15DS; SP; QL
QINLOCK		Preferred brand specialty	PA; SP; QL
RETEVMO		Preferred brand specialty	PA; 15DS; SP; QL
REZLIDHIA		Preferred brand specialty	PA; 15DS; SP; QL
RYDAPT		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
SCEMBLIX		Preferred brand specialty	PA; SP; QL
sorafenib tosylate	NexAVAR	Generic specialty	PA; 15DS; SP; QL
SPRYCEL		Preferred brand specialty	PA; 15DS; SP
STIVARGA		Preferred brand specialty	PA; SP; QL
sunitinib malate	Sutent	Generic specialty	PA; 15DS; SP; QL
TABRECTA		Preferred brand specialty	PA; 15DS; SP; QL
TAFINLAR		Preferred brand specialty	PA; SP; QL
TAGRISSO		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
TUKYSA		Preferred brand specialty	PA; SP; QL
TURALIO		Preferred brand specialty	PA; SP; QL
VENCLEXTA		Preferred brand specialty	PA; SP; QL
VENCLEXTA STARTING PACK		Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG		Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG		Not covered	SP; QL
VITRAKVI ORAL CAPSULE		Preferred brand specialty	PA; 15DS; SP; QL
VITRAKVI ORAL SOLUTION		Preferred brand specialty	PA; SP; QL
VIZIMPRO		Preferred brand specialty	PA; 15DS; SP; QL
VOTRIENT		Preferred brand specialty	PA; 15DS; SP

Drug Name	Brand Reference	Drug Tier	Notes
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
Monoclonal Antibody/Antibody-Drug Conjugate			
VEGZELMA		Not covered	
Retinoids			
bexarotene external	Targretin	Generic specialty	PA; SP
bexarotene oral	Targretin	Generic specialty	PA; 15DS; SP
PANRETIN		Preferred brand	
tretinoin oral		Generic	
Treatment Adjuncts			
MESNEX ORAL		Preferred brand	
Antiparasitics			
Anthelmintics			
albendazole oral		Generic	QL
EMVERM		Not covered	QL
ivermectin external lotion		Generic	QL
ivermectin oral	Stromectol	Generic	QL
praziquantel oral	Biltricide	Generic	
Antiprotozoals			
ALINIA ORAL SUSPENSION RECONSTITUTED		Preferred brand	
ARAKODA		Nonpreferred brand	QL
atovaquone	Mepron	Generic	
atovaquone-proguanil hcl	Malarone	Generic	
BENZNIDAZOLE		Preferred brand	QL
chloroquine phosphate oral		Generic	
COARTEM		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
hydroxychloroquine sulfate oral	Plaquenil	Generic	
IMPAVIDO		Preferred brand	QL
KRINTAFEL		Preferred brand	QL
LAMPIT		Nonpreferred brand	QL
mefloquine hcl		Generic	
nitazoxanide oral	Alinia	Generic	
pentamidine isethionate inhalation	Nebupent	Generic	
PLAQUENIL		Nonpreferred brand	
primaquine phosphate		Generic	
pyrimethamine oral	Daraprim	Generic specialty	PA; SP
quinine sulfate oral	Qualaquin	Generic	
Pediculicides/Scabicides			
CROTAN		Nonpreferred brand	
lindane		Generic	
malathion	Ovide	Generic	
permethrin external		Generic	
spinosad	Natroba	Generic	
Antiparkinson Agents			
Anticholinergics			
benztropine mesylate oral		Generic	
trihexyphenidyl hcl		Generic	
Antiparkinson Agents, Other			
amantadine hcl oral		Generic	
carbidopa-levodopa-entacapone	Stalevo	Generic	
entacapone	Comtan	Generic	
GOCOVRI		Not covered	QL
NOURIANZ		Nonpreferred brand	PA; QL
ONGENTYS		Nonpreferred brand	PA; QL
OSMOLEX ER		Not covered	
tolcapone	Tasmar	Generic	
Dopamine Agonists			
apomorphine hcl subcutaneous	Apokyn	Not covered	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
bromocriptine mesylate oral	Parlodel	Generic	
INBRIJA		Nonpreferred brand	PA; QL
KYNMOBI		Preferred brand	PA; QL
NEUPRO		Not covered	QL
pramipexole dihydrochloride		Generic	
pramipexole dihydrochloride er	Mirapex ER	Not covered	QL
ropinirole hcl		Generic	
ropinirole hcl er		Generic	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors			
carbidopa oral	Lodosyn	Generic	
carbidopa-levodopa er		Generic	
carbidopa-levodopa oral tablet	Sinemet	Generic	
carbidopa-levodopa oral tablet dispersible		Generic	
DHIVY		Not covered	QL
DUOPA		Preferred brand specialty	PA; SP; QL
RYTARY		Not covered	QL
SINEMET		Nonpreferred brand	
Monoamine Oxidase B (MAO-B) Inhibitors			
rasagiline mesylate oral	Azilect	Generic	
selegiline hcl oral		Generic	
XADAGO		Nonpreferred brand	QL
ZELAPAR		Not covered	QL
Antipsychotics			
1st Generation/Typical			
chlorpromazine hcl oral tablet		Generic	
fluphenazine decanoate injection		Generic	
fluphenazine hcl oral		Generic	
haloperidol decanoate intramuscular	Haldol Decanoate	Generic	
haloperidol lactate oral		Generic	
haloperidol oral		Generic	
loxapine succinate		Generic	
molindone hcl		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
pimozide		Generic	
thioridazine hcl oral		Generic	
thiothixene		Generic	
trifluoperazine hcl		Generic	
2nd Generation/Atypical			
ABILIFY MAINTENA		Preferred brand	
ABILIFY MYCITE MAINTENANCE KIT		Not covered	
ABILIFY MYCITE ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG		Not covered	
ABILIFY MYCITE STARTER KIT		Not covered	
aripiprazole	Abilify	Generic	
ARISTADA		Preferred brand	QL
ARISTADA INITIO		Preferred brand	
asenapine maleate	Saphris	Generic	QL
CAPLYTA		Nonpreferred brand	ST; QL
FANAPT		Nonpreferred brand	ST
FANAPT TITRATION PACK		Nonpreferred brand	ST
INVEGA SUSTENNA		Preferred brand	
INVEGA TRINZA		Preferred brand	QL
LATUDA		Not covered	
lurasidone hcl	Latuda	Generic	ST
NUPLAZID		Nonpreferred brand	PA; QL
olanzapine oral	ZyPREXA	Generic	
paliperidone er	Invega	Generic	QL
PERSERIS		Preferred brand	QL
quetiapine fumarate	SEROquel	Generic	
quetiapine fumarate er	SEROquel XR	Generic	QL
REXULTI		Not covered	QL
RISPERDAL CONSTA		Preferred brand	
risperidone	RisperDAL	Generic	
SECUADO		Nonpreferred brand	ST; QL
VRAYLAR		Nonpreferred brand	ST; QL

Drug Name	Brand Reference	Drug Tier	Notes
ziprasidone hcl	Geodon	Generic	
ZYPREXA RELPREVV		Preferred brand	
Treatment-Resistant			
clozapine oral tablet	Clozaril	Generic	
clozapine oral tablet dispersible		Generic	
VERSACLOZ		Not covered	
Antivirals			
LAGEVRIO		Covered $0	QL; AL (Min 18 Years)
PAXLOVID (150/100)		Covered $0	QL; AL (Min 12 Years)
PAXLOVID (300/100)		Covered $0	QL; AL (Min 12 Years)
Anti-cytomegalovirus (CMV) Agents			
LIVTENCITY		Preferred brand specialty	PA; SP; QL
PREVYMIS ORAL		Nonpreferred brand	QL
valganciclovir hcl	Valcyte	Generic	
Anti-hepatitis B (HBV) Agents			
adefovir dipivoxil		Generic specialty	SP
BARACLUDE ORAL SOLUTION		Preferred brand specialty	SP
entecavir	Baraclude	Generic specialty	SP
EPIVIR HBV ORAL SOLUTION		Preferred brand	
lamivudine oral tablet 100 mg	Epivir HBV	Generic	
VEMLIDY		Preferred brand specialty	SP; QL
Anti-hepatitis C (HCV) Agents, Other			
INTRON A INJECTION SOLUTION RECONSTITUTED 10000000 UNIT, 18000000 UNIT, 50000000 UNIT		Preferred brand specialty	SP
Anti-hepatitis C (HCV) Agents			
EPCLUSA		Preferred brand specialty	PA; SP; QL
HARVONI ORAL PACKET		Nonpreferred specialty	PA; SP; QL
HARVONI ORAL TABLET		Not covered	SP; QL
LEDIPASVIR-SOFOSBUVIR		Not covered	ABA; SP; QL
MAVYRET		Nonpreferred specialty	PA; SP; QL

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

Drug Name	Brand Reference	Drug Tier	Notes
DELSTRIGO		Preferred brand	QL
EDURANT		Preferred brand	QL
efavirenz	Sustiva	Generic	
efavirenz-emtricitab-tenofo df	Atripla	Generic	
efavirenz-lamivudine-tenofovir	Symfi	Generic	QL
etravirine	Intelence	Generic	
INTELENCE ORAL TABLET 25 MG		Preferred brand	
nevirapine		Generic	
nevirapine er		Generic	
PIFELTRO		Preferred brand	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)			
abacavir sulfate	Ziagen	Generic	
abacavir sulfate-lamivudine	Epzicom	Generic	
CIMDUO		Preferred brand	QL
DESCOVY		Preferred brand	PA; QL
emtricitabine	Emtriva	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Truvada	Generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Truvada	Generic	PV2; QL
EMTRIVA ORAL SOLUTION		Preferred brand	
lamivudine oral solution	Epivir	Generic	
lamivudine oral tablet 150 mg, 300 mg	Epivir	Generic	
lamivudine-zidovudine	Combivir	Generic	
ODEFSEY		Preferred brand	QL
stavudine		Not covered	
tenofovir disoproxil fumarate	Viread	Generic	
TRIUMEQ		Preferred brand	QL
TRIUMEQ PD		Preferred brand	QL
TRIZIVIR		Not covered	
VIREAD ORAL POWDER		Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG		Preferred brand	
zidovudine	Retrovir	Generic	
Anti-HIV Agents, Other			
FUZEON		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
maraviroc	Selzentry	Generic	
RUKOBIA		Preferred brand	QL
SELZENTRY ORAL SOLUTION		Preferred brand	
SELZENTRY ORAL TABLET 25 MG, 75 MG		Preferred brand	
SUNLENCA ORAL		Preferred brand specialty	SP; QL
Anti-HIV Agents, Protease Inhibitors			
APTIVUS		Preferred brand	
atazanavir sulfate	Reyataz	Generic	
EVOTAZ		Preferred brand	QL
fosamprenavir calcium	Lexiva	Generic	
LEXIVA ORAL SUSPENSION		Preferred brand	
lopinavir-ritonavir	Kaletra	Generic	
NORVIR ORAL PACKET		Preferred brand	
NORVIR ORAL SOLUTION 80 MG/ML		Preferred brand	
PREZCOBIX		Preferred brand	QL
PREZISTA		Preferred brand	
REYATAZ ORAL PACKET		Preferred brand	
ritonavir	Norvir	Generic	
SYMTUZA		Preferred brand	QL
VIRACEPT		Not covered	
Anti-influenza Agents			
oseltamivir phosphate oral	Tamiflu	Generic	QL
RELENZA DISKHALER		Preferred brand	QL
rimantadine hcl		Generic	
TAMIFLU		Preferred brand	QL
XOFLUZA (40 MG DOSE)		Preferred brand	QL
XOFLUZA (80 MG DOSE)		Preferred brand	QL
Anxiolytics			
Anxiolytics, Other			
buspirone hcl oral		Generic	
hydroxyzine hcl oral		Generic	
hydroxyzine pamoate oral	Vistaril	Generic	
meprobamate		Generic	
Benzodiazepines			
alprazolam er	Xanax XR	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
alprazolam intensol		Generic	
alprazolam oral	Xanax	Generic	
alprazolam xr	Xanax XR	Generic	
chlordiazepoxide hcl		Generic	
clonazepam oral	KlonoPIN	Generic	
clorazepate dipotassium		Generic	
diazepam intensol	diazePAM Intensol	Generic	
diazepam oral	diazePAM Intensol	Generic	
estazolam		Generic	QL
lorazepam intensol	LORazepam Intensol	Generic	
lorazepam oral concentrate 2 mg/ml	LORazepam Intensol	Generic	
lorazepam oral tablet	Ativan	Generic	
LOREEV XR		Not covered	QL
midazolam hcl oral		Generic	
oxazepam		Generic	
quazepam	Doral	Not covered	QL
Bipolar Agents			
Mood Stabilizers			
DEPAKOTE		Nonpreferred brand	
divalproex sodium er	Depakote ER	Generic	
divalproex sodium oral	Depakote	Generic	
EQUETRO		Nonpreferred brand	
lithium carbonate er	Lithobid	Generic	
lithium carbonate oral		Generic	
Blood Glucose Monitoring			
ACCU-CHEK AVIVA PLUS TEST STRIPS		Preferred brand	QL
ACCU-CHEK FASTCLIX LANCETS		Preferred brand	QL
ACCU-CHEK GUIDE TEST STRIPS		Preferred brand	QL
ACCU-CHEK SAFE-T PRO LANCETS		Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS		Preferred brand	QL
ACCU-CHEK SOFTCLIX LANCETS		Preferred brand	QL
AGAMATRIX PRESTO TEST		Preferred brand	QL
ASSURE PLATINUM		Preferred brand	QL
BLOOD GLUCOSE TEST		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
BLULINK GLUCOSE TEST		Preferred brand	QL
CARETOUCH TEST		Preferred brand	QL
CARETOUCH TWIST MC LANCETS 30G		Preferred brand	QL
CEQUR SIMPLICITY 2U KIT		Preferred brand	QL
CEQUR SIMPLICITY INSERTER		Preferred brand	QL
COMFORT TOUCH PLUS LANCETS 28G		Preferred brand	QL
CONTOUR MONITOR DEVICE		Covered $0	QL
CONTOUR NEXT EZ KIT W/DEVICE		Covered $0	QL
CONTOUR NEXT GEN MONITOR		Preferred brand	QL
CONTOUR NEXT MONITOR KIT W/DEVICE		Covered $0	QL
CONTOUR NEXT ONE KIT		Covered $0	QL
CONTOUR NEXT TEST STRIPS		Preferred brand	QL
CONTOUR TEST STRIPS		Preferred brand	QL
DEXCOM G6 RECEIVER		Covered $0	PA; QL
DEXCOM G6 SENSOR		Preferred brand	PA; QL
DEXCOM G6 TRANSMITTER		Covered $0	PA; QL
DEXCOM G7 RECEIVER		Covered $0	PA; QL
DEXCOM G7 SENSOR		Preferred brand	PA; QL
DIATHRIVE BLOOD GLUCOSE TEST		Preferred brand	QL
DIATHRIVE GLUCOSE TEST		Preferred brand	QL
DIATHRIVE+ GLUCOSE TEST		Preferred brand	QL
EASY 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 PRESSURE ACTIVATED 21G		Preferred brand	QL
EMBRACE PRESSURE ACTIVATED 28G		Preferred brand	QL
EMBRACE TALK GLUCOSE TEST		Preferred brand	QL
FORA 6 CONNECT		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

Drug Name	Brand Reference	Drug Tier	Notes
FREESTYLE LIBRE 14 DAY SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE 2 READER		Preferred brand	PA; QL
FREESTYLE LIBRE 2 SENSOR		Preferred brand	PA; QL
FREESTYLE LIBRE 3 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
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
MICRODOT TEST		Preferred brand	QL
ONE DROP TEST		Preferred brand	QL
ONETOUCH CLUB LANCETS FINE PT		Preferred brand	QL
ONETOUCH DELICA LANCETS 30G		Preferred brand	QL
ONETOUCH DELICA LANCETS 33G		Preferred brand	QL
ONETOUCH DELICA PLUS LANCET30G		Preferred brand	QL
ONETOUCH DELICA PLUS LANCET33G		Preferred brand	QL
ONETOUCH FINEPOINT LANCETS		Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS		Preferred brand	QL
ONETOUCH ULTRA 2 KIT W/DEVICE		Covered $0	QL
ONETOUCH ULTRASOFT LANCETS		Preferred brand	QL
ONETOUCH VERIO FLEX SYSTEM		Covered $0	QL
ONETOUCH VERIO TEST STRIPS		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
ONETOUCH VERIO REFLECT KIT W/DEVICE		Covered $0	QL
PRECISION XTRA BLOOD GLUCOSE		Preferred brand	QL
RELION PREMIER TEST		Preferred brand	QL
SAPS HEALTH PLUS LANCETS		Preferred brand	QL
TRUE COMFORT SAFETY LANCETS		Preferred brand	QL
TRUE METRIX BLOOD GLUCOSE TEST		Preferred brand	QL
TRUETRACK TEST		Preferred brand	QL
VIVAGUARD INO TEST STRIPS		Preferred brand	QL
Blood Glucose Regulators			
Antidiabetic Agents			
acarbose oral		Generic	
ADLYXIN		Not covered	QL
ADLYXIN STARTER PACK SUBCUTANEOUS PEN-INJECTOR KIT 10 & 20 MCG/0.2ML		Not covered	QL
ALOGLIPTIN BENZOATE		Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL		Not covered	QL
ALOGLIPTIN-PIOGLITAZONE		Not covered	ABA; QL
BYDUREON BCISE AUTOINJECTOR		Not covered	QL
BYETTA 10 MCG PEN		Not covered	QL
BYETTA 5 MCG PEN		Not covered	QL
CYCLOSET		Nonpreferred brand	PA; QL
FARXIGA		Preferred brand	QL
glimepiride	Amaryl	Generic	
glipizide er	Glucotrol XL	Generic	
glipizide ir		Generic	
glipizide xl	Glucotrol XL	Generic	
glipizide-metformin hcl		Generic	
glyburide micronized	Glynase	Generic	
glyburide oral		Generic	
glyburide-metformin		Generic	
GLYXAMBI		Preferred brand	QL
INVOKAMET		Not covered	QL
INVOKAMET XR		Not covered	QL
INVOKANA		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
JANUMET		Preferred brand	QL
JANUMET XR		Preferred brand	QL
JANUVIA		Preferred brand	QL
JARDIANCE		Preferred brand	QL
JENTADUETO		Preferred brand	QL
JENTADUETO XR		Preferred brand	QL
KAZANO		Not covered	QL
KOMBIGLYZE XR		Not covered	
metformin hcl er		Generic	
metformin hcl er (mod)	Glumetza	Not covered	
metformin hcl er (osm)		Not covered	
metformin hcl oral solution	Riomet	Not covered	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg		Generic	
metformin hcl oral tablet 625 mg		Not covered	
miglitol		Generic	
MOUNJARO		Preferred brand	ST; QL
nateglinide		Generic	
NESINA		Not covered	QL
ONGLYZA		Not covered	QL
OSENI		Not covered	QL
OZEMPIC		Preferred brand	ST; QL
pioglitazone hcl	Actos	Generic	
pioglitazone hcl-glimepiride	Duetact	Generic	
pioglitazone hcl-metformin hcl	Actoplus Met	Generic	
QTERN		Not covered	QL
repaglinide		Generic	
RYBELSUS		Preferred brand	ST; QL
SEGLUROMET		Not covered	QL
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

Drug Name	Brand Reference	Drug Tier	Notes
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
Glycemic Agents			
BAQSIMI ONE PACK		Preferred brand	QL
BAQSIMI TWO PACK		Preferred brand	QL
diazoxide oral	Proglycem	Generic	
GLUCAGEN HYPOKIT		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		Nonpreferred brand	
FIASP		Preferred brand	
FIASP FLEXTOUCH		Preferred brand	
FIASP PENFILL		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	

Drug Name	Brand Reference	Drug Tier	Notes
HUMULIN 70/30 VIAL		Not covered	
HUMULIN N KWIKPEN		Not covered	
HUMULIN N VIAL		Not covered	
HUMULIN R U-500 KWIKPEN		Preferred brand	
HUMULIN R U-500 VIAL		Preferred brand	
HUMULIN R VIAL		Not covered	
INSULIN ASP PROT & ASP FLEXPEN		Not covered	ABA
INSULIN ASPART		Not covered	ABA
INSULIN ASPART FLEXPEN		Not covered	ABA
INSULIN ASPART PENFILL		Not covered	ABA
INSULIN ASPART PROT & ASPART		Not covered	ABA
INSULIN DEGLUDEC		Not covered	ABA
INSULIN DEGLUDEC FLEXTOUCH		Not covered	ABA
INSULIN GLARGINE		Not covered	ABA
INSULIN GLARGINE SOLOSTAR		Not covered	ABA
INSULIN GLARGINE-YFGN		Not covered	ABA
INSULIN LISPRO		Not covered	ABA
INSULIN LISPRO (1 UNIT DIAL)		Not covered	ABA
INSULIN LISPRO JUNIOR KWIKPEN		Nonpreferred brand	ABA
INSULIN LISPRO PROT & LISPRO		Not covered	ABA
LANTUS SOLOSTAR		Preferred brand	
LANTUS U-100 VIAL		Preferred brand	
LEVEMIR FLEXPEN		Preferred brand	
LEVEMIR U-100 FLEXTOUCH		Preferred brand	
LEVEMIR U-100 VIAL		Preferred brand	
LYUMJEV KWIKPEN		Not covered	
LYUMJEV VIAL		Not covered	
NOVOLIN 70/30 FLEXPEN		Preferred brand	
NOVOLIN 70/30 RELION		Not covered	
NOVOLIN 70/30 VIAL		Preferred brand	
NOVOLIN N FLEXPEN		Preferred brand	
NOVOLIN N RELION		Not covered	
NOVOLIN N VIAL		Preferred brand	
NOVOLIN R FLEXPEN		Preferred brand	
NOVOLIN R RELION		Not covered	
NOVOLIN R VIAL		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
NOVOLOG 70/30 FLEXPEN RELION		Not covered	
NOVOLOG FLEXPEN		Preferred brand	
NOVOLOG FLEXPEN RELION		Not covered	
NOVOLOG MIX 70/30 FLEXPEN		Preferred brand	
NOVOLOG MIX 70/30 RELION		Not covered	
NOVOLOG MIX 70/30 VIAL		Preferred brand	
NOVOLOG PENFILL		Preferred brand	
NOVOLOG RELION		Not covered	
NOVOLOG U-100 VIAL		Preferred brand	
SEMGLEE		Not covered	
SEMGLEE (YFGN)		Not covered	
SEMGLEE SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML		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
Anticoagulants			
dabigatran etexilate mesylate	Pradaxa	Generic	QL
ELIQUIS		Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK		Preferred brand	QL
enoxaparin sodium	Lovenox	Generic	
fondaparinux sodium	Arixtra	Generic	
FRAGMIN		Nonpreferred brand	
heparin sodium (porcine)		Generic	
heparin sodium (porcine) pf		Generic	
jantoven	Jantoven	Generic	
PRADAXA ORAL CAPSULE		Preferred brand	QL
PRADAXA ORAL PACKET		Nonpreferred brand	QL
SAVAYSA		Nonpreferred brand	QL
warfarin sodium oral	Jantoven	Generic	
XARELTO		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
XARELTO STARTER PACK		Preferred brand	QL
ZONTIVITY		Nonpreferred brand	QL
Blood Formation Modifiers			
anagrelide hcl	Agrylin	Generic	
ARANESP (ALBUMIN FREE)		Not covered	SP
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
LEUKINE		Nonpreferred specialty	SP
MIRCERA		Not covered	SP; QL
MULPLETA		Not covered	SP; QL
NEULASTA		Preferred brand specialty	SP; QL
NEUPOGEN		Not covered	SP
NIVESTYM		Preferred brand specialty	SP; QL
NYVEPRIA		Nonpreferred specialty	ST; SP; QL
OXBRYTA		Nonpreferred specialty	PA; 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

Drug Name	Brand Reference	Drug Tier	Notes
UDENYCA		Nonpreferred specialty	ST; SP; QL
ZARXIO		Preferred brand specialty	SP
ZIEXTENZO		Preferred brand specialty	SP; QL
Hemostasis Agents			
ADVATE		Preferred brand	
ADYNOVATE		Preferred brand	
AFSTYLA		Preferred brand	
ALPHANATE		Preferred brand	
ALPHANINE SD		Preferred brand	
ALPROLIX		Preferred brand	
aminocaproic acid oral	Amicar	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	

Drug Name	Brand Reference	Drug Tier	Notes
SEVENFACT		Preferred brand	
TAVALISSE		Nonpreferred specialty	PA; SP; QL
tranexamic acid oral		Generic	QL
TRETTEN		Preferred brand	
VONVENDI		Preferred brand	
WILATE		Preferred brand	
XYNTHA		Preferred brand	
XYNTHA SOLOFUSE		Preferred brand	
Platelet Modifying Agents			
aspirin-dipyridamole er		Generic	
ASPIRIN-OMEPRAZOLE ORAL TABLET DELAYED RELEASE 81-40 MG		Not covered	
BRILINTA		Preferred brand	QL
CABLIVI		Preferred brand specialty	PA; SP; QL
cilostazol		Generic	
clopidogrel bisulfate oral	Plavix	Generic	
dipyridamole oral		Generic	
DURLAZA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 162.5 MG		Not covered	QL
prasugrel hcl	Effient	Generic	QL
YOSPRALA		Not covered	
Cardiovascular Agents			
Alpha-adrenergic Agonists			
clonidine	Catapres-TTS-1	Generic	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR		Not covered	ABA
clonidine hcl oral		Generic	
guanfacine hcl		Generic	
METHYLDOPA TABLET 250 MG ORAL		Nonpreferred brand	
methyldopa tablet 250 mg oral		Generic	
METHYLDOPA TABLET 500 MG ORAL		Nonpreferred brand	
methyldopa tablet 500 mg oral		Generic	
midodrine hcl		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
NEXICLON XR		Not covered	
Alpha-adrenergic Blocking Agents			
CARDURA		Nonpreferred brand	
doxazosin mesylate oral	Cardura	Generic	
phenoxybenzamine hcl oral	Dibenzyline	Generic	PA; QL
prazosin hcl oral	Minipress	Generic	
Angiotensin II Receptor Antagonists			
candesartan cilexetil	Atacand	Generic	
EDARBI		Nonpreferred brand	ST; QL
irbesartan	Avapro	Generic	
losartan potassium oral	Cozaar	Generic	
olmesartan medoxomil oral	Benicar	Generic	
telmisartan	Micardis	Generic	
VALSARTAN ORAL SOLUTION		Not covered	
valsartan oral tablet	Diovan	Generic	
Angiotensin-converting Enzyme (ACE) Inhibitors			
benazepril hcl oral	Lotensin	Generic	
captopril oral		Generic	
enalapril maleate oral solution	Epaned	Not covered	
enalapril maleate oral tablet	Vasotec	Generic	
fosinopril sodium		Generic	
lisinopril oral	Zestril	Generic	
moexipril hcl		Generic	
perindopril erbumine		Generic	
QBRELIS		Not covered	QL
quinapril hcl	Accupril	Generic	
ramipril	Altace	Generic	
trandolapril		Generic	
Antiarrhythmics			
amiodarone hcl oral	Pacerone	Generic	
disopyramide phosphate	Norpace	Generic	
dofetilide	Tikosyn	Generic	
flecainide acetate		Generic	
mexiletine hcl oral		Generic	
MULTAQ		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
NORPACE CR		Preferred brand	
propafenone hcl		Generic	
propafenone hcl er	Rythmol SR	Generic	
quinidine gluconate er		Generic	
quinidine sulfate		Generic	
sorine	Sorine	Generic	
sotalol hcl (af)	Betapace AF	Generic	
sotalol hcl oral	Sorine	Generic	
SOTYLIZE		Not covered	
Beta-adrenergic Blocking Agents			
acebutolol hcl oral		Generic	
atenolol oral	Tenormin	Generic	
betaxolol hcl oral		Generic	
bisoprolol fumarate oral		Generic	
carvedilol	Coreg	Generic	
carvedilol phosphate er	Coreg CR	Not covered	QL
HEMANGEOL		Not covered	QL
INDERAL XL		Not covered	
INNOPRAN XL		Not covered	
KAPSPARGO SPRINKLE		Not covered	
labetalol hcl oral		Generic	
metoprolol succinate er	Toprol XL	Generic	
metoprolol tartrate oral	Lopressor	Generic	
nadolol oral	Corgard	Generic	
nebivolol hcl	Bystolic	Generic	QL
pindolol		Generic	
propranolol hcl er	Inderal LA	Generic	
propranolol hcl oral		Generic	
timolol maleate oral		Generic	
Calcium Channel Blocking Agents			
amlodipine besylate oral	Norvasc	Generic	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG		Nonpreferred brand	
cartia xt	Cartia XT	Generic	
CONJUPRI		Not covered	
diltiazem hcl er		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
diltiazem hcl er beads	Taztia XT	Generic	
diltiazem hcl er coated beads	Cardizem CD	Generic	
diltiazem hcl oral	Cardizem	Generic	
dilt-xr		Generic	
felodipine er		Generic	
isradipine		Generic	
KATERZIA		Not covered	QL
LEVAMLODIPINE MALEATE		Not covered	ABA
matzim la	Matzim LA	Generic	
nicardipine hcl oral		Generic	
nifedipine er		Generic	
nifedipine er osmotic release	Procardia XL	Generic	
nifedipine oral		Generic	
nimodipine oral		Generic	
nisoldipine er	Sular	Generic	
NORLIQVA		Not covered	QL
NYMALIZE		Nonpreferred brand	QL
taztia xt	Taztia XT	Generic	
tiadylt er	Taztia XT	Generic	
verapamil hcl er	Calan SR	Generic	
verapamil hcl oral		Generic	
Cardiovascular Agents, Other			
ACCURETIC ORAL TABLET 10-12.5 MG		Nonpreferred brand	
ALDACTAZIDE ORAL TABLET 50-50 MG		Nonpreferred brand	
aliskiren fumarate	Tekturna	Generic	
amiloride-hydrochlorothiazide		Generic	
amlodipine besylate-benazepril hcl	Lotrel	Generic	
amlodipine besylate-valsartan	Exforge	Generic	
amlodipine-atorvastatin	Caduet	Generic	QL
amlodipine-olmesartan	Azor	Generic	
amlodipine-valsartan-hctz	Exforge HCT	Generic	
ASPRUZYO SPRINKLE		Nonpreferred brand	QL
atenolol-chlorthalidone	Tenoretic 100	Generic	
benazepril-hydrochlorothiazide	Lotensin HCT	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
bisoprolol-hydrochlorothiazide	Ziac	Generic	
CAMZYOS		Preferred brand specialty	PA; SP; QL
candesartan cilexetil-hctz	Atacand HCT	Generic	
CONSENSI ORAL TABLET 10-200 MG, 2.5-200 MG, 5-200 MG		Not covered	QL
CORLANOR		Preferred brand	QL
DEMSER		Nonpreferred brand	
digitek oral tablet 125 mcg, 250 mcg	Digox	Generic	
digox	Digox	Generic	
digoxin oral solution		Generic	
digoxin oral tablet 125 mcg, 250 mcg	Digox	Generic	
digoxin oral tablet 62.5 mcg	Lanoxin	Not covered	
droxidopa	Northera	Not covered	SP; QL
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HOUR 100-12.5 MG, 50-12.5 MG		Nonpreferred brand	
EDARBYCLOR		Nonpreferred brand	ST; QL
enalapril-hydrochlorothiazide	Vaseretic	Generic	
ENTRESTO		Preferred brand	QL
fosinopril sodium-hctz		Generic	
irbesartan-hydrochlorothiazide	Avalide	Generic	
isosorb dinitrate-hydralazine	BiDil	Generic	
lisinopril-hydrochlorothiazide	Zestoretic	Generic	
losartan potassium-hctz	Hyzaar	Generic	
metoprolol-hydrochlorothiazide		Generic	
metyrosine	Demser	Generic	
olmesartan medoxomil-hctz	Benicar HCT	Generic	
olmesartan-amlodipine-hctz	Tribenzor	Generic	QL
pentoxifylline er		Generic	
PRESTALIA		Not covered	QL
quinapril-hydrochlorothiazide	Accuretic	Generic	
ranolazine er		Generic	
spironolactone-hctz	Aldactazide	Generic	
TEKTURNA HCT		Nonpreferred brand	
telmisartan-amlodipine		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
telmisartan-hctz	Micardis HCT	Generic	
trandolapril-verapamil hcl er		Generic	
triamterene-hctz	Maxzide	Generic	
valsartan-hydrochlorothiazide	Diovan HCT	Generic	
VECAMYL		Not covered	QL
VERQUVO		Nonpreferred brand	PA; QL
VYNDAMAX		Preferred brand specialty	PA; SP; QL
VYNDAQEL		Preferred brand specialty	PA; SP; QL
Diuretics, Carbonic Anhydrase Inhibitors			
acetazolamide er		Generic	
acetazolamide oral		Generic	
dichlorphenamide	Keveyis	Generic specialty	PA; SP; QL
KEVEYIS		Not covered	SP; QL
methazolamide oral		Generic	
Diuretics, Loop			
bumetanide oral	Bumex	Generic	
ethacrynic acid	Edecrin	Generic	
FUROSCIX		Nonpreferred specialty	PA; SP; QL
furosemide oral	Lasix	Generic	
SOAANZ		Not covered	
torsemide		Generic	
Diuretics, Potassium-sparing			
amiloride hcl oral		Generic	
CAROSPIR		Not covered	
eplerenone	Inspra	Generic	
spironolactone oral	Aldactone	Generic	
triamterene oral	Dyrenium	Generic	
Diuretics, Thiazide			
chlorthalidone		Generic	
DIURIL		Nonpreferred brand	
hydrochlorothiazide oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
indapamide		Generic	
metolazone		Generic	
THALITONE		Not covered	
Dyslipidemics, Fibric Acid Derivatives			
ANTARA		Not covered	
fenofibrate micronized oral capsule 130 mg, 43 mg		Generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg		Generic	
FENOFIBRATE MICRONIZED ORAL CAPSULE 30 MG, 90 MG		Not covered	ABA
fenofibrate oral capsule 134 mg, 200 mg, 67 mg		Generic	
fenofibrate oral capsule 150 mg, 50 mg	Lipofen	Not covered	
fenofibrate oral tablet 120 mg, 40 mg	Fenoglide	Not covered	
fenofibrate oral tablet 145 mg, 48 mg	Tricor	Generic	
fenofibrate oral tablet 160 mg, 54 mg		Generic	
fenofibric acid oral capsule delayed release	Trilipix	Generic	
fenofibric acid oral tablet	Fibricor	Not covered	
FIBRICOR		Not covered	
gemfibrozil oral	Lopid	Generic	
LIPOFEN		Not covered	
Dyslipidemics, HMG CoA Reductase Inhibitors			
ALTOPREV		Not covered	QL
atorvastatin calcium oral tablet 10 mg, 20 mg	Lipitor	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Lipitor	Generic	QL
EZALLOR SPRINKLE		Not covered	
FLOLIPID		Not covered	
fluvastatin sodium		Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	Lescol XL	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)

Drug Name	Brand Reference	Drug Tier	Notes
LIVALO		Nonpreferred brand	ST; QL
lovastatin oral		Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pravastatin sodium		Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Crestor	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Crestor	Generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg	Zocor	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 5 mg		Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg		Generic	QL
ZYPITAMAG		Not covered	
Dyslipidemics, Other			
cholestyramine light	Prevalite	Generic	
cholestyramine oral	Questran	Generic	
colesevelam hcl	Welchol	Generic	
colestipol hcl	Colestid	Generic	
ezetimibe	Zetia	Generic	QL
EZETIMIBE-ATORVASTATIN		Not covered	
EZETIMIBE-ROSUVASTATIN		Not covered	ABA
ezetimibe-simvastatin	Vytorin	Generic	QL
icosapent ethyl	Vascepa	Generic	QL
JUXTAPID		Not covered	SP; QL
NEXLETOL		Preferred brand	PA; QL
NEXLIZET		Preferred brand	PA; QL
niacin (antihyperlipidemic)	Niacor	Not covered	
niacin er (antihyperlipidemic)		Generic	
niacor	Niacor	Not covered	
omega-3-acid ethyl esters	Lovaza	Generic	QL
PRALUENT		Not covered	QL
prevalite	Prevalite	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
REPATHA		Preferred brand	PA; QL
REPATHA PUSHTRONEX SYSTEM		Preferred brand	PA; QL
REPATHA SURECLICK		Preferred brand	PA; QL
ROSZET		Not covered	
Vasodilators, Direct-acting Arterial/Venous			
GONITRO		Not covered	
isosorbide dinitrate	Isordil Titradose	Generic	
isosorbide mononitrate		Generic	
isosorbide mononitrate er		Generic	
NITRO-BID		Preferred brand	
NITRO-DUR		Not covered	
nitroglycerin sublingual	Nitrostat	Generic	
nitroglycerin transdermal	Nitro-Dur	Generic	
nitroglycerin translingual	Nitrolingual	Generic	
NITROMIST TRANSLINGUAL AEROSOL SOLUTION 400 MCG/SPRAY		Not covered	
NITRO-TIME		Preferred brand	
RECTIV		Nonpreferred brand	QL
Vasodilators, Direct-acting Arterial			
hydralazine hcl oral		Generic	
minoxidil oral		Generic	
Central Nervous System Agents			
Attention Deficit Hyperactivity Disorder Agents, Amphetamines			
ADZENYS XR-ODT		Not covered	QL
amphetamine sulfate	Evekeo	Generic	PA; QL
amphetamine-dextroamphetamine	Adderall	Generic	QL
amphetamine-dextroamphetamine er	Adderall XR	Generic	QL
dextroamphetamine sulfate	ProCentra	Generic	QL
dextroamphetamine sulfate er	Dexedrine	Generic	QL
DYANAVEL XR		Not covered	QL
EVEKEO ODT		Not covered	QL
methamphetamine hcl	Desoxyn	Generic	QL
MYDAYIS		Preferred brand	QL
VYVANSE		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
XELSTRYM		Not covered	QL
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG		Nonpreferred brand	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines			
ADHANSIA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG		Not covered	QL
atomoxetine hcl	Strattera	Generic	QL
AZSTARYS		Not covered	QL
clonidine hcl er oral tablet extended release 12 hour	Kapvay	Generic	QL
COTEMPLA XR-ODT		Not covered	QL
dexmethylphenidate hcl	Focalin	Generic	QL
dexmethylphenidate hcl er	Focalin XR	Generic	QL
guanfacine hcl er	Intuniv	Generic	QL
JORNAY PM		Not covered	QL
methylphenidate	Daytrana	Generic	QL
methylphenidate hcl er		Generic	QL
methylphenidate hcl er (cd)		Generic	QL
methylphenidate hcl er (la)	Ritalin LA	Generic	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Concerta	Generic	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG		Not covered	QL
methylphenidate hcl er (osm) oral tablet extended release 72 mg	Relexxii	Not covered	QL
methylphenidate hcl er (xr)	Aptensio XR	Not covered	QL
methylphenidate hcl oral	Methylin	Generic	QL
QELBREE		Nonpreferred brand	PA; QL
QUILLICHEW ER		Not covered	QL
QUILLIVANT XR		Not covered	QL
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
Central Nervous System, Other			
AUSTEDO		Preferred brand specialty	PA; SP; QL
caffeine citrate oral		Generic	
EXSERVAN		Nonpreferred specialty	PA; SP; QL
GRALISE ORAL TABLET		Not covered	QL
HORIZANT		Not covered	QL
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
RELYVRIO		Nonpreferred specialty	PA; SP; QL
riluzole	Rilutek	Generic	
tetrabenazine	Xenazine	Generic specialty	PA; SP; QL
TIGLUTIK		Nonpreferred specialty	PA; SP; QL
Fibromyalgia Agents			
pregabalin	Lyrica	Generic	QL
pregabalin er	Lyrica CR	Not covered	QL
SAVELLA		Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK		Nonpreferred brand	PA; QL
Multiple Sclerosis Agents			
AUBAGIO		Nonpreferred specialty	SP; QL
AVONEX PEN		Preferred brand specialty	SP; QL
AVONEX PREFILLED		Preferred brand specialty	SP; QL
BAFIERTAM		Preferred brand specialty	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
BETASERON		Preferred brand specialty	SP; QL
COPAXONE		Preferred brand specialty	SP; QL
dalfampridine er	Ampyra	Generic specialty	SP; QL
dimethyl fumarate oral	Tecfidera	Generic specialty	SP; QL
dimethyl fumarate starter pack	Tecfidera	Generic specialty	SP; QL
EXTAVIA		Not covered	SP; QL
fingolimod hcl	Gilenya	Generic specialty	SP; QL
glatiramer acetate	Glatopa	Generic specialty	SP; QL
glatopa	Glatopa	Generic specialty	SP; QL
KESIMPTA		Preferred brand specialty	SP; QL
MAVENCLAD		Nonpreferred specialty	ST; SP; QL
MAYZENT		Nonpreferred specialty	SP; QL
MAYZENT STARTER PACK		Nonpreferred specialty	SP; QL
PLEGRIDY		Not covered	SP; QL
PLEGRIDY STARTER PACK		Not covered	SP; QL
PONVORY		Not covered	SP; QL
PONVORY STARTER PACK		Not covered	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
VUMERITY		Preferred brand specialty	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ZEPOSIA		Not covered	SP; QL
ZEPOSIA 7-DAY STARTER PACK		Not covered	SP; QL
ZEPOSIA STARTER KIT		Not covered	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			
cavarest	Cavarest	Generic	
cevimeline hcl	Evoxac	Generic	
chlorhexidine gluconate mouth/throat	Periogard	Not covered	
DENTA 5000 PLUS		Not covered	
DENTAGEL		Not covered	
JUST RIGHT 5000 DENTAL GEL		Not covered	
oralone	Oralone	Generic	
periogard	Periogard	Not covered	
pilocarpine hcl oral	Salagen	Generic	
PREVIDENT		Not covered	
PREVIDENT 5000 DRY MOUTH		Not covered	
PREVIDENT 5000 PLUS		Not covered	
sf	Cavarest	Not covered	
sf 5000 plus	Denta 5000 Plus	Not covered	
sodium fluoride 5000 plus	Denta 5000 Plus	Not covered	
sodium fluoride 5000 ppm dental cream	Denta 5000 Plus	Not covered	
sodium fluoride 5000 ppm dental gel	Cavarest	Not covered	
sodium fluoride dental	Cavarest	Not covered	
sodium fluoride mouth/throat	PreviDent	Not covered	
triamcinolone acetonide mouth/throat	Oralone	Generic	
Dermatological Agents			
ABSORICA LD		Not covered	QL
accutane	Accutane	Generic	QL
acitretin		Generic	
adapalene external cream	Differin	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
adapalene external gel 0.1 %	Differin	Generic	
adapalene external gel 0.3 %	Differin	Not covered	
ADAPALENE EXTERNAL PAD		Not covered	
ADAPALENE EXTERNAL SOLUTION		Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Epiduo	Not covered	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Epiduo Forte	Not covered	QL
ADBRY		Preferred brand specialty	PA; SP; QL
AKLIEF		Not covered	QL
ALTRENO		Nonpreferred brand	QL
ammonium lactate external	AL12	Generic	
amnesteem	Accutane	Generic	QL
AMZEEQ		Not covered	QL
ARAZLO		Not covered	QL
AVAR CLEANSER		Nonpreferred brand	
AVAR-E EMOLLIENT		Nonpreferred brand	
AVAR-E GREEN		Nonpreferred brand	
AVITA		Not covered	
azelaic acid external	Finacea	Generic	
AZELEX		Not covered	
benzoyl peroxide-erythromycin	Benzamycin	Generic	
calcipotriene external cream	Dovonex	Generic	
CALCIPOTRIENE EXTERNAL FOAM		Not covered	
calcipotriene external ointment	Calcitrene	Generic	
calcipotriene external solution		Generic	
calcipotriene-betameth diprop	Taclonex	Generic	PA
calcitriol external	Vectical	Generic	
CIBINQO		Preferred brand specialty	PA; SP; QL
claravis	Accutane	Generic	QL
clindacin etz external swab	Clindacin ETZ	Generic	
clindacin-p	Clindacin ETZ	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Acanya	Not covered	
clindamycin phos-benzoyl perox external gel 1.2-5 %	Neuac	Not covered	
clindamycin phosphate-benzoyl peroxide external gel 1-5 %		Generic	
clindamycin phosphate external foam	Clindacin	Not covered	
clindamycin phosphate external lotion	Cleocin-T	Not covered	
clindamycin phosphate external solution		Not covered	
clindamycin phosphate external swab	Clindacin ETZ	Generic	
clindamycin phosphate gel 1 % external	Clindagel	Not covered	
clindamycin phosphate gel 1 % external	Cleocin-T	Generic	
clindamycin-tretinoin	Veltin	Not covered	
CONDYLOX		Preferred brand	
COSENTYX (300 MG DOSE)		Not covered	SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML		Not covered	SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML		Not covered	SP
COSENTYX SENSOREADY (300 MG)		Not covered	SP; QL
COSENTYX SENSOREADY PEN		Not covered	SP; QL
dapsone external gel 5 %	Aczone	Not covered	QL
dapsone external gel 7.5 %	Aczone	Not covered	
DIFFERIN EXTERNAL LOTION		Not covered	
doxepin hcl external	Prudoxin	Generic	PA; QL
doxycycline	Oracea	Not covered	
DRYSOL		Preferred brand	
DUOBRII		Nonpreferred brand	QL
DUPIXENT		Preferred brand specialty	PA; SP; QL
ENSTILAR		Not covered	QL
EPIFOAM		Preferred brand	
EPSOLAY		Not covered	QL
ery		Not covered	
erythromycin external gel	Erygel	Not covered	
erythromycin external solution		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
EUCRISA		Preferred brand	ST; QL
FABIOR		Not covered	QL
FINACEA EXTERNAL FOAM		Not covered	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Pramosone	Generic	
HYFTOR		Preferred brand specialty	PA; SP; QL
imiquimod external cream 3.75 %	Zyclara	Not covered	QL
imiquimod external cream 5 %		Generic	QL
imiquimod pump	Zyclara	Not covered	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Accutane	Generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Absorica	Not covered	QL
ivermectin external cream	Soolantra	Not covered	QL
methoxsalen rapid		Generic	
metronidazole external cream	Rosadan	Generic	
metronidazole external gel 0.75 %	Rosadan	Generic	
metronidazole external gel 1 %	Metrogel	Not covered	
metronidazole external lotion	MetroLotion	Generic	
myorisan	Accutane	Generic	QL
neuac external gel	Neuac	Not covered	
NORITATE		Not covered	
ONEXTON		Not covered	QL
OPZELURA		Nonpreferred brand	PA; QL
OVACE PLUS WASH EXTERNAL LIQUID		Nonpreferred brand	
OVACE WASH		Not covered	
pimecrolimus	Elidel	Generic	
PODOCON-25		Not covered	
podofilox external		Generic	
PRAMOSONE		Not covered	
QBREXZA		Not covered	QL
REGRANEX		Nonpreferred brand	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 %		Not covered	
rosadan external cream	Rosadan	Generic	
rosadan external gel	Rosadan	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
SANTYL		Preferred brand	
selenium sulfide external lotion		Generic	
SILIQ		Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE		Preferred brand specialty	PA; SP; QL
sodium sulfacetamide wash	Ovace Plus Wash	Generic	
SORILUX		Not covered	
SOTYKTU		Nonpreferred specialty	PA; SP; QL
sss 10-5 external cream	Avar-e Emollient	Generic	
STELARA SUBCUTANEOUS		Preferred brand specialty	PA; SP; QL
sulfacetamide sodium (acne)	Klaron	Generic	
sulfacetamide sodium external	Ovace Plus Wash	Generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Avar-e Emollient	Generic	
sulfacetamide sodium-sulfur external liquid 10-5 %	Avar Cleanser	Generic	
tacrolimus external	Protopic	Generic	
TALTZ		Nonpreferred specialty	PA; SP; QL
tazarotene external cream	Tazorac	Generic	
TAZAROTENE EXTERNAL FOAM		Not covered	ABA; QL
tazarotene external gel	Tazorac	Generic	
TAZORAC EXTERNAL CREAM 0.05 %		Preferred brand	
TREMFYA		Preferred brand specialty	PA; SP; QL
tretinoin external cream	Avita	Generic	
tretinoin external gel 0.01 %	Retin-A	Generic	
tretinoin external gel 0.025 %	Avita	Generic	
tretinoin external gel 0.05 %	Atralin	Not covered	
tretinoin microsphere	RETIN-A MICRO GEL 0.04 %, 0.1 %	Not covered	
tretinoin microsphere pump	RETIN-A MICRO GEL 0.04 %, 0.1 %	Not covered	
TWYNEO		Not covered	QL
VELTIN		Not covered	
VEREGEN		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
VTAMA		Nonpreferred brand	PA; QL
WINLEVI		Not covered	QL
WYNZORA		Not covered	QL
zenatane	Accutane	Generic	QL
ZILXI		Not covered	QL
ZORYVE		Nonpreferred brand	PA; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %		Not covered	QL
Electrolytes/Minerals/Metals/Vitamins			
Electrolyte/Mineral Replacement			
ACCRUFER		Nonpreferred brand	PA; QL
carglumic acid	Carbaglu	Generic specialty	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ		Not covered	
effer-k oral tablet effervescent 25 meq		Generic	
fluoritab	NaFrinse Drops	Generic	PV2; AL (Min 6 Months and Max 16 Years)
GALZIN		Nonpreferred brand	
iodine strong oral		Generic	
klor-con	Klor-Con	Generic	
klor-con 10	Klor-Con 10	Generic	
klor-con m10	Klor-Con M10	Generic	
klor-con m15	Klor-Con M15	Generic	
klor-con m20	Klor-Con M20	Generic	
klor-con/ef		Generic	
K-PHOS		Nonpreferred brand	
K-PHOS NO 2		Not covered	
k-prime		Generic	
levocarnitine oral solution	Carnitor	Generic	
levocarnitine oral tablet	Carnitor	Generic	
levocarnitine sf	Carnitor	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
nafrinse	NaFrinse	Generic	PV2; AL (Min 6 Months and Max 16 Years)
nafrinse drops	NaFrinse Drops	Generic	PV2; AL (Min 6 Months and Max 16 Years)
PHOSPHO-TRIN K500		Nonpreferred brand	
potassium chloride crys er	Klor-Con M10	Generic	
potassium chloride er	K-Tab	Generic	
potassium chloride oral	Klor-Con	Generic	
potassium citrate er	Urocit-K 10	Generic	
sodium fluoride oral	NaFrinse	Generic	PV2; AL (Min 6 Months and Max 16 Years)
Electrolyte/Mineral/Metal Modifiers			
CHEMET		Preferred brand	
deferasirox granules	Jadenu Sprinkle	Not covered	15DS; SP
deferasirox oral packet	Jadenu Sprinkle	Not covered	15DS; SP
deferasirox oral tablet	Jadenu	Not covered	15DS; SP
deferasirox oral tablet soluble	Exjade	Generic specialty	PA; 15DS; SP
deferiprone	Ferriprox	Generic specialty	PA; SP; QL
FERRIPROX ORAL SOLUTION		Nonpreferred specialty	PA; SP; QL
FERRIPROX TWICE-A-DAY		Nonpreferred specialty	PA; SP; QL
JYNARQUE		Preferred brand specialty	PA; SP; QL
LOKELMA		Preferred brand	QL
sodium polystyrene sulfonate		Generic	
sps		Generic	
tolvaptan		Generic specialty	PA; SP; QL
trientine hcl	Syprine	Generic specialty	PA; SP; QL
VELTASSA		Preferred brand	QL
Phosphate Binders			
AURYXIA		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
calcium acetate (phos binder)	Calphron	Generic	
calcium acetate oral tablet 667 mg	Calphron	Generic	
FOSRENOL ORAL PACKET		Not covered	
lanthanum carbonate	Fosrenol	Generic	
PHOSLYRA		Nonpreferred brand	
sevelamer carbonate	Renvela	Generic	
sevelamer hcl	Renagel	Generic	
VELPHORO		Not covered	
Vitamins			
cyanocobalamin injection solution 1000 mcg/ml	Dodex	Generic	
DODEX		Nonpreferred brand	
ergocalciferol oral capsule	Drisdol	Generic	
folate		Preventive	PV1
folic acid oral tablet 1 mg		Generic	
folic acid oral tablet 400 mcg, 800 mcg		Preventive	PV1
hydroxocobalamin acetate		Generic	
NASCOBAL		Not covered	
phytonadione injection solution 10 mg/ml		Generic	
phytonadione oral	Mephyton	Generic	
POTABA ORAL CAPSULE 500 MG		Not covered	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Drisdol	Generic	
vitamin k1 injection		Generic	
yl folic acid		Preventive	PV1
Gastrointestinal Agents			
Antispasmodics, Gastrointestinal			
belladonna alkaloids-opium		Generic	
DARTISLA ODT		Not covered	QL
dicyclomine hcl oral		Generic	
GLYCATE		Not covered	
glycopyrrolate oral solution	Cuvposa	Generic	
glycopyrrolate oral tablet 1 mg	Robinul	Generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG		Not covered	
glycopyrrolate oral tablet 2 mg	Robinul-Forte	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
hyoscyamine sulfate er	Levbid	Generic	
hyoscyamine sulfate oral	Levsin	Generic	
hyoscyamine sulfate sl	Levsin/SL	Generic	
hyoscyamine sulfate sublingual	Levsin/SL	Generic	
hyosyne		Generic	
LEVBID		Not covered	
LEVSIN ORAL		Not covered	
LEVSIN/SL		Not covered	
methscopolamine bromide oral		Generic	
NULEV		Not covered	
OSCIMIN		Not covered	
Gastrointestinal Agents, Other			
amoxicill-clarithro-lansopraz		Generic	
CHENODAL		Nonpreferred specialty	PA; SP
chlordiazepoxide-clidinium	Librax	Generic	
cromolyn sodium oral	Gastrocrom	Generic	
diphenoxylate-atropine	Lomotil	Generic	
GATTEX		Preferred brand specialty	PA; SP; QL
HELIDAC THERAPY		Not covered	
loperamide hcl oral capsule	Imodium A-D	Not covered	
MOTEGRITY		Nonpreferred brand	ST; QL
MOTOFEN		Not covered	
MOVANTIK		Not covered	QL
MYTESI		Preferred brand	PA; QL
OMECLAMOX-PAK		Not covered	
PYLERA		Not covered	
RELISTOR		Not covered	QL
RELTONE		Not covered	
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	

Drug Name	Brand Reference	Drug Tier	Notes
ursodiol oral capsule 300 mg		Generic	
ursodiol oral tablet	Urso 250	Generic	
VOQUEZNA DUAL PAK		Not covered	QL
VOQUEZNA TRIPLE PAK		Not covered	QL
XERMELO		Preferred brand specialty	PA; SP; QL
ZORBTIVE		Nonpreferred specialty	PA; SP
Histamine2 (H2) Receptor Antagonists			
cimetidine hcl		Generic	
cimetidine oral	Tagamet HB	Generic	
famotidine oral suspension reconstituted		Generic	
famotidine oral tablet 20 mg	MM Acid-Pep Maximum Strength	Generic	
famotidine oral tablet 40 mg	Pepcid	Generic	
nizatidine		Generic	
nizatidine oral solution 15 mg/ml		Generic	
Irritable Bowel Syndrome Agents			
alosetron hcl	Lotronex	Generic	QL
IBSRELA		Not covered	QL
LINZESS		Preferred brand	QL
lubiprostone	Amitiza	Generic	QL
VIBERZI		Not covered	QL
ZELNORM ORAL TABLET 6 MG		Nonpreferred brand	PA; QL
Laxatives			
bisacodyl ec	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl oral	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
citroma	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ		Nonpreferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
constulose		Generic	
enulose		Generic	
gavilax oral powder	ClearLax	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	GaviLyte-G	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac		Generic	
gentle laxative oral	Alophen	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gentlelax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE		Not covered	
lactulose encephalopathy		Generic	
lactulose oral packet	Kristalose	Not covered	
lactulose oral solution		Generic	
magnesium citrate oral solution	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia concentrate		Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia oral suspension 1200 mg/15ml, 400 mg/5ml	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Brand Reference	Drug Tier	Notes
na sulfate-k sulfate-mg sulf	Suprep Bowel Prep Kit	Generic	QL
OSMOPREP		Not covered	QL
peg 3350 oral packet	HealthyLax	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	GaviLyte-G	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	MoviPrep	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	MoviPrep	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU		Not covered	QL
polyethylene glycol 3350 oral packet 17 gm	HealthyLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
polyethylene glycol 3350 oral powder	ClearLax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
qc magnesium citrate	Citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
sm milk of magnesia	Dulcolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
SUTAB		Not covered	QL
Protectants			
misoprostol oral	Cytotec	Generic	
sucralfate oral	Carafate	Generic	
Proton Pump Inhibitors			
dexlansoprazole	Dexilant	Not covered	
esomeprazole magnesium oral capsule delayed release	GoodSense Esomeprazole	Not covered	
esomeprazole magnesium oral packet	NexIUM	Not covered	AL (Max 1 Years)
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE DELAYED RELEASE 49.3 MG		Not covered	ABA; QL

Drug Name	Brand Reference	Drug Tier	Notes
lansoprazole oral capsule delayed release	Prevacid	Generic	QL
lansoprazole oral tablet delayed release dispersible	Prevacid SoluTab	Not covered	
NEXIUM ORAL PACKET 2.5 MG, 5 MG		Not covered	AL (Max 1 Years)
omeprazole oral capsule delayed release		Generic	QL
omeprazole-sodium bicarbonate oral capsule	Zegerid	Generic	QL
omeprazole-sodium bicarbonate oral packet	Zegerid	Not covered	QL
pantoprazole sodium oral packet	Protonix	Not covered	
pantoprazole sodium oral tablet delayed release	Protonix	Generic	QL
PRILOSEC		Not covered	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE		Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Aciphex	Generic	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment			
betaine	Cystadane	Generic specialty	SP
CERDELGA		Preferred brand specialty	PA; SP; QL
CHOLBAM		Preferred brand specialty	PA; SP; QL
CREON		Preferred brand	
CYSTAGON		Preferred brand specialty	SP
EVRYSDI		Preferred brand specialty	PA; SP; QL
GALAFOLD		Preferred brand specialty	PA; SP; QL
GLASSIA		Preferred brand specialty	PA; SP; QL
miglustat	Zavesca	Generic specialty	PA; SP; QL
MYALEPT		Nonpreferred specialty	PA; SP; QL
nitisinone	Orfadin	Generic specialty	PA; SP

Drug Name	Brand Reference	Drug Tier	Notes
NITYR		Nonpreferred specialty	PA; SP
OCALIVA		Preferred brand specialty	PA; SP; QL
ORFADIN ORAL CAPSULE 20 MG		Preferred brand specialty	PA; SP
ORFADIN ORAL SUSPENSION		Preferred brand specialty	PA; SP
PALYNZIQ		Preferred brand specialty	PA; SP; QL
PANCREAZE		Not covered	
PERTZYE		Not covered	
PHEBURANE		Nonpreferred specialty	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG		Not covered	SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG		Not covered	SP
PROCYSBI ORAL PACKET		Not covered	SP; QL
RAVICTI		Nonpreferred specialty	PA; SP; QL
REVCOVI		Preferred brand specialty	PA; SP; QL
sapropterin dihydrochloride	Javygtor	Generic specialty	PA; SP
sodium phenylbutyrate oral powder	Buphenyl	Generic	
sodium phenylbutyrate oral tablet	Buphenyl	Generic	QL
STRENSIQ		Preferred brand specialty	PA; SP; QL
SUCRAID		Nonpreferred specialty	PA; SP; QL
TEGSEDI		Preferred brand specialty	PA; SP; QL
VIOKACE		Not covered	
VOXZOGO		Preferred brand specialty	PA; SP; QL
XURIDEN		Preferred brand specialty	PA; SP; QL
ZENPEP		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
Genitourinary Agents			
Antispasmodics, Urinary			
darifenacin hydrobromide er		Not covered	QL
fesoterodine fumarate er	Toviaz	Generic	QL
flavoxate hcl		Generic	
GELNIQUE		Not covered	QL
GEMTESA		Not covered	QL
MYRBETRIQ		Nonpreferred brand	PA; QL
oxybutynin chloride er	Ditropan XL	Generic	
OXYBUTYNIN CHLORIDE ORAL SOLUTION		Not covered	
oxybutynin chloride oral syrup		Generic	
oxybutynin chloride oral tablet		Generic	
OXYTROL		Not covered	QL
solifenacin succinate	VESIcare	Generic	QL
tolterodine tartrate	Detrol	Generic	
tolterodine tartrate er	Detrol LA	Generic	
trospium chloride		Generic	QL
trospium chloride er		Generic	QL
VESICARE LS		Nonpreferred brand	PA; QL
Benign Prostatic Hypertrophy Agents			
alfuzosin hcl er	Uroxatral	Generic	
CARDURA XL		Nonpreferred brand	
dutasteride oral	Avodart	Generic	
dutasteride-tamsulosin hcl	Jalyn	Generic	QL
ENTADFI		Not covered	QL
finasteride oral tablet 5 mg	Proscar	Generic	
silodosin	Rapaflo	Generic	QL
tamsulosin hcl	Flomax	Generic	
terazosin hcl		Generic	
Genitourinary Agents, Other			
acetic acid irrigation		Generic	
ARGYLE STERILE SALINE		Nonpreferred brand	
bethanechol chloride oral		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
CURITY STERILE SALINE		Nonpreferred brand	
ELMIRON		Preferred brand	
LITHOSTAT		Nonpreferred brand	
OPTIONS GYNOL II CONTRACEPTIVE		Preventive	PV1; QL
penicillamine oral capsule	Cuprimine	Not covered	QL
penicillamine oral tablet	Depen Titratabs	Generic	QL
RENACIDIN		Preferred brand	
sodium chloride irrigation	Argyle Sterile Saline	Generic	
THIOLA EC		Preferred brand	PA
tiopronin	Thiola	Generic	PA
TODAY SPONGE		Preventive	PV1; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM		Preventive	PV1; QL
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM		Preventive	PV1; QL
vcf vaginal contraceptive vaginal gel		Preventive	PV1; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)			
ALA SCALP		Nonpreferred brand	
ala-cort	Aveeno Anti-Itch Max St	Generic	
alclometasone dipropionate		Generic	
ALKINDI SPRINKLE		Nonpreferred brand	PA; QL
amcinonide external cream 0.1 %		Not covered	
APEXICON E		Not covered	
betamethasone dipropionate aug	Diprolene	Generic	
betamethasone dipropionate external		Generic	
betamethasone valerate external cream		Generic	
betamethasone valerate external foam	Luxiq	Not covered	
betamethasone valerate external lotion		Generic	
betamethasone valerate external ointment		Generic	
BRYHALI		Nonpreferred brand	QL
CAPEX		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
clobetasol prop emollient base		Generic	
clobetasol propionate e		Generic	
clobetasol propionate emulsion	Tovet	Not covered	
clobetasol propionate external cream		Generic	
clobetasol propionate external foam	Olux	Not covered	
clobetasol propionate external gel		Generic	
clobetasol propionate external liquid	Clobex Spray	Not covered	
clobetasol propionate external lotion	Clobex	Not covered	
clobetasol propionate external ointment		Generic	
clobetasol propionate external shampoo	Clodan	Generic	
clobetasol propionate external solution		Generic	
clocortolone pivalate	Cloderm	Not covered	
clodan external shampoo	Clodan	Generic	
CORDRAN EXTERNAL CREAM		Not covered	
CORDRAN EXTERNAL OINTMENT 0.05 %		Not covered	
CORDRAN EXTERNAL TAPE		Not covered	
CORTISONE ACETATE ORAL		Not covered	
desonide external cream	DesOwen	Generic	
desonide external gel	DesRx	Not covered	
desonide external lotion		Generic	
desonide external ointment		Generic	
desoximetasone external	Topicort	Not covered	
desrx	DesRx	Not covered	
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	
DXEVO 11-DAY		Not covered	
EMFLAZA		Nonpreferred specialty	PA; SP
fludrocortisone acetate oral		Generic	
fluocinolone acetonide body	Derma-Smoothe/FS Body	Generic	
fluocinolone acetonide external	Synalar	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
fluocinolone acetonide scalp	Derma-Smoothe/FS Scalp	Generic	
fluocinonide emulsified base		Generic	
fluocinonide external cream 0.05 %		Generic	
fluocinonide external cream 0.1 %	Vanos	Generic	QL
fluocinonide external gel		Generic	
fluocinonide external ointment		Generic	
fluocinonide external solution		Generic	
flurandrenolide	Cordran	Not covered	
fluticasone propionate external		Generic	
halcinonide	Halog	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	Locoid Lipocream	Generic	
hydrocortisone butyrate	Locoid	Generic	
hydrocortisone external cream 1 %	Aveeno Anti-Itch Max St	Generic	
hydrocortisone external cream 2.5 %		Generic	
hydrocortisone external lotion 2.5 %		Generic	
hydrocortisone external ointment 1 %	Aquaphor Itch Relief Max Str	Generic	
hydrocortisone external ointment 2.5 %		Generic	
hydrocortisone oral	Cortef	Generic	
hydrocortisone valerate		Generic	
IMPEKLO		Not covered	
IMPOYZ		Not covered	
LEXETTE		Not covered	
MEDROL ORAL TABLET 2 MG		Nonpreferred brand	
methylprednisolone oral	Medrol	Generic	
MILLIPRED		Preferred brand	
mometasone furoate external		Generic	
nolix external cream 0.05 %	Cordran	Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
nolix external lotion 0.05 %	Cordran	Not covered	
PANDEL		Not covered	
prednicarbate		Generic	
prednisolone oral		Generic	
prednisolone sodium phosphate oral solution	Pediapred	Generic	
prednisolone sodium phosphate oral tablet dispersible	Orapred ODT	Not covered	
prednisone intensol		Generic	
prednisone oral		Generic	
RAYOS		Not covered	QL
SERNIVO		Not covered	QL
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG		Nonpreferred brand	
TAPERDEX 12-DAY		Not covered	
TAPERDEX 6-DAY		Not covered	
TAPERDEX 7-DAY		Not covered	
TEXACORT		Nonpreferred brand	
tovet external foam	Tovet	Not covered	
triamcinolone acetonide external aerosol solution	Kenalog	Generic	QL
triamcinolone acetonide external cream	Triderm	Generic	
triamcinolone acetonide external lotion		Generic	
triamcinolone acetonide external ointment	Tritocin	Generic	
triamcinolone in absorbase	Tritocin	Generic	
TRIANEX		Not covered	
triderm	Triderm	Generic	
tritocin	Tritocin	Generic	
ULTRAVATE		Not covered	
VERDESO		Not covered	
ZCORT 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (25)		Not covered	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)			
ACTHAR		Not covered	SP; QL
cabergoline		Generic	

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

Drug Name	Brand Reference	Drug Tier	Notes
PREGNYL		Preferred brand specialty	PA; SP; QL
RECORLEV		Not covered	SP; QL
SAIZEN		Nonpreferred specialty	PA; SP
SAIZENPREP		Nonpreferred specialty	PA; SP
SKYTROFA		Nonpreferred specialty	PA; SP
STIMATE NASAL SOLUTION 1.5 MG/ML		Preferred brand	
ZOMACTON		Nonpreferred specialty	PA; SP
ZOMACTON (FOR ZOMA-JET 10) SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG		Nonpreferred specialty	PA; SP
Selective Estrogen Receptor Modifying Agents			
CLOMID		Nonpreferred brand	QL
clomiphene citrate oral tablet 50 mg	Clomid	Generic	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)			
KORLYM		Preferred brand specialty	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)			
Androgens			
ANDRODERM		Preferred brand	PA; QL
danazol oral		Generic	
DEPO-TESTOSTERONE		Nonpreferred brand	
INTRAROSA		Nonpreferred brand	
JATENZO		Not covered	QL
KYZATREX		Not covered	QL
METHITEST		Nonpreferred brand	QL
methyltestosterone oral		Not covered	QL
NATESTO		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
oxandrolone oral		Generic	PA
TESTOSTERONE CYPIONATE INJECTION		Not covered	
testosterone cypionate intramuscular	Depo-Testosterone	Generic	
testosterone enanthate intramuscular		Generic	
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	AndroGel Pump	Generic	PA; QL
testosterone transdermal gel 10 mg/act (2%)	Fortesta	Not covered	QL
testosterone transdermal gel 12.5 mg/act (1%)	Vogelxo Pump	Generic	PA; QL
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%)		Generic	PA; QL
testosterone transdermal gel 50 mg/5gm (1%)	Testim	Generic	PA; QL
testosterone transdermal solution		Not covered	QL
TLANDO		Not covered	QL
XYOSTED		Not covered	QL
Estrogens			
afirmelle	Afirmelle	Generic	PV2
ALORA		Preferred brand	
altavera	Altavera	Generic	PV2
alyacen 1/35	Dasetta 1/35	Generic	PV2
alyacen 7/7/7	Dasetta 7/7/7	Generic	PV2
amabelz	Amabelz	Generic	
amethia	Amethia	Generic	PV2; QL
amethyst	Amethyst	Generic	PV2
ANGELIQ		Nonpreferred brand	
ANNOVERA		Nonpreferred brand	QL
apri	Apri	Generic	PV2
aranelle		Generic	PV2
ashlyna	Amethia	Generic	PV2; QL
aubra eq	Afirmelle	Generic	PV2
aubra oral tablet 0.1-20 mg-mcg	Afirmelle	Generic	PV2
aurovela 1.5/30	Aurovela 1.5/30	Generic	PV2
aurovela 1/20	Aurovela 1/20	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
aurovela 24 fe		Generic	PV2
aurovela fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
aurovela fe 1/20	Aurovela FE 1/20	Generic	PV2
aviane	Afirmelle	Generic	PV2
ayuna	Altavera	Generic	PV2
azurette	Azurette	Generic	PV2
BALCOLTRA		Nonpreferred brand	
balziva	Balziva	Generic	PV2
BIJUVA		Not covered	QL
blisovi 24 fe		Generic	PV2
blisovi fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
blisovi fe 1/20	Aurovela FE 1/20	Generic	PV2
briellyn	Balziva	Generic	PV2
camrese	Amethia	Generic	PV2; QL
camrese lo	Camrese Lo	Generic	PV2; QL
caziant oral tablet 0.1/0.125/0.15 -0.025 mg		Generic	PV2
charlotte 24 fe	Charlotte 24 Fe	Generic	PV2
chateal eq	Altavera	Generic	PV2
chateal oral tablet 0.15-30 mg-mcg	Altavera	Generic	PV2
CLIMARA PRO		Nonpreferred brand	
COMBIPATCH		Nonpreferred brand	
COVARYX		Not covered	
COVARYX HS		Not covered	
cryselle-28		Generic	PV2
cyclafem 1/35 oral tablet 1-35 mg-mcg	Dasetta 1/35	Generic	PV2
cyclafem 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	Dasetta 7/7/7	Generic	PV2
cyred	Apri	Generic	PV2
cyred eq	Apri	Generic	PV2
dasetta 1/35	Dasetta 1/35	Generic	PV2
dasetta 7/7/7	Dasetta 7/7/7	Generic	PV2
daysee	Amethia	Generic	PV2; QL
delyla	Afirmelle	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
DEPO-ESTRADIOL		Nonpreferred brand	
desogestrel-ethinyl estradiol	Apri	Generic	PV2
dolishale	Amethyst	Generic	PV2
dotti	Dotti	Generic	
drospiren-eth estrad-levomefol	Beyaz	Generic	PV2
drospirenone-ethinyl estradiol	Jasmiel	Generic	PV2
DUAVEE		Nonpreferred brand	
EEMT		Not covered	
EEMT HS		Not covered	
ELESTRIN		Nonpreferred brand	
elinest		Generic	PV2
eluryng	EluRyng	Generic	PV2; QL
emoquette oral tablet 0.15-30 mg-mcg	Apri	Generic	PV2
enpresse-28	Enpresse-28	Generic	PV2
enskyce	Apri	Generic	PV2
est estrogens-methyltest	Covaryx	Generic	
est estrogens-methyltest ds	Covaryx	Generic	
est estrogens-methyltest hs	Covaryx HS	Generic	
estarylla	Estarylla	Generic	PV2
estradiol oral	Estrace	Generic	
estradiol transdermal	Climara	Generic	
estradiol vaginal	Estrace	Generic	
estradiol valerate intramuscular	Delestrogen	Generic	
estradiol-norethindrone acet	Amabelz	Generic	
ESTRING		Preferred brand	
ESTROGEL		Preferred brand	
ethynodiol diac-eth estradiol	Kelnor 1/35	Generic	PV2
etonogestrel-ethinyl estradiol	EluRyng	Generic	PV2; QL
EVAMIST		Nonpreferred brand	
falmina	Afirmelle	Generic	PV2
fayosim	Fayosim	Generic	PV2; QL
FEMRING		Nonpreferred brand	
femynor oral tablet 0.25-35 mg-mcg	Estarylla	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
finzala	Charlotte 24 Fe	Generic	PV2
fyavolv	Fyavolv	Generic	
gemmily	Gemmily	Generic	PV2
hailey 1.5/30	Aurovela 1.5/30	Generic	PV2
hailey 24 fe		Generic	PV2
hailey fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
hailey fe 1/20	Aurovela FE 1/20	Generic	PV2
haloette	EluRyng	Generic	PV2; QL
iclevia	Iclevia	Generic	PV2; QL
IMVEXXY MAINTENANCE PACK		Nonpreferred brand	
IMVEXXY STARTER PACK		Nonpreferred brand	
introvale	Iclevia	Generic	PV2; QL
isibloom	Apri	Generic	PV2
jaimiess	Amethia	Generic	PV2; QL
jasmiel	Jasmiel	Generic	PV2
jinteli	Fyavolv	Generic	
jolessa	Iclevia	Generic	PV2; QL
juleber	Apri	Generic	PV2
junel 1.5/30	Aurovela 1.5/30	Generic	PV2
junel 1/20	Aurovela 1/20	Generic	PV2
junel fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
junel fe 1/20	Aurovela FE 1/20	Generic	PV2
junel fe 24		Generic	PV2
kaitlib fe	Kaitlib Fe	Generic	PV2
kalliga	Apri	Generic	PV2
kariva	Azurette	Generic	PV2
kelnor 1/35	Kelnor 1/35	Generic	PV2
kelnor 1/50	Kelnor 1/50	Generic	PV2
kurvelo	Altavera	Generic	PV2
larin 1.5/30	Aurovela 1.5/30	Generic	PV2
larin 1/20	Aurovela 1/20	Generic	PV2
larin 24 fe		Generic	PV2
larin fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
larin fe 1/20	Aurovela FE 1/20	Generic	PV2
larissia oral tablet 0.1-20 mg-mcg	Afirmelle	Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
layolis fe	Kaitlib Fe	Generic	PV2
leena		Generic	PV2
lessina	Afirmelle	Generic	PV2
levonest	Enpresse-28	Generic	PV2
levonorgest-eth est & eth est	Fayosim	Generic	PV2; QL
levonorgest-eth estrad 91-day	Amethia	Generic	PV2; QL
levonorgestrel-ethinyl estrad	Afirmelle	Generic	PV2
levonorg-eth estrad triphasic	Enpresse-28	Generic	PV2
levora 0.15/30 (28)	Altavera	Generic	PV2
lillow oral tablet 0.15-30 mg-mcg	Altavera	Generic	PV2
LO LOESTRIN FE		Nonpreferred brand	
lojaimiess	Camrese Lo	Generic	PV2; QL
loryna	Jasmiel	Generic	PV2
low-ogestrel		Generic	PV2
lo-zumandimine	Jasmiel	Generic	PV2
lutera	Afirmelle	Generic	PV2
lyllana	Dotti	Generic	
marlissa	Altavera	Generic	PV2
MENEST		Nonpreferred brand	
MENOSTAR		Nonpreferred brand	
merzee	Gemmily	Generic	PV2
microgestin 1.5/30	Aurovela 1.5/30	Generic	PV2
microgestin 1/20	Aurovela 1/20	Generic	PV2
microgestin 24 fe		Generic	PV2
microgestin fe 1.5/30	Aurovela Fe 1.5/30	Generic	PV2
microgestin fe 1/20	Aurovela FE 1/20	Generic	PV2
mili	Estarylla	Generic	PV2
mimvey	Amabelz	Generic	
mono-linyah	Estarylla	Generic	PV2
MYFEMBREE		Nonpreferred brand	PA; QL
NATAZIA		Nonpreferred brand	
necon 0.5/35 (28)		Generic	PV2

Drug Name	Brand Reference	Drug Tier	Notes
NEXTSTELLIS		Nonpreferred brand	
nikki	Jasmiel	Generic	PV2
norethin ace-eth estrad-fe	Aurovela Fe 1.5/30	Generic	PV2
norethindrone acet-ethinyl est	Aurovela 1.5/30	Generic	PV2
norethindrone-eth estradiol	Fyavolv	Generic	
norethindron-ethinyl estrad-fe	Tilia Fe	Generic	PV2
norethin-eth estradiol-fe	Kaitlib Fe	Generic	PV2
norgestimate-eth estradiol	Estarylla	Generic	PV2
norgestimate-ethinyl estradiol triphasic	Tri Femynor	Generic	PV2
nortrel 0.5/35 (28)		Generic	PV2
nortrel 1/35 (21)	Dasetta 1/35	Generic	PV2
nortrel 1/35 (28)	Dasetta 1/35	Generic	PV2
nortrel 7/7/7	Dasetta 7/7/7	Generic	PV2
nylia 1/35	Dasetta 1/35	Generic	PV2
nylia 7/7/7	Dasetta 7/7/7	Generic	PV2
nymyo	Estarylla	Generic	PV2
ocella	Ocella	Generic	PV2
ORIAHNN		Nonpreferred brand	PA; QL
orsythia	Afirmelle	Generic	PV2
philith	Balziva	Generic	PV2
pimtrea	Azurette	Generic	PV2
pirmella 1/35	Dasetta 1/35	Generic	PV2
pirmella 7/7/7	Dasetta 7/7/7	Generic	PV2
portia-28	Altavera	Generic	PV2
PREFEST		Nonpreferred brand	
PREMARIN ORAL		Preferred brand	
PREMARIN VAGINAL		Preferred brand	
PREMPHASE		Preferred brand	
PREMPRO		Preferred brand	
previfem oral tablet 0.25-35 mg-mcg	Estarylla	Generic	PV2
reclipsen	Apri	Generic	PV2
rivelsa	Fayosim	Generic	PV2; QL
setlakin	Iclevia	Generic	PV2; QL
simliya	Azurette	Generic	PV2
simpesse	Amethia	Generic	PV2; QL

Drug Name	Brand Reference	Drug Tier	Notes
sprintec 28	Estarylla	Generic	PV2
sronyx	Afirmelle	Generic	PV2
syeda	Ocella	Generic	PV2
tarina 24 fe		Generic	PV2
tarina fe 1/20 eq	Aurovela FE 1/20	Generic	PV2
tarina fe 1/20 oral tablet 1-20 mg-mcg	Aurovela FE 1/20	Generic	PV2
taysofy	Gemmily	Generic	PV2
tilia fe	Tilia Fe	Generic	PV2
tri femynor	Tri Femynor	Generic	PV2
tri-estarylla	Tri Femynor	Generic	PV2
tri-legest fe	Tilia Fe	Generic	PV2
tri-linyah	Tri Femynor	Generic	PV2
tri-lo-estarylla	Tri-Lo-Estarylla	Generic	PV2
tri-lo-marzia	Tri-Lo-Estarylla	Generic	PV2
tri-lo-mili	Tri-Lo-Estarylla	Generic	PV2
tri-lo-sprintec	Tri-Lo-Estarylla	Generic	PV2
tri-mili	Tri Femynor	Generic	PV2
tri-nymyo	Tri Femynor	Generic	PV2
tri-sprintec	Tri Femynor	Generic	PV2
trivora (28)	Enpresse-28	Generic	PV2
tri-vylibra	Tri Femynor	Generic	PV2
tri-vylibra lo	Tri-Lo-Estarylla	Generic	PV2
TWIRLA		Not covered	QL
tyblume		Generic	PV2
tydemy	Tydemy	Generic	PV2
velivet		Generic	PV2
vestura	Jasmiel	Generic	PV2
vienva	Afirmelle	Generic	PV2
viorele	Azurette	Generic	PV2
volnea	Azurette	Generic	PV2
vyfemla	Balziva	Generic	PV2
vylibra	Estarylla	Generic	PV2
wera		Generic	PV2
wymzya fe	Wymzya Fe	Generic	PV2
xulane		Generic	PV2; QL
yuvafem	Yuvafem	Generic	
zafemy		Generic	PV2; QL

Drug Name	Brand Reference	Drug Tier	Notes
zovia 1/35 (28)	Kelnor 1/35	Generic	PV2
zumandimine	Ocella	Generic	PV2
Progestins			
aftera	Aftera	Preventive	PV1; QL
camila	Camila	Generic	PV2
deblitane	Camila	Generic	PV2
DEPO-SUBQ PROVERA 104		Preferred brand	
econtra ez	Aftera	Preventive	PV1; QL
econtra one-step	Aftera	Preventive	PV1; QL
ELLA		Nonpreferred brand	PV2; QL
ENDOMETRIN		Not covered	
errin	Camila	Generic	PV2
heather	Camila	Generic	PV2
her style	Aftera	Preventive	PV1; QL
HYDROXYPROGESTERONE CAPROATE INTRAMUSCULAR SOLUTION		Not covered	
incassia	Camila	Generic	PV2
jencycla	Camila	Generic	PV2
levonorgestrel	Aftera	Preventive	PV1; QL
lyleq	Camila	Generic	PV2
lyza	Camila	Generic	PV2
medroxyprogesterone acetate intramuscular	Depo-Provera	Generic	PV2
medroxyprogesterone acetate oral	Provera	Generic	
megestrol acetate oral		Generic	
my choice	Aftera	Preventive	PV1; QL
my way	Aftera	Preventive	PV1; QL
new day	Aftera	Preventive	PV1; QL
nora-be	Camila	Generic	PV2
norethindrone acetate oral	Aygestin	Generic	
norethindrone oral	Camila	Generic	PV2
norlyda	Camila	Generic	PV2
norlyroc	Camila	Generic	PV2
opcicon one-step	Aftera	Preventive	PV1; QL
option 2	Aftera	Preventive	PV1; QL
progesterone intramuscular		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
progesterone oral	Prometrium	Generic	
react	Aftera	Preventive	PV1; QL
sharobel	Camila	Generic	PV2
SLYND		Nonpreferred brand	QL
take action	Aftera	Preventive	PV1; QL
tulana oral tablet 0.35 mg	Camila	Generic	PV2
Selective Estrogen Receptor Modifying Agents			
OSPHENA		Nonpreferred brand	
raloxifene hcl	Evista	Generic	PV3; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)			
ADTHYZA		Nonpreferred brand	
ARMOUR THYROID		Nonpreferred brand	
ERMEZA		Not covered	
euthyrox	Euthyrox	Generic	
levo-t	Euthyrox	Generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE		Nonpreferred brand	ABA
levothyroxine sodium oral tablet	Euthyrox	Generic	
levoxyl	Euthyrox	Generic	
liothyronine sodium oral	Cytomel	Generic	
np thyroid		Generic	
THYQUIDITY		Not covered	
TIROSINT		Nonpreferred brand	
TIROSINT-SOL		Nonpreferred brand	
unithroid	Euthyrox	Generic	
Hormonal Agents, Suppressant (Adrenal)			
LYSODREN		Preferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
Hormonal Agents, Suppressant (Pituitary)			
fyremadel	Fyremadel	Not covered	SP
ganirelix acetate	Fyremadel	Not covered	SP
LANREOTIDE ACETATE		Not covered	SP; QL
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
MYCAPSSA		Not covered	SP; QL
octreotide acetate	SandoSTATIN	Generic specialty	SP
ORILISSA		Preferred brand	PA; QL
SANDOSTATIN LAR DEPOT		Preferred brand specialty	PA; SP
SIGNIFOR		Preferred brand specialty	PA; SP; QL
SIGNIFOR LAR		Not covered	SP; QL
SOMATULINE DEPOT		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

Drug Name	Brand Reference	Drug Tier	Notes
icatibant acetate	Sajazir	Generic specialty	PA; SP; QL
ORLADEYO		Nonpreferred specialty	PA; SP; QL
RUCONEST		Nonpreferred specialty	PA; SP; QL
sajazir	Sajazir	Generic specialty	PA; SP; QL
TAKHZYRO		Preferred brand specialty	PA; SP; QL
Immune Suppressants			
AMJEVITA		Not covered	SP
ASTAGRAF XL		Nonpreferred specialty	SP
azathioprine oral	Azasan	Generic	
CIMZIA STARTER KIT		Preferred brand specialty	PA; SP; QL
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT		Preferred brand specialty	PA; SP; QL
cyclosporine modified	Gengraf	Generic specialty	SP
cyclosporine oral	SandIMMUNE	Generic specialty	SP
ENBREL MINI		Preferred brand specialty	PA; SP; QL
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED		Preferred brand specialty	PA; SP; QL
ENBREL SURECLICK		Preferred brand specialty	PA; SP; QL
ENVARSUS XR		Nonpreferred specialty	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Zortress	Generic specialty	SP
gengraf	Gengraf	Generic specialty	SP
HUMIRA		Preferred brand specialty	PA; SP; QL
HUMIRA PEDIATRIC CROHNS START		Preferred brand specialty	PA; SP; QL
HUMIRA PEN		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
HUMIRA PEN-CD/UC/HS STARTER		Preferred brand specialty	PA; SP; QL
HUMIRA PEN-PEDIATRIC UC START		Preferred brand specialty	PA; SP; QL
HUMIRA PEN-PS/UV/ADOL HS START		Preferred brand specialty	PA; SP; QL
HUMIRA PEN-PSOR/UVEIT STARTER		Preferred brand specialty	PA; SP; QL
KINERET		Nonpreferred specialty	PA; SP; QL
LUPKYNIS		Nonpreferred specialty	PA; SP; QL
methotrexate oral		Generic	
methotrexate sodium (pf)		Generic	
methotrexate sodium injection solution		Generic	
methotrexate sodium oral		Generic	
mycophenolate mofetil oral	CellCept	Generic specialty	SP
mycophenolate sodium	Myfortic	Generic specialty	SP
OLUMIANT		Nonpreferred specialty	PA; SP; QL
ORENCIA CLICKJECT		Nonpreferred specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS		Nonpreferred specialty	PA; SP; QL
OTREXUP		Not covered	SP; QL
PROGRAF ORAL PACKET		Nonpreferred specialty	SP
RASUVO		Not covered	SP; QL
REDITREX		Not covered	SP; QL
REZUROCK		Preferred brand specialty	PA; SP; QL
SANDIMMUNE ORAL SOLUTION		Nonpreferred specialty	SP
SIMPONI		Preferred brand specialty	PA; SP; QL
sirolimus oral	Rapamune	Generic specialty	SP
SKYRIZI (150 MG DOSE)		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
SKYRIZI PEN		Preferred brand specialty	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
tacrolimus oral	Prograf	Generic specialty	SP
TREXALL		Preferred brand	
XATMEP		Nonpreferred specialty	SP
XELJANZ		Preferred brand specialty	PA; SP; QL
XELJANZ XR		Preferred brand specialty	PA; SP; QL
Immunoglobulins			
CUTAQUIG		Nonpreferred specialty	PA; SP
CUVITRU		Not covered	SP
GAMMAGARD		Nonpreferred specialty	PA; SP
GAMMAKED		Nonpreferred specialty	PA; SP
GAMUNEX-C		Nonpreferred specialty	PA; SP
HIZENTRA		Nonpreferred 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		Preferred brand	
ARCALYST		Nonpreferred specialty	PA; SP; QL
BENLYSTA SUBCUTANEOUS		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
ENSPRYNG		Preferred brand specialty	PA; SP; QL
KEVZARA		Nonpreferred specialty	PA; SP; QL
leflunomide oral	Arava	Generic	
OTEZLA		Preferred brand specialty	PA; SP; QL
RIDAURA		Preferred brand	
RINVOQ		Preferred brand specialty	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
Vaccines			
ACTHIB		Preventive	PV1; QL
ADACEL		Preventive	PV1; QL
AFLURIA QUADRIVALENT		Preventive	PV1; QL
BEXSERO		Preventive	PV1; QL
BOOSTRIX		Preventive	PV1; QL
COMIRNATY		Preventive	PV1; QL
DAPTACEL		Preventive	PV1; QL
DENGVAXIA		Preventive	PV1; QL
DIPHTHERIA-TETANUS TOXOIDS DT		Preventive	PV1; QL
ENGERIX-B		Preventive	PV1; QL
FLUAD QUADRIVALENT		Preventive	PV1; QL
FLUARIX QUADRIVALENT		Preventive	PV1; QL
FLUBLOK QUADRIVALENT		Preventive	PV1; QL
FLUCELVAX QUADRIVALENT		Preventive	PV1; QL
FLULAVAL QUADRIVALENT		Preventive	PV1; QL
FLUMIST QUADRIVALENT		Preventive	PV1; QL
FLUZONE HIGH-DOSE QUADRIVALENT		Preventive	PV1; QL
FLUZONE QUADRIVALENT		Preventive	PV1; QL
GARDASIL 9		Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX		Preventive	PV1; QL
HEPLISAV-B		Preventive	PV1; QL
HIBERIX		Preventive	PV1; QL
INFANRIX		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
IPOL		Preventive	PV1; QL
JANSSEN COVID-19 VACCINE		Preventive	PV1; QL
KINRIX		Preventive	PV1; QL
MENACTRA		Preventive	PV1; QL
MENQUADFI		Preventive	PV1; QL
MENVEO		Preventive	PV1; QL
M-M-R II		Preventive	PV1; QL
MODERNA COVID-19 BIVAL 6M-5Y		Preventive	PV1; QL
MODERNA COVID-19 BIVAL BOOSTER		Preventive	PV1; QL
MODERNA COVID-19 VAC (BOOSTER)		Preventive	PV1; QL
MODERNA COVID-19 VACC 6-11Y INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML		Preventive	PV1; QL
MODERNA COVID-19 VACC 6M-5Y		Preventive	PV1; QL
MODERNA COVID-19 VACCINE		Preventive	PV1; QL
NOVAVAX COVID-19 VACCINE		Preventive	PV1; QL
PEDIARIX		Preventive	PV1; QL
PEDVAX HIB		Preventive	PV1; QL
PENTACEL		Preventive	PV1; QL
PFIZER COVID-19 BIVAL 6MO-4YR		Preventive	PV1; QL
PFIZER COVID-19 VAC BIVAL 5-11		Preventive	PV1; QL
PFIZER COVID-19 VAC BIVALENT		Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 5-11Y		Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y		Preventive	PV1; QL
PFIZER-BIONT COVID-19 VAC-TRIS		Preventive	PV1; QL
PFIZER-BIONTECH COVID-19 VACC		Preventive	PV1; QL
PNEUMOVAX 23		Preventive	PV1; QL
PREHEVBRIO		Preventive	PV1; QL
PREVNAR 13		Preventive	PV1; QL; AL (Min 65 Years)
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

Drug Name	Brand Reference	Drug Tier	Notes
SANOFI COVID-19 VAC (BOOSTER) INTRAMUSCULAR EMULSION 5 MCG/0.5ML		Not covered	QL
SHINGRIX		Preventive	PV1; QL
SPIKEVAX COVID-19 VACCINE		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	Colazal	Generic	
DIPENTUM		Nonpreferred brand	
mesalamine er	Apriso	Generic	
mesalamine oral capsule delayed release 400 mg	Delzicol	Generic	
mesalamine oral tablet delayed release 1.2 gm	Lialda	Generic	QL
mesalamine oral tablet delayed release 800 mg	Asacol HD	Generic	
mesalamine rectal	Canasa	Generic	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG		Preferred brand	
SFROWASA		Not covered	
Glucocorticoids			
ANALPRAM HC		Nonpreferred brand	
ANALPRAM HC SINGLES		Nonpreferred brand	
ANALPRAM-HC EXTERNAL CREAM		Preferred brand	
ANALPRAM-HC EXTERNAL LOTION		Nonpreferred brand	
anucort-hc	Hemmorex-HC	Generic	

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

Drug Name	Brand Reference	Drug Tier	Notes
FORTEO		Preferred brand specialty	PA; SP; QL
FOSAMAX PLUS D		Not covered	QL
ibandronate sodium oral		Generic	QL
NATPARA		Preferred brand specialty	PA; SP; QL
paricalcitol oral	Zemplar	Generic	
RAYALDEE		Not covered	QL
risedronate sodium oral tablet	Actonel	Generic	QL
risedronate sodium oral tablet delayed release	Atelvia	Generic	ST; QL
TERIPARATIDE (RECOMBINANT)		Not covered	SP; QL
TYMLOS		Preferred brand specialty	PA; SP; QL
Miscellaneous Therapeutic Agents			
AEROCHAMBER MINI CHAMBER		Nonpreferred brand	
AEROCHAMBER MV		Nonpreferred brand	
AEROCHAMBER PLUS FLO-VU		Nonpreferred brand	
AEROCHAMBER PLUS FLOW VU		Nonpreferred brand	
AEROCHAMBER W/FLOWSIGNAL		Nonpreferred brand	
AQUASTAT		Nonpreferred brand	
AUM MINI INSULIN PEN NEEDLE		Nonpreferred brand	
AUM PEN NEEDLE 33G X 4 MM , 33G X 5 MM , 33G X 6 MM		Nonpreferred brand	
AUM READYGARD DUO PEN NEEDLE		Nonpreferred brand	
AUM SAFETY PEN NEEDLE		Nonpreferred brand	
BD AUTOSHIELD DUO PEN NEEDLES		Preferred brand	
BD ECLIPSE LUER-LOK NEEDLE		Nonpreferred brand	
BD ECLIPSE NEEDLE 25G X 1" , 25G X 1-1/2" , 25G X 5/8"		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML		Nonpreferred brand	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.3 ML		Preferred brand	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML		Nonpreferred brand	
BD INSULIN SYRINGE U/F 30G X 1/2" 0.5 ML		Preferred brand	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML		Nonpreferred brand	
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML		Preferred brand	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML		Nonpreferred brand	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.3 ML		Preferred brand	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML		Nonpreferred brand	
BD INSULIN SYRINGE U/F 31G X 5/16" 0.5 ML		Preferred brand	
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML		Nonpreferred brand	
BD INSULIN SYRINGE U/F 31G X 5/16" 1 ML		Preferred brand	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM		Nonpreferred brand	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM		Preferred brand	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)		Nonpreferred brand	
BD PEN NEEDLE NANO U/F 32G X 4 MM (OTC)		Preferred brand	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM		Nonpreferred brand	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM		Preferred brand	
BD POSIFLUSH		Nonpreferred brand	
BD SYRINGE LUER-LOK 30 ML		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML		Nonpreferred brand	
BD ULTRA-FINE INSULIN SYRINGES 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 6MM 0.5 ML		Preferred brand	
BD ULTRA-FINE PEN NEEDLES 31G X 5 MM , 31G X 8 MM , 32G X 6 MM		Preferred brand	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML		Nonpreferred brand	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML		Preferred brand	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML		Nonpreferred brand	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.5 ML		Preferred brand	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML		Nonpreferred brand	
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 1 ML		Preferred brand	
BD VERITOR HOME COVID-19 TEST IN VITRO KIT		Covered $0	QL
BINAXNOW COVID-19 AG HOME TEST		Covered $0	QL
BREATHE COMFORT CHAMBER/ADULT		Nonpreferred brand	
BREATHE COMFORT CHAMBER/CHILD		Nonpreferred brand	
BREATHE EASE LARGE		Nonpreferred brand	
BREATHE EASE MEDIUM		Nonpreferred brand	
BREATHE EASE SMALL		Nonpreferred brand	
CAREPOINT SYRINGE LUER LOCK 1 ML		Nonpreferred brand	
CARESTART COVID-19 HOME TEST		Covered $0	QL
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2"		Nonpreferred brand	
CARETOUCH LUER LOCK 1 ML		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
CAYA		Nonpreferred brand	PV2
CLEARDETECT COVID-19 AG HOME		Covered $0	QL
CLEVER CHOICE HOLDING CHAMBER		Nonpreferred brand	
CLINITEST RAPID COVID-19 TEST		Covered $0	QL
COMPACT SPACE CHAMBER		Nonpreferred brand	
COMPACT SPACE CHAMBER/LG MASK		Nonpreferred brand	
COMPACT SPACE CHAMBER/MED MASK		Nonpreferred brand	
COMPACT SPACE CHAMBER/SM MASK		Nonpreferred brand	
CONDOMS		Preventive	PV1; QL
COVID-19 AT-HOME TEST		Covered $0	QL
deferoxamine mesylate	Desferal	Generic	
DEFLUX METAL NEEDLE		Nonpreferred brand	
DIATRUST COVID-19 HOME TEST		Covered $0	QL
DOJOLVI		Preferred brand specialty	PA; SP
DROPLET MICRON		Nonpreferred brand	
EASIVENT		Nonpreferred brand	
EASY GLIDE LUER LOCK SYRINGE		Nonpreferred brand	
EASY GLIDE SLIP LOCK SYRINGE		Nonpreferred brand	
EASY TOUCH HYPODERMIC NEEDLE 16G X 1"		Nonpreferred brand	
EASYPOINT NEEDLE		Nonpreferred brand	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM		Nonpreferred brand	
ENDARI		Nonpreferred brand	PA; QL
ergoloid mesylates oral		Generic	
FC2 FEMALE CONDOM		Preventive	PV1; QL

Drug Name	Brand Reference	Drug Tier	Notes
FEMCAP		Nonpreferred brand	PV2; QL
FIRDAPSE		Preferred brand specialty	PA; SP; QL
FLEXICHAMBER		Nonpreferred brand	
FLOWFLEX COVID-19 AG HOME TEST		Covered $0	QL
GENABIO COVID-19 RAPID TEST		Covered $0	QL
GRASTEK		Not covered	QL
IHEALTH COVID-19 RAPID TEST		Covered $0	QL
INCONTROL ULTICARE PEN NEEDLES		Nonpreferred brand	
INDICAID COVID-19 RAPID TEST		Covered $0	QL
INSULIN PEN NEEDLES		Nonpreferred brand	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML		Nonpreferred brand	
INTELISWAB COVID-19 RAPID TEST		Covered $0	QL
J-TIP KIT W/VIAL ADAPTERS		Nonpreferred brand	
KERENDIA		Preferred brand	PA; QL
K-Y ME & YOU EXTRA LUBRICATED		Preventive	PV1; QL
K-Y ME & YOU INTENSE		Preventive	PV1; QL
methergine	Methergine	Generic	PA; QL
methylergonovine maleate oral	Methergine	Generic	PA; QL
MICROCHAMBER		Nonpreferred brand	
MONOJECT FLUSH SYRINGE		Nonpreferred brand	
MONOJECT HYPODERMIC NEEDLE 22G X 1-1/2"		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
MONOJECT SODIUM CHLORIDE FLUSH		Nonpreferred brand	
NORDIPEN 5 INJECTION DEVICE		Nonpreferred brand	
normal saline flush	Aquastat	Generic	
NORM-JECT LUER SLIP SYRINGE		Nonpreferred brand	
NOVOFINE AUTOCOVER PEN NEEDLE		Preferred brand	
NOVOFINE PEN NEEDLE		Preferred brand	
NOVOFINE PLUS PEN NEEDLE		Preferred brand	
NOVOTWIST PEN NEEDLE 32G X 5 MM		Preferred brand	
ODACTRA		Not covered	QL
OMNIPOD 5 G6 INTRO (GEN 5)		Preferred brand	QL
OMNIPOD 5 G6 POD (GEN 5)		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
ON/GO COVID-19 ANTIGEN TEST		Covered $0	QL
ON/GO ONE COVID-19 HOME TEST		Covered $0	QL
OPTICHAMBER DIAMOND		Nonpreferred brand	
OPTICHAMBER DIAMOND-LG MASK		Nonpreferred brand	
OPTICHAMBER DIAMOND-MD MASK		Nonpreferred brand	
OPTICHAMBER DIAMOND-SM MASK		Nonpreferred brand	
PALFORZIA ORAL PACKET 300 MG		Preferred brand specialty	PA; SP; QL
PHEXXI		Preventive	PV1; QL
PILOT COVID-19 AT-HOME TEST		Covered $0	QL
PIP PEN NEEDLES 31G X 5MM		Nonpreferred brand	
PIP PEN NEEDLES 32G X 4MM		Nonpreferred brand	
POCKET SPACER		Nonpreferred brand	

Drug Name	Brand Reference	Drug Tier	Notes
PRAKETAMIDE		Not covered	
PREMIUM CONDOMS LUBRICATED		Preventive	PV1; QL
PRO COMFORT SPACER ADULT		Nonpreferred brand	
PRO COMFORT SPACER CHILD		Nonpreferred brand	
PRO COMFORT SPACER INFANT		Nonpreferred brand	
PROCARE SPACER/ADULT MASK		Nonpreferred brand	
PROCARE SPACER/CHILD MASK		Nonpreferred brand	
PURE COMFORT SPACER CHAMBER		Nonpreferred brand	
QUICKVUE AT-HOME COVID-19 TEST		Covered $0	QL
RADIOGARDASE		Preferred brand	
RAGWITEK		Not covered	QL
RAYA SURE PEN NEEDLE		Nonpreferred brand	
SAFETY PEN NEEDLES		Nonpreferred brand	
SECURESAFE HYPODERMIC NEEDLE 19G X 1" , 19G X 1-1/2" , 22G X 1" , 25G X 1-1/2"		Nonpreferred brand	
sodium chloride flush	Aquastat	Generic	
SPEEDY SWAB COVID-19 ANTIGEN		Covered $0	QL
sterile water for irrigation	Argyle Sterile Water	Generic	
SYRINGE LUER LOCK 30 ML		Nonpreferred brand	
SYRINGE LUER SLIP 1 ML		Nonpreferred brand	
TAVNEOS		Nonpreferred specialty	PA; SP; QL
TIS-U-SOL		Not covered	
ULTIGUARD SAFEPACK SYR/NEEDLE		Nonpreferred brand	
V-GO 20		Preferred brand	QL
V-GO 30		Preferred brand	QL
V-GO 40		Preferred brand	QL
VISTOGARD		Preferred brand specialty	SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
VORTEX VALVED HOLDING CHAMBER		Nonpreferred brand	
water for irrigation, sterile	Argyle Sterile Water	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
ZOKINVY		Preferred brand specialty	PA; SP; QL
Ophthalmic Agents			
Aminoglycosides			
gentak		Generic	
gentamicin sulfate ophthalmic		Generic	
neomycin-polymyxin-gramicidin		Generic	
TOBRADEX OPHTHALMIC OINTMENT		Preferred brand	
TOBRADEX ST		Nonpreferred brand	
tobramycin ophthalmic		Generic	
tobramycin-dexamethasone	TobraDex	Generic	
TOBREX		Nonpreferred brand	
Antibacterials, Other			
ak-poly-bac	Polycin	Generic	
bacitracin ophthalmic		Generic	
bacitracin-polymyxin b ophthalmic	Polycin	Generic	
bacitra-neomycin-polymyxin-hc	Neo-Polycin HC	Generic	
neomycin-bacitracin zn-polymyx	Neo-Polycin	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
neomycin-polymyxin-dexameth ophthalmic ointment	Maxitrol	Generic	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	Maxitrol	Generic	
neomycin-polymyxin-hc ophthalmic		Generic	
neo-polycin	Neo-Polycin	Generic	
neo-polycin hc	Neo-Polycin HC	Generic	
polycin	Polycin	Generic	
polymyxin b-trimethoprim	Polytrim	Generic	
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 %	Isopto Atropine	Generic	
BLEPHAMIDE OPHTHALMIC SUSPENSION 10-0.2 %		Preferred brand	
BLEPHAMIDE S.O.P. OPHTHALMIC OINTMENT 10-0.2 %		Preferred brand	
CEQUA		Not covered	QL
cyclopentolate hcl ophthalmic	Cyclogyl	Generic	
cyclosporine ophthalmic	Restasis	Generic	
CYSTADROPS		Nonpreferred specialty	PA; SP; QL
CYSTARAN		Preferred brand specialty	PA; SP; QL
homatropaire		Generic	
ISOPTO ATROPINE		Not covered	
LACRISERT		Preferred brand	
OXERVATE		Preferred brand specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
PAREMYD		Nonpreferred brand	
PRED-G OPHTHALMIC SUSPENSION 0.3-1 %		Nonpreferred brand	
PRED-G S.O.P. OPHTHALMIC OINTMENT 0.3-0.6 %		Nonpreferred brand	
RESTASIS MULTIDOSE		Preferred brand	
sulfacetamide-prednisolone		Generic	
tropicamide ophthalmic	Mydriacyl	Generic	
VERKAZIA		Not covered	QL
XIIDRA		Preferred brand	QL
ZYLET		Nonpreferred brand	
Ophthalmic Anti-allergy Agents			
ALOCRIL		Nonpreferred brand	
ALOMIDE		Nonpreferred brand	
altafrin	Altafrin	Generic	
azelastine hcl ophthalmic		Generic	
bepotastine besilate	Bepreve	Generic	
cromolyn sodium ophthalmic		Generic	
CYCLOMYDRIL		Nonpreferred brand	
epinastine hcl		Generic	
olopatadine hcl ophthalmic	Pataday	Generic	
phenylephrine hcl ophthalmic	Altafrin	Generic	
UPNEEQ		Not covered	QL
ZERVIATE		Not covered	
Ophthalmic Antiglaucoma Agents			
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 %		Preferred brand	
apraclonidine hcl		Generic	
betaxolol hcl ophthalmic		Generic	
BETIMOL		Not covered	
BETOPTIC-S		Preferred brand	
brimonidine tartrate ophthalmic	Alphagan P	Generic	
brimonidine tartrate-timolol	Combigan	Generic	
brinzolamide	Azopt	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
carteolol hcl		Generic	
dorzolamide hcl ophthalmic	Trusopt	Generic	
dorzolamide hcl-timolol mal	Cosopt	Generic	
dorzolamide hcl-timolol mal pf	Cosopt PF	Generic	
IOPIDINE		Nonpreferred brand	
levobunolol hcl		Generic	
PHOSPHOLINE IODIDE		Not covered	
pilocarpine hcl ophthalmic		Generic	
RHOPRESSA		Preferred brand	ST; QL
ROCKLATAN		Preferred brand	ST; QL
SIMBRINZA		Not covered	
timolol maleate (once-daily)	Istalol	Not covered	
timolol maleate ocudose	Timoptic Ocudose	Not covered	
timolol maleate ophthalmic	Timoptic	Generic	
timolol maleate pf	Timoptic Ocudose	Not covered	
Ophthalmic Anti-inflammatories			
ACUVAIL		Not covered	
ALREX		Preferred brand	
bromfenac sodium (once-daily)		Generic	
BROMSITE		Not covered	
dexamethasone sodium phosphate ophthalmic		Generic	
diclofenac sodium ophthalmic		Generic	
difluprednate	Durezol	Generic	
EYSUVIS		Not covered	QL
FLAREX		Not covered	
fluorometholone	FML Liquifilm	Generic	
flurbiprofen sodium		Generic	
FML FORTE		Preferred brand	
FML OPHTHALMIC OINTMENT 0.1 %		Preferred brand	
ILEVRO		Not covered	
INVELTYS		Not covered	QL
ketorolac tromethamine ophthalmic	Acular	Generic	
LOTEMAX OPHTHALMIC OINTMENT		Nonpreferred brand	
LOTEMAX SM		Not covered	QL
loteprednol etabonate	Lotemax	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
MAXIDEX		Nonpreferred brand	
NEVANAC		Not covered	
PRED MILD		Preferred brand	
prednisolone acetate ophthalmic	Pred Forte	Generic	
PREDNISOLONE ACETATE P-F		Nonpreferred brand	
prednisolone sodium phosphate ophthalmic		Generic	
PROLENSA		Preferred brand	
TYRVAYA		Not covered	QL
Ophthalmic Prostaglandin and Prostamide Analogs			
bimatoprost ophthalmic		Generic	
latanoprost ophthalmic	Xalatan	Generic	
LUMIGAN		Preferred brand	
tafluprost (pf) solution 0.0015 % ophthalmic	Zioptan	Generic	
tafluprost (pf) solution 0.0015 % ophthalmic	Zioptan	Generic	
travoprost (bak free)	Travatan Z	Generic	
VYZULTA		Not covered	
XELPROS		Not covered	QL
Quinolones			
BESIVANCE		Nonpreferred brand	
CILOXAN		Preferred brand	
ciprofloxacin hcl ophthalmic		Generic	
gatifloxacin ophthalmic	Zymaxid	Generic	
levofloxacin ophthalmic		Generic	
moxifloxacin hcl (2x day)		Generic	
moxifloxacin hcl ophthalmic	Vigamox	Generic	
ofloxacin ophthalmic	Ocuflox	Generic	
Sulfonamides			
sulfacetamide sodium ophthalmic ointment		Not covered	
sulfacetamide sodium ophthalmic solution		Generic	

Drug Name	Brand Reference	Drug Tier	Notes
Otic Agents			
acetic acid otic		Generic	
CIPRO HC		Nonpreferred brand	
ciprofloxacin hcl otic	Cetraxal	Generic	
ciprofloxacin-dexamethasone	Ciprodex	Generic	
CIPROFLOXACIN-FLUOCINOLONE PF		Preferred brand	
CORTISPORIN-TC		Nonpreferred brand	
flac	Flac	Not covered	
fluocinolone acetonide otic	Flac	Not covered	
hydrocortisone-acetic acid	Acetasol HC	Not covered	
neomycin-polymyxin-hc otic		Generic	
ofloxacin otic		Generic	
OTOVEL		Preferred brand	
Respiratory Tract/Pulmonary Agents			
Antihistamines			
azelastine hcl nasal solution 0.1 %, 137 mcg/spray		Generic	QL
azelastine hcl nasal solution 0.15 %	Astepro	Not covered	QL
carbinoxamine maleate	RyVent	Not covered	
clemastine fumarate oral syrup		Not covered	
clemastine fumarate oral tablet 2.68 mg		Generic	
cyproheptadine hcl oral		Generic	
diphenhydramine hcl oral elixir		Generic	
olopatadine hcl nasal	Patanase	Not covered	QL
promethazine hcl oral		Generic	
promethazine hcl rectal	Promethegan	Generic	
promethegan	Promethegan	Generic	
RYCLORA		Not covered	
ryvent	RyVent	Not covered	
Anti-inflammatories, Inhaled Corticosteroids			
ADVAIR HFA		Preferred brand	QL
AIRDUO DIGIHALER		Not covered	
AIRDUO RESPICLICK 113/14		Not covered	QL
AIRDUO RESPICLICK 232/14		Not covered	QL

Drug Name	Brand Reference	Drug Tier	Notes
AIRDUO RESPICLICK 55/14		Not covered	QL
ALVESCO		Not covered	QL
ARMONAIR DIGIHALER		Not covered	QL
ARNUITY ELLIPTA		Preferred brand	QL
ASMANEX (120 METERED DOSES)		Not covered	QL
ASMANEX (30 METERED DOSES)		Not covered	QL
ASMANEX (60 METERED DOSES)		Not covered	QL
ASMANEX HFA		Not covered	QL
BECONASE AQ		Not covered	QL
BEVESPI AEROSPHERE		Not covered	QL
BREO ELLIPTA		Preferred brand	QL
budesonide inhalation	Pulmicort	Generic	
BUDESONIDE-FORMOTEROL FUMARATE		Not covered	ABA; QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT		Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT		Not covered	
FLOVENT DISKUS		Preferred brand	QL
FLOVENT HFA		Preferred brand	QL
flunisolide nasal		Generic	QL
FLUTICASONE FUROATE-VILANTEROL		Not covered	ABA; QL
FLUTICASONE PROPIONATE HFA		Not covered	ABA; QL
fluticasone propionate nasal	ClariSpray	Generic	QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Advair Diskus	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT		Nonpreferred brand	ABA; QL
OMNARIS		Not covered	QL
PULMICORT FLEXHALER		Preferred brand	QL
QNASL		Not covered	QL
QNASL CHILDRENS		Not covered	QL
QVAR REDIHALER		Preferred brand	QL
SYMBICORT		Preferred brand	QL

Drug Name	Brand Reference	Drug Tier	Notes
wixela inhub	Wixela Inhub	Generic	QL
XHANCE		Not covered	QL
ZETONNA		Not covered	QL
Antileukotrienes			
montelukast sodium oral	Singulair	Generic	QL
zafirlukast	Accolate	Generic	QL
zileuton er		Generic	QL
ZYFLO		Not covered	QL
Bronchodilators, Anticholinergic			
ATROVENT HFA		Preferred brand	QL
INCRUSE ELLIPTA		Not covered	QL
ipratropium bromide inhalation		Generic	
ipratropium bromide nasal		Generic	QL
LONHALA MAGNAIR REFILL KIT		Not covered	QL
LONHALA MAGNAIR STARTER KIT		Not covered	QL
SPIRIVA HANDIHALER		Preferred brand	QL
SPIRIVA RESPIMAT		Preferred brand	QL
TUDORZA PRESSAIR		Not covered	QL
YUPELRI		Preferred brand	QL
Bronchodilators, Sympathomimetic			
albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation	ProAir HFA	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		Preferred brand	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation		Generic	
albuterol sulfate oral		Generic	
arformoterol tartrate	Brovana	Generic	QL
AUVI-Q		Not covered	QL
epinephrine injection solution auto-injector	EpiPen/Jr	Generic	QL

Drug Name	Brand Reference	Drug Tier	Notes
formoterol fumarate inhalation	Perforomist	Generic	QL
levalbuterol hcl inhalation	XOPENEX NEB	Generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT		Nonpreferred brand	ABA; QL
PROAIR DIGIHALER		Not covered	
PROAIR RESPICLICK		Not covered	QL
SEREVENT DISKUS		Preferred brand	QL
STRIVERDI RESPIMAT		Not covered	QL
SYMJEPI		Preferred brand	QL
terbutaline sulfate oral		Generic	
VENTOLIN HFA		Not covered	QL
XOPENEX HFA		Nonpreferred brand	QL
Cystic Fibrosis Agents			
BRONCHITOL		Nonpreferred specialty	PA; SP; QL
BRONCHITOL TOLERANCE TEST		Nonpreferred specialty	PA; SP; QL
CAYSTON		Nonpreferred specialty	PA; SP; QL
KALYDECO		Preferred brand specialty	PA; SP; QL
ORKAMBI		Preferred brand specialty	PA; SP; QL
PULMOZYME		Preferred brand specialty	PA; SP
SYMDEKO		Preferred brand specialty	PA; SP; QL
TOBI PODHALER		Not covered	SP; QL
tobramycin inhalation nebulization solution 300 mg/4ml	Bethkis	Not covered	SP; QL
tobramycin nebulization solution 300 mg/5ml inhalation	Tobi	Generic specialty	SP; QL
TRIKAFTA		Preferred brand specialty	PA; SP; QL
Mast Cell Stabilizers			
cromolyn sodium inhalation		Generic	
Phosphodiesterase Inhibitors, Airways Disease			
elixophyllin	Elixophyllin	Generic	

Drug Name	Brand Reference	Drug Tier	Notes
roflumilast	Daliresp	Generic	QL
THEO-24		Preferred brand	
theophylline	Elixophyllin	Generic	
theophylline er		Generic	
Pulmonary Antihypertensives			
ADEMPAS		Preferred brand specialty	PA; SP; QL
alyq	Alyq	Generic specialty	PA; SP; QL
ambrisentan	Letairis	Generic specialty	PA; SP; QL
bosentan	Tracleer	Generic specialty	PA; SP; QL
OPSUMIT		Preferred brand specialty	PA; SP; QL
ORENITRAM		Nonpreferred specialty	PA; SP; QL
sildenafil citrate oral suspension reconstituted	Revatio	Generic	PA; QL
sildenafil citrate oral tablet 20 mg	Revatio	Generic	PA; QL
tadalafil (pah)	Alyq	Generic specialty	PA; SP; QL
TADLIQ		Nonpreferred specialty	PA; SP; QL
TRACLEER 32 MG		Nonpreferred specialty	PA; SP; QL
TYVASO		Preferred brand specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT		Preferred brand specialty	PA; SP; QL
TYVASO DPI TITRATION KIT		Preferred brand specialty	PA; SP; QL
TYVASO REFILL		Preferred brand specialty	PA; SP; QL
TYVASO STARTER		Preferred brand specialty	PA; SP; QL
UPTRAVI ORAL		Nonpreferred specialty	PA; SP; QL
VENTAVIS		Nonpreferred specialty	PA; SP; QL

Drug Name	Brand Reference	Drug Tier	Notes
Pulmonary Fibrosis Agents			
OFEV		Preferred brand specialty	PA; SP; QL
pirfenidone	Esbriet	Generic specialty	PA; SP; QL
Respiratory Tract Agents, Other			
acetylcysteine inhalation		Generic	
ANORO ELLIPTA		Preferred brand	QL
azelastine-fluticasone	Dymista	Not covered	QL
BREZTRI AEROSPHERE		Preferred brand	QL
COMBIVENT RESPIMAT		Preferred brand	QL
DUAKLIR PRESSAIR		Not covered	QL
FASENRA PEN		Preferred brand specialty	PA; SP; QL
HYPERSAL		Nonpreferred brand	
ipratropium-albuterol		Generic	
mometasone furoate nasal		Generic	QL
nebusal inhalation nebulization solution 3 %	Nebusal	Generic	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %		Not covered	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Preferred brand specialty	PA; SP; QL
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE		Preferred brand specialty	PA; SP; QL
ORALAIR		Not covered	QL
potassium iodide oral	SSKI	Generic	
pulmosal	PulmoSal	Generic	
RYALTRIS		Not covered	QL
sodium chloride inhalation	Nebusal	Generic	
SSKI		Nonpreferred brand	
STIOLTO RESPIMAT		Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR		Not covered	
TRELEGY ELLIPTA		Preferred brand	QL
Skeletal Muscle Relaxants			
BACLOFEN ORAL SOLUTION		Not covered	ABA; QL

Drug Name	Brand Reference	Drug Tier	Notes
baclofen oral tablet		Generic	
carisoprodol oral	Soma	Not covered	
chlorzoxazone oral tablet 250 mg		Not covered	
chlorzoxazone oral tablet 375 mg, 750 mg	Lorzone	Not covered	
chlorzoxazone oral tablet 500 mg		Generic	
cyclobenzaprine hcl er	Amrix	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg		Generic	
cyclobenzaprine hcl oral tablet 7.5 mg	Fexmid	Not covered	
dantrolene sodium oral	Dantrium	Generic	
FLEQSUVY		Not covered	QL
LYVISPAH		Not covered	QL
metaxalone		Generic	
methocarbamol oral tablet 1000 mg		Not covered	
methocarbamol oral tablet 500 mg, 750 mg		Generic	
MUSCUSOLICE		Not covered	
NORGESIC		Not covered	QL
NORGESIC FORTE		Not covered	
orphenadrine citrate er		Generic	
orphenadrine-aspirin-caffeine	Norgesic	Generic	PA; QL
ORPHENGESIC FORTE		Not covered	
OZOBAX		Not covered	QL
tizanidine hcl oral	Zanaflex	Generic	
Sleep Disorder Agents			
GABA Receptor Modulators			
EDLUAR		Not covered	QL
eszopiclone	Lunesta	Generic	QL
flurazepam hcl oral capsule 15 mg, 30 mg		Generic	QL
temazepam	Restoril	Generic	QL
triazolam	Halcion	Generic	QL
zaleplon		Generic	QL
zolpidem tartrate er	Ambien CR	Generic	QL
zolpidem tartrate oral	Ambien	Generic	QL
zolpidem tartrate sublingual		Not covered	QL
ZOLPIMIST		Not covered	

Drug Name	Brand Reference	Drug Tier	Notes
Sleep Disorders, Other			
BELSOMRA		Not covered	QL
DAYVIGO		Not covered	QL
doxepin hcl oral tablet	Silenor	Not covered	QL
HETLIOZ LQ		Nonpreferred specialty	PA; SP; QL
QUVIVIQ		Not covered	QL
ramelteon	Rozerem	Generic	QL
tasimelteon	Hetlioz	Generic specialty	PA; SP; QL
Wakefulness Promoting Agents			
armodafinil	Nuvigil	Generic	QL
modafinil	Provigil	Generic	QL
SODIUM OXYBATE		Nonpreferred specialty	PA; ABA; SP; QL
SUNOSI		Nonpreferred brand	PA; QL
WAKIX		Nonpreferred specialty	PA; SP; QL
XYREM		Nonpreferred specialty	PA; SP; QL
XYWAV		Not covered	SP; QL

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We speak your language

If you, or someone you're helping, needs assistance, you have the right to get help and information in your language at no cost. To talk to an interpreter, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member.

Si usted, o alguien a quien usted está ayudando, necesita asistencia, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al número telefónico de Servicio al cliente, que aparece en la parte trasera de su tarjeta, o 877-469-2583, TTY: 711 si usted todavía no es un miembro.

إذا كنت أنت أو شخص آخر تساعده بحاجة لمساعدة، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك دون أية تكلفة. للتحدث إلى مترجم اتصل برقم خدمة العملاء الموجود على ظهر بطاقتك، أو برقم 877-469-2583 TTY:711، إذا لم تكن مشتركا بالفعل.

如果您，或是您正在協助的對象，需要協助，您有權利免費以您的母語得到幫助和訊息。要洽詢一位翻譯員，請撥在您的卡背面的客戶服務電話；如果您還不是會員，請撥電話 877-469-2583, TTY: 711。

ئەگەر تۆ یان کەسێک کە یارمەتی دەدەیت، پێویستی بە یارمەتی هەیە، مافی خۆتە بە خۆڕایی یارمەتی و زانیاری بە زمانەکەی خۆت وەربگریت. بۆ قسەکردن لەگەڵ وەرگێڕ، پەیوەندی بکە بە ژمارەی خزمەتگوزاری بەکڕیاران کە لەپشت کارتەکەتەوەیە، یان 877-469-2583 TTY:711، ئەگەر ئەندام نیت.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, cần trợ giúp, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi số Dịch vụ Khách hàng ở mặt sau thẻ của quý vị, hoặc 877-469-2583, TTY: 711 nếu quý vị chưa phải là một thành viên.

Nëse ju, ose dikush që po ndihmoni, ka nevojë për asistencë, keni të drejtë të merrni ndihmë dhe informacion falas në gjuhën tuaj. Për të folur me një përkthyes, telefononi numrin e Shërbimit të Klientit në anën e pasme të kartës tuaj, ose 877-469-2583, TTY: 711 nëse nuk jeni ende një anëtar.

만약 귀하 또는 귀하가 돕고 있는 사람이 지원이 필요하다면, 귀하는 도움과 정보를 귀하의 언어로 비용 부담 없이 얻을 수 있는 권리가 있습니다. 통역사와 대화하려면 귀하의 카드 뒷면에 있는 고객 서비스 번호로 전화하거나, 이미 회원이 아닌 경우 877-469-2583, TTY: 711로 전화하십시오.

যদি আপনার, বা আপনি সাহায্য করছেন এমন কারো, সাহায্য প্রয়োজন হয়, তাহলে আপনার ভাষায় বিনামূল্যে সাহায্য ও তথ্য পাওয়ার অধিকার আপনার রয়েছে। কোনো একজন দোভাষীর সাথে কথা বলতে, আপনার কার্ডের পেছনে দেওয়া গ্রাহক সহায়তা নম্বরে কল করুন বা 877-469-2583, TTY: 711 যদি ইতোমধ্যে আপনি সদস্য না হয়ে থাকেন।

Jeśli Ty lub osoba, której pomagasz, potrzebujecie pomocy, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer działu obsługi klienta, wskazanym na odwrocie Twojej karty lub pod numer 877-469-2583, TTY: 711, jeżeli jeszcze nie masz członkostwa.

Falls Sie oder jemand, dem Sie helfen, Unterstützung benötigt, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer des Kundendienstes auf der Rückseite Ihrer Karte an oder 877-469-2583, TTY: 711, wenn Sie noch kein Mitglied sind.

Se tu o qualcuno che stai aiutando avete bisogno di assistenza, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, rivolgiti al Servizio Assistenza al numero indicato sul retro della tua scheda o chiama il 877-469-2583, TTY: 711 se non sei ancora membro.

ご本人様、またはお客様の身の回りの方で支援を必要とされる方でご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合はお持ちのカードの裏面に記載されたカスタマーサービスの電話番号 (メンバーでない方は877-469-2583, TTY: 711) までお電話ください。

Если вам или лицу, которому вы помогаете, нужна помощь, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по номеру телефона отдела обслуживания клиентов, указанному на обратной стороне вашей карты, или по номеру 877-469-2583, TTY: 711, если у вас нет членства.

Ukoliko Vama ili nekome kome Vi pomažete treba pomoć, imate pravo da besplatno dobijete pomoć i informacije na svom jeziku. Da biste razgovarali sa prevodiocem, pozovite broj korisničke službe sa zadnje strane kartice ili 877-469-2583, TTY: 711 ako već niste član.

Kung ikaw, o ang iyong tinutulungan, ay nangangailangan ng tulong, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa numero ng Customer Service sa likod ng iyong tarheta, o 877-469-2583, TTY: 711 kung ikaw ay hindi pa isang miyembro.

Important disclosure

Blue Cross Blue Shield of Michigan and Blue Care Network comply with Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Blue Cross Blue Shield of Michigan and Blue Care Network provide free auxiliary aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and information in other formats. If you need these services, call the Customer Service number on the back of your card, or 877-469-2583, TTY: 711 if you are not already a member. If you believe that Blue Cross Blue Shield of Michigan or Blue Care Network has failed to provide services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with: Office of Civil Rights Coordinator, 600 E. Lafayette Blvd., MC 1302, Detroit, MI 48226, phone: 888-605-6461, TTY: 711, fax: 866-559-0578, email: CivilRights@bcbsm.com. If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail, phone, or email at: U.S. Department of Health & Human Services, 200 Independence Ave, S.W., Washington, D.C. 20201, phone: 800-368-1019, TTD: 800-537-7697, email: OCRComplaint@hhs.gov. Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.



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