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## Changes to the Blue Cross Custom Select Drug List

The following are changes to the Blue Cross Custom Select Drug List that will be effective January 1, 2026.

### Drugs that won't be covered

We'll no longer cover the following drugs. Unless noted, both the brand name and available generic equivalents won't be covered. If you fill a prescription for one of these drugs on or after January 1, 2026, you'll be responsible for the full cost.

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

Drugs that won't be covered	Common use or drug class	Covered alternatives
Adderall XR®, Concerta®, Vyvanse®	ADHD	Amphetamine/dextroamphetamine, dexmethylphenidate, lisdexamphetamine, methylphenidate
Ala-scalp® lotion	Topical anti-inflammatory	Betamethasone dipropionate lotion 0.05%, desonide lotion 0.05%, hydrocortisone lotion 2.5%
Alkindi® sprinkle	Corticosteroid	Dexamethasone oral solution, hydrocortisone tablet, prednisone oral solution
Almotriptan	Migraine	Rizatriptan, sumatriptan, zolmitriptan tablets
Alosetron 1mg	Irritable bowel syndrome	Alosetron 0.5mg tablet, lubiprostone
Analpram HC cream 2.5-1%, Analpram-HC lotion 2.5%, Lidocort™	Topical anti-inflammatory	Hydrocortisone-pramoxine cream, hydrocortisone suppository, lidocaine-hydrocortisone cream
Anzemet®, Sancuso®	Antinausea	Granisetron, ondansetron
Arunity® Ellipta®	Asthma	Asmanex®, Asmanex® HFA, Pulmicort Flexhaler™
Aspruzyo® sprinkle	Heart conditions	Amlodipine, atenolol, metoprolol, ranolazine ER



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<b>Drugs that won't be covered</b>	<b>Common use or drug class</b>	<b>Covered alternatives</b>
Bimzelx®	Inflammatory conditions  Discuss treatment options with your provider based on your indication.	<u><b>Covered preferred products:</b></u> Enbrel®, Otezla®, Simlandi®, Simponi®, Tremfya®, Xeljanz®/XR, Yesintek™  <u><b>Covered nonpreferred products:</b></u> Cimzia®, Cosentyx®, Orencia®, Sotyktu®, Taltz®
Brexafemme®	Antifungal	Fluconazole tablet, miconazole suppository, terconazole cream
Bronchitol®	Cystic fibrosis	Pulmozyme®, hypertonic sodium chloride nebulization
Capex® shampoo 0.01%	Topical anti-inflammatory	Betamethasone valerate lotion, flurandrenolide lotion, triamcinolone acetonide lotion
Cimduo®, Emtriva® solution, Intelence® tablet 25mg, Reyataz® packet, Stribild®, Tybost®	HIV	Discuss treatment options with your doctor
Cycloset®	Diabetes	Glipizide, glyburide, metformin
Cystadrops®	Ocular anti-cystine agent	Cystaran®
Diclofenac sodium/misoprostol	Anti-inflammatory and GI protectant	Diclofenac sodium plus misoprostol
Duobrii®	Plaque psoriasis	Clobetasol 0.05%, fluocinonide 0.1%, halobetasol propionate plus generic tazarotene lotion
Duopa®, Onapgo™, Vyalev™	Parkinson's disease	Carbidopa/levodopa, carbidopa/levodopa/entacapone
Femring®, Menest®	Vasomotor symptoms	Estradiol gel, oral, or transdermal; Estratest® F.S.
Fluvastatin, fluvastatin ER, pitavastatin	Dyslipidemic	Atorvastatin, pravastatin, rosuvastatin, simvastatin
Fragmin®	Anticoagulant	Enoxaparin, fondaparinux, heparin
Hetlioz® LQ	Sleep agent for Smith-Magenis Syndrome (SMS)	Acebutolol in combination with over-the-counter melatonin, tasimelteon
HyperSal®, NebuSal™, PulmoSal™	Respiratory agent	Sodium chloride nebulization



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<b>Drugs that won't be covered</b>	<b>Common use or drug class</b>	<b>Covered alternatives</b>
Intrarosa®	Menopause symptoms	Estradiol oral, estradiol ring, Imvexxy®, Premarin® vaginal cream
Iopidine®	Glaucoma	Apraclonidine 0.5% ophthalmic solution
Jylamvo®	Immunosuppressant	Methotrexate, Trexall®
Levorphanol	Pain	Hydrocodone, morphine/ER, oxycodone, tramadol/ER
Levothyroxine (equivalent to Tirosint®)	Hypothyroidism	Levothyroxine, Tirosint®, Tirosint-SOL®
Locoid Lipocream® 0.1%	Topical anti-inflammatory	Betamethasone valerate, hydrocortisone butyrate, hydrocortisone valerate creams
Lupkynis®	Lupus nephritis	Benlysta®, cyclophosphamide plus glucocorticoids (such as dexamethasone), mycophenolate mofetil plus glucocorticoids (such as dexamethasone)
Marplan®	Antidepressant	Citalopram, duloxetine, phenelzine, sertraline, tranylcypromine
Menostar®	Post menopausal osteoporosis prevention	Alendronate, estradiol, risedronate
Mytesi®	Antidiarrheal	Diphenoxylate-atropine, loperamide
Nitro-Time	Heart conditions	Nitro-BID®, nitroglycerin patch or sublingual
Nityr®	Hereditary tyrosinemia type-1	Nitisinone capsule, Orfadin® oral suspension
Noxfil® Pak	Antifungal	Posaconazole
Nymalyze®	Subarachnoid hemorrhage	Nimodipine capsule
Ocaliva®	Primary biliary cholangitis	Iqirvo®, Livdelzi®, ursodiol
Oriahnn®	Menstrual bleeding	Generic contraceptives (such as Camila, Gemmily), drospirenone/ethinyl estradiol, Myfembree®



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<b>Drugs that won't be covered</b>	<b>Common use or drug class</b>	<b>Covered alternatives</b>
Rinvoq® / Rinvoq® LQ	Inflammatory conditions  Discuss treatment options with your provider based on your indication.	<u>Covered preferred products:</u> Adbry®, Cibinqo®, Dupixent®, Enbrel®, Otezla®, Simlandi®, Simponi®, Tremfya®, Tyenne®, Xeljanz®/XR, Yesintek™  <u>Covered nonpreferred products:</u> Cimzia®, Cosentyx®, Entyvio®, Kevzara®, Kineret®, Olumiant®, Orencia®, Taltz®, Zeposia®
Secuado®	Antipsychotic	Aripiprazole, clozapine, olanzapine, risperidone, quetiapine
Siklos®, Xromi®	Sickle cell anemia	Droxia®, hydroxyurea
Skyrizi®	Inflammatory conditions  Discuss treatment options with your provider based on your indication.	<u>Covered preferred products:</u> Enbrel®, Otezla®, Simlandi®, Simponi®, Tremfya®, Xeljanz®/XR, Yesintek™  <u>Covered nonpreferred products:</u> Cimzia®, Cosentyx®, Entyvio®, Orencia®, Sotyktu®, Taltz®, Zeposia®
Synarel®	Endometriosis	Discuss treatment options with your doctor
Tekturna HCT®	Heart conditions	Aliskiren plus hydrochlorothiazide, candesartan/hydrochlorothiazide, losartan/hydrochlorothiazide
Theo-24®	Lung conditions	Theophylline ER tablet, theophylline solution
Tolak® cream 4%	Actinic keratosis	Diclofenac sodium gel 3%, fluorouracil cream 5%, imiquimod cream 5%
Tracleer® 32mg oral suspension	Pulmonary antihypertensive	Ambrisentan, bosentan tablet, sildenafil, tadalafil
Trecator®	Tuberculosis	Discuss treatment options with your doctor
Xalkori®, Zykadia®	Antineoplastic	Alecensa®, Alunbrig®, Lorbrena®
Xatmep®	Immunosuppressant	Methotrexate, Trexall®
Zolmitriptan NS, Zomig® NS	Migraine	Sumatriptan nasal spray, rizatriptan, zolmitriptan tablet



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## Drugs that will have a higher copayment

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

<b>Drugs that will have a higher copayment</b>	<b>Common use or drug class</b>	<b>Preferred alternatives</b>
Entresto® sprinkle	Heart conditions	Sacubitril/valsartan tablets, enalapril, ivabradine, lisinopril, losartan, valsartan
Erleada®, Nubeqa®	Antiandrogen	Abirtega™, Xtandi®
Ery 2% pads	Acne	Erythromycin gel 2%
Inbrija®, Nourianz®	Parkinson's disease	Carbidopa/levodopa, carbidopa/levodopa/entacapone, pramipexole/ER, ropinirole/ER
Narcan® nasal spray	Opioid reversal	Naloxone nasal spray, Kloxxado®, Rextovy™
Rhopressa®, Rocklatan®	Glaucoma	Bimatoprost, latanoprost, timolol ophthalmic solutions



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

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## PPO

Blue Cross® Premier PPO

Community Blue<sup>SM</sup> PPO

Community Blue<sup>SM</sup> HRA PPO

Simply Blue<sup>SM</sup> PPO

Simply Blue<sup>SM</sup> HRA PPO

Simply Blue<sup>SM</sup> HSA PPO

Simply Blue<sup>SM</sup> Routine Care PPO

Call the number on the back of your member ID card to:

- Find a participating retail pharmacy by ZIP code
- Look up lower-cost medication alternatives
- Compare medication pricing and options

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

# Blue Cross Blue Shield of Michigan Custom Select Drug List

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

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

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

## About this drug list

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

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

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

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

## Nonformulary (not covered) drugs

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To accomplish this, we don't cover some high-cost drugs that have comparable therapeutic alternatives with similar effectiveness, quality and safety, but at a fraction of the cost. If you have a question about a drug that isn't covered and doesn't appear on this list, call the Customer Service number on the back of your Blue Cross member ID card.

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

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

## **Specialty drugs**

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

## **Preventive drug coverage**

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

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

## **New generics**

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

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

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

## **Prescription coverage**

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

## **Vaccines**

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

# Reading your drug list

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

## Tier information

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

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

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

continued

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

## Drug list information

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

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

# How to fill a prescription

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

- **Specialty drugs**

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

- **All other drugs**

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

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](http://bcbsm.com/pharmacy).

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

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

# How prior authorization, step therapy and quantity limits work

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## Prior authorization

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

## Step therapy

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

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

## Quantity limits

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

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

## How to request authorization

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

### To request coverage of a drug:

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

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

Doctors can request authorization one of four ways:

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

**Note:** Prior authorization for antineoplastics and oncology supportive care drugs is required through the Oncology Value Management program, which is administered by OncoHealth.

- **Electronic prior authorization:** Submit requests through the OncoHealth OneUM™ portal, which you can access by logging in to our provider portal ([availability.com](http://availability.com)\*), clicking *Payer Spaces* and then clicking the BCBSM and BCN logo. This takes you to the Blue Cross and BCN payer space where you'll click the *OncoHealth Provider Portal* tile.
- **Call:** 1-888-916-2616
- **Fax:** 1-800-264-6128
- **Write:**  
OncoHealth  
7000 Central Parkway, Ste 1750  
Atlanta, GA 30328

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

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

**Send us your feedback:**

Please send your comments and suggestions about this list to:

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

## BCBSM Custom Select Drug List - October 2025

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Drug Name	Drug Tier	Notes
<b>Analgesics</b>		
JOURNAVX	Not covered	QL
<b>Nonsteroidal Anti-inflammatory Drugs</b>		
aspirin 81 oral tablet delayed release	Preventive	PV1
aspirin adult low dose	Preventive	PV1
aspirin adult low strength	Preventive	PV1
aspirin childrens	Preventive	PV1
aspirin ec adult low dose	Preventive	PV1
aspirin ec low dose	Preventive	PV1
aspirin ec low strength	Preventive	PV1
aspirin low dose	Preventive	PV1
aspirin oral tablet chewable	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Preventive	PV1
aspirin regimen	Preventive	PV1
celecoxib oral	Generic	
COMBOGESIC ORAL	Not covered	
COXANTO	Not covered	QL
DICLOFENAC PATCH 1.3%	Not covered	ABA; QL
diclofenac potassium oral capsule	Not covered	QL
diclofenac potassium oral tablet 25 mg	Not covered	
diclofenac potassium oral tablet 50 mg	Generic	
diclofenac sodium er	Generic	
diclofenac sodium external gel 1 %	Generic	QL
diclofenac sodium external solution 1.5 %	Generic	
diclofenac sodium external solution 2 %	Not covered	QL
diclofenac sodium oral	Generic	
diclofenac-misoprostol	Generic	
diflunisal oral	Generic	
DOLOBID	Not covered	
ec-naproxen	Generic	
ELYXYB	Not covered	
etodolac	Generic	
etodolac er	Generic	
fenoprofen calcium oral capsule 200 mg	Not covered	QL
fenoprofen calcium oral capsule 400 mg	Generic	QL
fenoprofen calcium oral tablet 600 mg	Not covered	QL

Drug Name	Drug Tier	Notes
FENOPRON	Not covered	
FLECTOR	Not covered	QL
flurbiprofen oral	Generic	
ft aspirin low dose	Preventive	PV1
ft aspirin oral tablet chewable	Preventive	PV1
goodsense aspirin low dose	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Generic	
ibuprofen oral tablet 300 mg	Not covered	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Generic	
ibuprofen-famotidine	Not covered	QL
indomethacin er	Generic	
indomethacin oral capsule	Generic	
indomethacin oral suspension	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	Not covered	QL
indomethacin rectal suppository 50 mg	Generic	QL
ketoprofen er	Generic	
ketoprofen oral capsule 25 mg	Generic	PA; QL
ketoprofen oral capsule 50 mg	Generic	
ketorolac tromethamine injection	Generic	
ketorolac tromethamine intramuscular solution 60 mg/2ml	Generic	
ketorolac tromethamine oral	Generic	QL
LICART	Not covered	QL
meclofenamate sodium oral	Generic	
mefenamic acid oral	Generic	
meloxicam oral capsule	Not covered	QL
MELOXICAM ORAL SUSPENSION	Not covered	ABA
meloxicam oral tablet	Generic	
mm aspirin	Preventive	PV1
nabumetone oral	Generic	
naproxen dr	Generic	
naproxen oral suspension	Generic	
naproxen oral tablet	Generic	
naproxen oral tablet delayed release	Generic	
naproxen sodium er	Not covered	

Drug Name	Drug Tier	Notes
naproxen sodium oral tablet 275 mg, 550 mg	Generic	
naproxen-esomeprazole mg	Not covered	QL
OXAPROZIN ORAL CAPSULE	Not covered	ABA; QL
oxaprozin oral tablet	Generic	
piroxicam oral	Generic	
RELAFEN DS	Not covered	
salsalate oral	Generic	
SPRIX	Not covered	QL
sulindac oral	Generic	
TOLECTIN 600	Not covered	
tolmetin sodium oral capsule	Not covered	
tolmetin sodium oral tablet	Generic	
<b>Opioid Analgesics, Long-acting</b>		
BELBUCA	Not covered	QL
buprenorphine	Generic	QL
CONZIP	Not covered	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	Generic	QL
fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr	Not covered	QL
hydrocodone bitartrate er oral capsule extended release 12 hour	Generic	PA; QL
hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrant	Not covered	QL
hydromorphone hcl er	Not covered	QL
levorphanol tartrate oral	Generic	PA; QL
methadone hcl intensol	Generic	
methadone hcl oral concentrate	Generic	
methadone hcl oral solution	Generic	
methadone hcl oral tablet	Generic	
morphine sulfate er beads	Not covered	QL
morphine sulfate er oral capsule extended release 24 hour	Not covered	QL
morphine sulfate er oral tablet extended release	Generic	QL
NUCYNTA ER	Nonpreferred brand	PA; QL
OXYCONTIN	Not covered	QL
oxymorphone hcl er	Generic	PA; QL

Drug Name	Drug Tier	Notes
QDOLO ORAL SOLUTION 5 MG/ML	Not covered	QL
TRAMADOL HCL (ER BIOPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR	Not covered	ABA
tramadol hcl (er biphasic) oral tablet extended release 24 hour	Generic	
tramadol hcl er	Generic	
TRAMADOL HCL ORAL SOLUTION	Not covered	ABA; QL
XTAMPZA ER	Preferred brand	PA; QL
<b>Opioid Analgesics, Short-acting</b>		
acetaminophen-codeine	Generic	
ALLZITAL	Not covered	
APADAZ	Not covered	QL
apap-caff-dihydrocodeine	Generic	
ascomp-codeine	Generic	
bac (butalbital-acetamin-caff)	Generic	
BENZHYDROCODONE-ACETAMINOPHEN	Not covered	ABA; QL
butalbital-acetaminophen oral capsule	Not covered	
butalbital-acetaminophen oral tablet 50-300 mg	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Generic	
butalbital-apap-caff-cod	Generic	
butalbital-apap-caffeine oral capsule	Generic	
butalbital-apap-caffeine oral tablet	Generic	
butalbital-asa-caff-codeine	Generic	
butalbital-aspirin-caffeine	Generic	
butorphanol tartrate nasal	Generic	
codeine sulfate	Generic	
endocet	Generic	
fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	Generic	PA; QL
FENTANYL CITRATE BUCCAL TABLET 200 MCG	Not covered	ABA; QL
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	Not covered	QL
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	Generic	
hydrocodone-acetaminophen oral tablet	Generic	

Drug Name	Drug Tier	Notes
hydrocodone-ibuprofen	Generic	
hydromorphone hcl oral	Generic	
hydromorphone hcl rectal	Generic	
meperidine hcl oral solution	Generic	
meperidine hcl oral tablet	Not covered	
morphine sulfate (concentrate)	Generic	
morphine sulfate oral	Generic	
morphine sulfate rectal	Generic	
nalbuphine hcl injection	Generic	
NALOCET	Not covered	
NUCYNTA	Nonpreferred brand	PA; QL
oxycodone hcl oral capsule	Generic	QL
oxycodone hcl oral concentrate	Generic	QL
oxycodone hcl oral solution	Generic	QL
oxycodone hcl oral tablet	Generic	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	Not covered	ABA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Generic	
oxymorphone hcl	Generic	QL
pentazocine-naloxone hcl	Generic	
PROLATE	Not covered	
ROXYBOND	Not covered	
SEGLENTIS ORAL TABLET 56-44 MG	Not covered	
TENCON	Not covered	
tramadol hcl oral tablet 100 mg	Generic	
tramadol hcl oral tablet 25 mg, 75 mg	Not covered	
tramadol hcl oral tablet 50 mg	Generic	
tramadol-acetaminophen	Generic	
<b>Anesthetics</b>		
<b>Local Anesthetics</b>		
DIABECIN HR	Not covered	

Drug Name	Drug Tier	Notes
glydo	Generic	
lidocaine external ointment 5 %	Not covered	
lidocaine external patch 5 %	Not covered	
lidocaine hcl external solution	Generic	
lidocaine hcl mouth/throat	Generic	
lidocaine hcl urethral/mucosal external gel	Not covered	
lidocaine hcl urethral/mucosal external prefilled syringe	Generic	
lidocaine viscous hcl	Generic	
lidocaine-prilocaine external cream	Generic	
PLIAGLIS EXTERNAL CREAM 7-7 %	Not covered	
ZTLIDO	Not covered	QL
<b>Anti-Addiction/Substance Abuse Treatment Agents</b>		
<b>Alcohol Deterrents/Anti-craving</b>		
acamprosate calcium	Generic	
disulfiram oral	Generic	
naltrexone hcl oral	Generic	
<b>Opioid Dependence Treatments</b>		
buprenorphine hcl sublingual	Generic	
buprenorphine hcl-naloxone hcl	Generic	QL
lofexidine hcl	Generic	QL
ZUBSOLV	Preferred brand	QL
<b>Opioid Reversal Agents</b>		
ft naloxone hcl	Generic	QL
KLOXXADO	Preferred brand	QL
naloxone hcl injection	Generic	
naloxone hcl nasal	Generic	QL
NARCAN	Preferred brand	QL
OPVEE	Preferred brand	QL
REXTOVY	Preferred brand	QL
RIVIVE	Preferred brand	QL
ZIMHI	Preferred brand	QL
<b>Smoking Cessation Agents</b>		
bupropion hcl er (smoking det)	Generic	PV2; QL; AL (Min 18 Years)
ft nicotine	Preventive	PV1; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
ft nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat gum	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat lozenge 4 mg	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Preventive	PV1; QL; AL (Min 18 Years)
nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mini	Preventive	PV1; QL; AL (Min 18 Years)
nicotine polacrilex mouth/throat	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 1	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 2	Preventive	PV1; QL; AL (Min 18 Years)
nicotine step 3	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal kit	Preventive	PV1; QL; AL (Min 18 Years)
nicotine transdermal patch 24 hour 21 mg/24hr	Preventive	PV1; QL; AL (Min 18 Years)
NICOTROL	Nonpreferred brand	PV2; QL; AL (Min 18 Years)
NICOTROL NS	Nonpreferred brand	PV2; QL; AL (Min 18 Years)
varenicline tartrate	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)	Generic	PV2; QL; AL (Min 18 Years)
<b>Antibacterials</b>		
<b>Aminoglycosides</b>		
ARIKAYCE	Preferred brand specialty	PA; SP; QL
gentamicin sulfate external	Generic	
HUMATIN	Nonpreferred brand	
neomycin sulfate oral	Generic	
<b>Antibacterials, Other</b>		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG	Not covered	QL
CLEOCIN VAGINAL SUPPOSITORY	Nonpreferred brand	
clindamycin hcl oral	Generic	
clindamycin palmitate hcl	Generic	
clindamycin phosphate vaginal	Generic	
CLINDESSE	Nonpreferred brand	
fosfomycin tromethamine	Generic	
LIKMEZ	Nonpreferred brand	QL
linezolid oral	Generic	
mafenide acetate external packet 5 %	Not covered	

Drug Name	Drug Tier	Notes
methenamine hippurate	Generic	
metronidazole oral capsule	Not covered	
metronidazole oral tablet 125 mg	Not covered	
metronidazole oral tablet 250 mg, 500 mg	Generic	
metronidazole vaginal	Generic	
mupirocin cream	Not covered	
mupirocin ointment	Generic	
NEO-SYNALAR	Not covered	
nitrofurantoin macrocrystal	Generic	
nitrofurantoin monohydrate macrocrystals	Generic	
nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml	Generic	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	Not covered	ABA
NUVESSA	Not covered	
ORLYNVAH	Nonpreferred brand	PA; QL
silver sulfadiazine external	Generic	
SIVEXTRO ORAL	Nonpreferred brand	QL
SOLOSEC	Not covered	QL
ssd	Generic	
SULFAMYLYON	Nonpreferred brand	
tinidazole oral	Generic	QL
trimethoprim oral	Generic	
vancomycin hcl oral capsule	Generic	
vancomycin hcl oral solution reconstituted	Generic	QL
VANDAZOLE	Nonpreferred brand	
XACIATO	Not covered	
XIFAXAN ORAL TABLET 200 MG	Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG	Nonpreferred brand	PA; QL
<b>Beta-lactam, Cephalosporins</b>		
cefaclor	Generic	
cefaclor er	Generic	
cefadroxil	Generic	
cefdinir	Generic	
cefixime	Generic	
cefpodoxime proxetil	Generic	

Drug Name	Drug Tier	Notes
cefprozil	Generic	
cefuroxime axetil	Generic	
cephalexin	Generic	
<b>Beta-lactam, Penicillins</b>		
amoxicillin	Generic	
amoxicillin-potassium clavulanate	Generic	
amoxicillin-potassium clavulanate er	Generic	
amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	Generic	
ampicillin	Generic	
AUGMENTIN	Nonpreferred brand	
dicloxacillin sodium	Generic	
penicillin v potassium	Generic	
<b>Macrolides</b>		
azithromycin oral packet 1 gm	Generic	
clarithromycin er	Generic	
clarithromycin oral	Generic	
DIFICID ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	QL
E.E.S. 400	Not covered	
erythromycin base oral	Generic	
erythromycin ethylsuccinate oral	Generic	
erythromycin oral	Generic	
fidaxomicin	Generic	QL
ZITHROMAX ORAL PACKET 1 GM	Nonpreferred brand	
<b>Quinolones</b>		
BAXDELA ORAL	Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
ciprofloxacin hcl oral	Generic	
levofloxacin oral	Generic	
moxifloxacin hcl oral	Generic	
ofloxacin oral	Generic	
<b>Sulfonamides</b>		
sulfadiazine oral	Generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Generic	

Drug Name	Drug Tier	Notes
sulfamethoxazole-trimethoprim oral tablet	Generic	
sulfatrim pediatric	Generic	
<b>Tetracyclines</b>		
demeclocycline hcl	Generic	
DORYX MPC	Not covered	
doxycycline hyclate oral capsule	Generic	
doxycycline hyclate oral tablet 100 mg, 20 mg	Generic	
doxycycline hyclate oral tablet 150 mg	Not covered	QL
doxycycline hyclate oral tablet 50 mg	Not covered	
doxycycline hyclate oral tablet 75 mg	Generic	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Not covered	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	Not covered	ABA
doxycycline monohydrate oral capsule 100 mg, 50 mg	Generic	
doxycycline monohydrate oral capsule 150 mg	Generic	ST
doxycycline monohydrate oral capsule 75 mg	Not covered	
doxycycline monohydrate oral suspension reconstituted	Generic	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Generic	
doxycycline monohydrate oral tablet 150 mg	Generic	
minocycline hcl er	Not covered	
minocycline hcl oral	Generic	
NUZYRA ORAL	Nonpreferred brand	QL
SEYSARA	Not covered	
tetracycline hcl oral capsule	Generic	
TETRACYCLINE HCL ORAL TABLET	Not covered	
<b>Anticonvulsants</b>		
<b>Anticonvulsants, Other</b>		
BRIVIACT ORAL	Nonpreferred brand	PA; QL
ELEPSIA XR	Not covered	QL
EPIDIOLEX	Nonpreferred specialty	PA; SP; QL
FINTEPLA	Nonpreferred specialty	PA; SP; QL
levetiracetam er	Generic	
levetiracetam oral solution	Generic	

Drug Name	Drug Tier	Notes
levetiracetam oral tablet	Generic	
roweepra	Generic	
SPRITAM	Not covered	QL
<b>Calcium Channel Modifying Agents</b>		
ethosuximide oral	Generic	
methsuximide	Generic	
ZONISADE	Nonpreferred brand	PA; QL
zonisamide oral	Generic	
<b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b>		
clobazam oral suspension 2.5 mg/ml	Generic	QL
clobazam oral tablet	Generic	QL
DIACOMIT	Nonpreferred specialty	PA; SP; QL
diazepam rectal	Generic	
gabapentin oral capsule	Generic	
gabapentin oral solution	Generic	
gabapentin oral tablet 600 mg, 800 mg	Generic	
GABARONE	Not covered	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Nonpreferred brand	QL
NAYZILAM	Preferred brand	QL
phenobarbital oral	Generic	
primidone oral	Generic	
SYMPAZAN	Not covered	QL
tiagabine hcl	Generic	
valproic acid oral capsule	Generic	
valproic acid oral solution 250 mg/5ml	Generic	
VALTOCO 10 MG DOSE	Preferred brand	QL
VALTOCO 15 MG DOSE	Preferred brand	QL
VALTOCO 20 MG DOSE	Preferred brand	QL
VALTOCO 5 MG DOSE	Preferred brand	QL
vigabatrin	Generic specialty	PA; SP; QL
VIGAFYDE	Not covered	SP; QL
vigpoder oral packet 500 mg	Generic specialty	PA; SP; QL
XCOPRI	Nonpreferred brand	PA; QL

Drug Name	Drug Tier	Notes
ZTALMY	Preferred brand specialty	PA; SP; QL
<b>Glutamate Reducing Agents</b>		
felbamate	Generic	
FYCOMPA ORAL SUSPENSION	Nonpreferred brand	QL
LAMICTAL XR ORAL KIT	Nonpreferred brand	
lamotrigine er	Generic	
lamotrigine oral kit	Generic	
lamotrigine oral tablet	Generic	
lamotrigine oral tablet chewable	Generic	
lamotrigine oral tablet dispersible	Generic	
lamotrigine starter kit-blue	Generic	
lamotrigine starter kit-green	Generic	
lamotrigine starter kit-orange	Generic	
perampanel	Generic	QL
subvenite	Generic	
subvenite starter kit-blue	Generic	
subvenite starter kit-green	Generic	
subvenite starter kit-orange	Generic	
topiramate er oral capsule er 24 hour sprinkle	Generic	PA; QL
topiramate er oral capsule extended release 24 hour	Not covered	QL
topiramate oral capsule sprinkle	Generic	
topiramate oral solution	Generic	PA; QL
topiramate oral tablet	Generic	
<b>Sodium Channel Agents</b>		
carbamazepine er	Generic	
carbamazepine oral suspension 100 mg/5ml	Generic	
carbamazepine oral tablet	Generic	
carbamazepine oral tablet chewable	Generic	
DILANTIN ORAL CAPSULE 30 MG	Preferred brand	
epitol oral tablet 200 mg	Generic	
eslicarbazepine acetate	Not covered	QL
lacosamide oral solution 10 mg/ml	Generic	
lacosamide oral tablet	Generic	QL
MOTPOLY XR	Not covered	QL

Drug Name	Drug Tier	Notes
oxcarbazepine er	Not covered	QL
oxcarbazepine oral suspension	Generic	
oxcarbazepine oral tablet	Generic	
phenytek	Generic	
phenytoin infatabs	Generic	
phenytoin oral	Generic	
phenytoin sodium extended	Generic	
rufinamide oral suspension	Generic	
rufinamide oral tablet	Generic	PA; QL
<b>Antidementia Agents</b>		
<b>Antidementia Agents, Other</b>		
memantine hcl-donepezil hcl	Not covered	QL
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG	Not covered	QL
<b>Cholinesterase Inhibitors</b>		
ADLARITY	Nonpreferred brand	PA; QL
donepezil hcl oral tablet 10 mg, 5 mg	Generic	
donepezil hcl oral tablet 23 mg	Not covered	QL
donepezil hcl oral tablet dispersible	Generic	
galantamine hydrobromide	Generic	
galantamine hydrobromide er	Generic	
rivastigmine	Generic	
rivastigmine tartrate	Generic	
ZUNVEYL	Not covered	
<b>N-methyl-D-aspartate (NMDA) Receptor Antagonist</b>		
memantine hcl er	Generic	QL
memantine hcl oral solution 2 mg/ml	Generic	
memantine hcl oral tablet 10 mg, 5 mg	Generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Generic	QL
<b>Antidepressants</b>		
<b>Antidepressants, Other</b>		
APLENZIN	Not covered	
AUVELITY	Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Generic	

Drug Name	Drug Tier	Notes
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Generic	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Not covered	ABA; QL
bupropion hcl oral	Generic	
chlordiazepoxide-amitriptyline	Generic	
FORFIVO XL	Not covered	QL
mirtazapine oral	Generic	
olanzapine-fluoxetine hcl	Generic	
perphenazine-amitriptyline	Generic	
ZURZUVAE	Nonpreferred brand	PA; QL
<b>Monoamine Oxidase Inhibitors</b>		
EMSAM	Nonpreferred brand	PA; QL
MARPLAN	Nonpreferred brand	
phenelzine sulfate oral	Generic	
tranylcypromine sulfate	Generic	
<b>SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)</b>		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	Not covered	QL
citalopram hydrobromide oral solution 10 mg/5ml	Generic	
citalopram hydrobromide oral tablet	Generic	
DESVENLAFAKINE ER	Not covered	QL
desvenlafaxine succinate er	Generic	
DRIZALMA SPRINKLE	Not covered	QL
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Generic	
duloxetine hcl oral capsule delayed release particles 40 mg	Not covered	
escitalopram oxalate oral	Generic	
FETZIMA	Not covered	QL
FETZIMA TITRATION	Not covered	QL
fluoxetine hcl (pmdd)	Generic	
fluoxetine hcl oral	Generic	
fluvoxamine maleate	Generic	
fluvoxamine maleate er	Generic	

Drug Name	Drug Tier	Notes
nefazodone hcl	Generic	
paroxetine hcl er	Generic	
paroxetine hcl oral suspension	Generic	
paroxetine hcl oral tablet	Generic	
paroxetine mesylate	Not covered	QL
PAXIL ORAL SUSPENSION 10 MG/5ML	Nonpreferred brand	
RALDESY	Not covered	
sertraline hcl oral capsule	Not covered	QL
sertraline hcl oral concentrate	Generic	
sertraline hcl oral tablet	Generic	
trazodone hcl oral	Generic	
TRINTELLIX	Nonpreferred brand	ST; QL
VENLAFAKINE BESYLATE ER	Not covered	QL
venlafaxine hcl	Generic	
venlafaxine hcl er oral capsule extended release 24 hour	Generic	
venlafaxine hcl er oral tablet extended release 24 hour	Not covered	
vilazodone hcl	Generic	
<b>Tricyclics</b>		
amitriptyline hcl oral	Generic	
amoxapine	Generic	
clomipramine hcl oral	Generic	
desipramine hcl oral	Generic	
doxepin hcl oral capsule	Generic	
doxepin hcl oral concentrate	Generic	
imipramine hcl oral	Generic	
imipramine pamoate	Generic	
nortriptyline hcl oral	Generic	
protriptyline hcl	Generic	
trimipramine maleate oral	Generic	
<b>Antiemetics</b>		
<b>Antiemetics, Other</b>		
ANTIVERT ORAL TABLET CHEWABLE 25 MG	Not covered	
BONJESTA	Not covered	QL
doxylamine-pyridoxine	Not covered	QL

Drug Name	Drug Tier	Notes
GIMOTI	Not covered	QL
meclizine hcl oral tablet	Not covered	
metoclopramide hcl oral solution	Generic	
metoclopramide hcl oral tablet	Generic	
metoclopramide hcl oral tablet dispersible	Not covered	
perphenazine oral	Generic	
prochlorperazine	Generic	
prochlorperazine maleate oral	Generic	
promethazine hcl oral solution 6.25 mg/5ml	Generic	
promethazine hcl oral syrup	Generic	
promethazine hcl oral tablet	Generic	
promethazine hcl rectal	Generic	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Nonpreferred brand	
scopolamine	Generic	
trimethobenzamide hcl oral	Generic	
<b>Emetogenic Therapy Adjuncts</b>		
AKYNZEO ORAL	Nonpreferred brand	PA; OVM
ANZEMET	Nonpreferred brand	
aprepitant	Generic	QL
aprepitant oral 80 & 125 mg	Generic	QL
dronabinol	Generic	
EMEND ORAL	Preferred brand	QL
gransetron hcl oral	Generic	QL
ondansetron hcl oral solution	Generic	
ondansetron hcl oral tablet	Generic	QL
ondansetron odt oral tablet dispersible 16 mg	Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	Generic	QL
SANCUSO	Nonpreferred brand	PA; OVM
SYNDROS	Not covered	
VARUBI (180 MG DOSE)	Nonpreferred brand	PA; OVM
<b>Antifungals</b>		
BREXAFEMME	Nonpreferred brand	PA; QL
ciclodan	Generic	
ciclopirox external	Generic	

Drug Name	Drug Tier	Notes
ciclopirox olamine external	Generic	
clotrimazole external	Generic	
clotrimazole mouth/throat	Generic	
clotrimazole-betamethasone	Generic	
CRESEMBA ORAL	Preferred brand	QL
econazole nitrate external	Generic	
ECOZA	Not covered	QL
ERTACZO	Not covered	
EXELDERM	Not covered	
fluconazole oral	Generic	
flucytosine oral	Generic	
FULVICIN P/G 165 ORAL TABLET 165 MG	Not covered	
griseofulvin microsize oral	Generic	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Generic	
griseofulvin ultramicrosize oral tablet 165 mg	Not covered	
GYNIAZOLE-1	Nonpreferred brand	
itraconazole oral	Generic	
JUBLIA	Not covered	QL
ketoconazole external	Generic	
ketoconazole oral	Generic	
ketodan	Generic	
klayesta	Generic	
LULICONAZOLE	Nonpreferred brand	PA; ABA; QL
LUZU	Not covered	QL
miconazole 3	Generic	
MICONAZOLE-ZINC OXIDE-PETROLAT	Not covered	ABA; QL
naftifine hcl external cream	Generic	QL
naftifine hcl external gel	Not covered	QL
NOXAFL ORAL PACKET	Nonpreferred brand	QL
nyamyc	Generic	
nystatin external	Generic	
nystatin mouth/throat	Generic	
nystatin oral	Generic	
nystatin-triamcinolone	Generic	
nystop	Generic	

Drug Name	Drug Tier	Notes
ORAVIG	Not covered	QL
oxiconazole nitrate	Generic	PA; QL
OXISTAT	Not covered	QL
posaconazole oral	Generic	QL
SULCONAZOLE NITRATE	Nonpreferred brand	ABA
tavaborole	Not covered	QL
terbinafine hcl oral	Generic	
terconazole	Generic	
TOLSURA	Not covered	
VIVJOA	Not covered	QL
voriconazole oral	Generic	
V'USION	Not covered	QL
<b>Antigout Agents</b>		
allopurinol oral tablet 100 mg, 300 mg	Generic	
allopurinol oral tablet 200 mg	Not covered	
colchicine oral capsule	Not covered	
colchicine oral tablet	Generic	
colchicine-probenecid	Generic	
febuxostat	Generic	QL
GLOPERBA	Not covered	QL
probenecid	Generic	
<b>Antimigraine Agents</b>		
diclofenac potassium(migraine)	Not covered	QL
<b>Antimigraine Agents, Other</b>		
SYMBRAVO	Not covered	
<b>Calcitonin Gene-Related Peptide (CGRP) Receptor Antagonist</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML, 70 MG/ML	Preferred brand	PA; QL
AJOVY	Nonpreferred brand	PA; QL
EMGALITY	Preferred brand	PA; QL
NURTEC	Preferred brand	PA; QL
QULIPTA	Preferred brand	PA; QL
UBRELVY	Preferred brand	PA; QL
ZAVZPRET	Not covered	QL

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

Drug Name	Drug Tier	Notes
<b>Antimycobacterials</b>		
<b>Antimycobacterials, Other</b>		
dapsone oral	Generic	
rifabutin	Generic	
<b>Antituberculars</b>		
cycloserine oral	Generic	
ethambutol hcl oral	Generic	
isoniazid oral	Generic	
PRETOMANID	Preferred brand	QL
PRIFTIN	Nonpreferred brand	
pyrazinamide oral	Generic	
rifampin oral	Generic	
SIRTURO	Preferred brand	PA; QL
TRECATOR ORAL TABLET 250 MG	Nonpreferred brand	
<b>Antineoplastics</b>		
<b>Alkylating Agents</b>		
cyclophosphamide oral capsule	Generic	
CYCLOPHOSPHAMIDE ORAL TABLET	Nonpreferred brand	ABA
GLEOSTINE	Preferred brand	
LEUKERAN	Nonpreferred brand	
MATULANE	Preferred brand specialty	SP
MYLERAN	Nonpreferred brand	
temozolomide	Generic specialty	SP
VALCHLOR	Nonpreferred specialty	PA; SP; OVM
<b>Antiandrogens</b>		
abiraterone acetate oral tablet 500 mg	Not covered	SP
abiraterone acetate tablet 250 mg oral (Civica)	Generic specialty	SP
abiraterone acetate tablet 250 mg oral	Not covered	SP
abirtega	Generic specialty	SP
bicalutamide	Generic	
ERLEADA	Preferred brand specialty	PA; SP; OVM
EULEXIN	Nonpreferred specialty	PA; 15DS; SP; OVM
nilutamide	Generic	PA; OVM

Drug Name	Drug Tier	Notes
NUBEQA	Preferred brand specialty	PA; 15DS; SP; OVM
ORGOVYX	Nonpreferred specialty	PA; SP; OVM
XTANDI	Preferred brand specialty	PA; 15DS; SP; OVM
YONSA	Not covered	SP
<b>Antiangiogenic Agents</b>		
lenalidomide	Generic specialty	SP; QL
POMALYST	Nonpreferred specialty	PA; SP; OVM
REVLIMID	Not covered	SP; QL
THALOMID	Preferred brand specialty	SP
<b>Antiestrogens/Modifiers</b>		
EMCYT ORAL CAPSULE 140 MG	Preferred brand	
fulvestrant	Generic	
ORSERDU	Preferred brand specialty	PA; 15DS; SP; OVM
SOLTAMOX	Nonpreferred brand	
tamoxifen citrate oral	Generic	PV3; QL
toremifene citrate	Generic	
<b>Antimetabolites</b>		
capecitabine	Generic specialty	SP
DROXIA	Preferred brand	
hydroxyurea oral	Generic	
mercaptopurine oral suspension	Generic specialty	SP
mercaptopurine oral tablet	Generic	
SIKLOS	Nonpreferred brand	PA
TABLOID	Nonpreferred brand	
XROMI	Nonpreferred brand	PA; QL
<b>Antineoplastics, Other</b>		
AKEEGA	Preferred brand specialty	PA; 15DS; SP; OVM
BESREMI	Preferred brand specialty	PA; 15DS; SP; OVM
CARAC EXTERNAL CREAM 0.5 %	Not covered	QL
COPIKTRA	Preferred brand specialty	PA; SP; OVM

Drug Name	Drug Tier	Notes
diclofenac sodium external gel 3 %	Generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	Not covered	QL
fluorouracil external cream 5 %	Generic	
fluorouracil external solution	Generic	
INREBIC	Nonpreferred specialty	PA; 15DS; SP; OVM
KISQALI (200 MG DOSE)	Preferred brand specialty	PA; SP; OVM
KISQALI (400 MG DOSE)	Preferred brand specialty	PA; SP; OVM
KISQALI (600 MG DOSE)	Preferred brand specialty	PA; SP; OVM
KLISYRI (250 MG)	Nonpreferred brand	PA; QL
KLISYRI (350 MG)	Nonpreferred brand	PA; QL
KRAZATI	Preferred brand specialty	PA; 15DS; SP; OVM
leucovorin calcium oral	Generic	
LONSURF	Preferred brand specialty	PA; SP; OVM
LUMAKRAS	Preferred brand specialty	PA; 15DS; SP; OVM
NINLARO	Preferred brand specialty	PA; SP; OVM
OJJAARA	Preferred brand specialty	PA; SP; OVM
ONUREG	Preferred brand specialty	PA; SP; OVM
PIQRAY	Preferred brand specialty	PA; SP; OVM
REVUFORJ	Preferred brand specialty	PA; 15DS; SP; OVM
TAZVERIK	Preferred brand specialty	PA; SP; OVM
TOLAK	Nonpreferred brand	QL
VERZENIO	Preferred brand specialty	PA; 15DS; SP; OVM
VONJO	Preferred brand specialty	PA; SP; OVM
WELIREG	Preferred brand specialty	PA; 15DS; SP; OVM

Drug Name	Drug Tier	Notes
XPOVIO (100 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (40 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (40 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (60 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (60 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (80 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (80 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; OVM
ZOLINZA	Preferred brand specialty	PA; 15DS; SP; OVM
<b>Aromatase Inhibitors, 3rd Generation</b>		
anastrozole oral	Generic	PV3; QL
exemestane	Generic	PV3; QL
letrozole oral	Generic	
<b>Enzyme Inhibitors</b>		
BALVERSA	Preferred brand specialty	PA; 15DS; SP; OVM
etoposide oral	Generic	
HYCAMTIN ORAL	Preferred brand specialty	SP
LYTGOBI (12 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; OVM
LYTGOBI (16 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; OVM
LYTGOBI (20 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; OVM
OJEMDA ORAL SUSPENSION RECONSTITUTED	Preferred brand specialty	PA; 15DS; SP; OVM
OJEMDA ORAL TABLET	Preferred brand specialty	PA; SP; OVM
PEMAZYRE	Preferred brand specialty	PA; SP; OVM
RUBRACA	Not covered	SP; QL

Drug Name	Drug Tier	Notes
TALZENNA	Preferred brand specialty	PA; 15DS; SP; OVM
VORANIGO	Preferred brand specialty	PA; 15DS; SP; OVM
ZEJULA	Preferred brand specialty	PA; SP; OVM
<b>Molecular Target Inhibitors</b>		
ALECENSA	Preferred brand specialty	PA; SP; OVM
ALUNBRIG	Preferred brand specialty	PA; SP; OVM
AUGTYRO	Nonpreferred specialty	PA; 15DS; SP; OVM
AVMAPKI FAKZYNJA CO-PACK	Preferred brand specialty	PA; SP; OVM
AYVAKIT	Preferred brand specialty	PA; 15DS; SP; OVM
BOSULIF ORAL CAPSULE	Preferred brand specialty	PA; SP; OVM
BOSULIF ORAL TABLET	Preferred brand specialty	PA; 15DS; SP; OVM
BRAFTOVI	Preferred brand specialty	PA; SP; OVM
BRUKINSA ORAL CAPSULE	Nonpreferred specialty	PA; 15DS; SP; OVM
BRUKINSA ORAL TABLET	Nonpreferred specialty	PA; 15DS; SP; OVM
CABOMETYX	Preferred brand specialty	PA; 15DS; SP; OVM
CALQUENCE	Preferred brand specialty	PA; 15DS; SP; OVM
CAPRELSA	Preferred brand specialty	PA; 15DS; SP; OVM
COMETRIQ	Preferred brand specialty	PA; SP; OVM
COTELLIC	Preferred brand specialty	PA; SP; OVM
DANZITEN	Not covered	SP
dasatinib	Generic specialty	PA; 15DS; SP; OVM
DAURISMO	Preferred brand specialty	PA; 15DS; SP; OVM
ENSACOVE	Not covered	SP

Drug Name	Drug Tier	Notes
ERIVEDGE	Preferred brand specialty	PA; 15DS; SP; OVM
erlotinib hcl	Generic specialty	PA; 15DS; SP; OVM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Generic specialty	PA; 15DS; SP; OVM
everolimus oral tablet soluble	Generic specialty	PA; 15DS; SP; OVM
FOTIVDA	Preferred brand specialty	PA; SP; OVM
FRUZAQLA	Preferred brand specialty	PA; SP; OVM
GAVRETO	Preferred brand specialty	PA; 15DS; SP; OVM
gefitinib	Generic specialty	PA; SP; OVM
GILOTrif	Preferred brand specialty	PA; SP; OVM
GOMEKLI	Preferred brand specialty	PA; SP; OVM
IBRANCE	Preferred brand specialty	PA; SP; OVM
IBTROZI	Nonpreferred specialty	PA; 15DS; SP; OVM
ICLUSIG	Preferred brand specialty	PA; 15DS; SP; OVM
IDHIFA	Preferred brand specialty	PA; SP; OVM
imatinib mesylate oral	Generic specialty	SP
IMBRUVICA ORAL CAPSULE	Preferred brand specialty	PA; 15DS; SP; OVM
IMBRUVICA ORAL SUSPENSION	Preferred brand specialty	PA; SP; OVM
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Not covered	SP
IMBRUVICA ORAL TABLET 420 MG	Preferred brand specialty	PA; SP; OVM
IMKELDI	Not covered	SP
INLYTA	Preferred brand specialty	PA; 15DS; SP; OVM
INQOVI	Preferred brand specialty	PA; SP; OVM
ITOVEBI	Preferred brand specialty	PA; 15DS; SP; OVM

Drug Name	Drug Tier	Notes
JAKAFI	Preferred brand specialty	PA; 15DS; SP; OVM
JAYPIRCA	Preferred brand specialty	PA; 15DS; SP; OVM
KOSELUGO	Preferred brand specialty	PA; SP; OVM
lapatinib ditosylate	Generic specialty	PA; SP; OVM
LAZCLUZE	Preferred brand specialty	PA; 15DS; SP; OVM
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; OVM
LORBRENA	Preferred brand specialty	PA; 15DS; SP; OVM
LYNPARZA	Preferred brand specialty	PA; SP; OVM
MEKINIST	Preferred brand specialty	PA; SP; OVM
MEKTOVI	Preferred brand specialty	PA; SP; OVM
NERLYNX	Preferred brand specialty	PA; 15DS; SP; OVM
NILOTINIB D-TARTRATE	Not covered	SP
nilotinib hcl	Generic specialty	PA; 15DS; SP; OVM
ODOMZO	Preferred brand specialty	PA; 15DS; SP; OVM
OGSIVEO	Preferred brand specialty	PA; 15DS; SP; OVM
pazopanib hcl	Generic specialty	PA; 15DS; SP; OVM
QINLOCK	Preferred brand specialty	PA; SP; OVM
RETEVMO	Preferred brand specialty	PA; 15DS; SP; OVM
RETEVMO ORAL CAPSULE 40 MG, 80 MG	Preferred brand specialty	PA; 15DS; SP; OVM
REZLIDHIA	Preferred brand specialty	PA; 15DS; SP; OVM
ROMVIMZA	Preferred brand specialty	PA; SP; OVM

Drug Name	Drug Tier	Notes
ROZLYTREK ORAL CAPSULE	Preferred brand specialty	PA; 15DS; SP; OVM
ROZLYTREK ORAL PACKET	Nonpreferred specialty	PA; SP; OVM
RYDAPT	Preferred brand specialty	PA; SP; OVM
SCEMBLIX	Preferred brand specialty	PA; SP; OVM
sorafenib tosylate	Generic specialty	PA; 15DS; SP; OVM
STIVARGA	Preferred brand specialty	PA; SP; OVM
sunitinib malate	Generic specialty	PA; 15DS; SP; OVM
TABRECTA	Preferred brand specialty	PA; 15DS; SP; OVM
TAFINLAR	Preferred brand specialty	PA; SP; OVM
TAGRISSO	Preferred brand specialty	PA; 15DS; SP; OVM
TEPMETKO	Preferred brand specialty	PA; 15DS; SP; OVM
TIBSOVO	Preferred brand specialty	PA; 15DS; SP; OVM
torpenz	Generic specialty	PA; 15DS; SP; OVM
TRUQAP	Preferred brand specialty	PA; SP; OVM
TUKYSA	Preferred brand specialty	PA; SP; OVM
TURALIO	Preferred brand specialty	PA; SP; OVM
VANFLYTA	Preferred brand specialty	PA; 15DS; SP; OVM
VENCLEXTA	Preferred brand specialty	PA; SP; OVM
VENCLEXTA STARTING PACK	Preferred brand specialty	PA; SP; OVM
VIJOICE ORAL PACKET	Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Not covered	SP; QL

Drug Name	Drug Tier	Notes
VITRAKVI ORAL CAPSULE	Preferred brand specialty	PA; 15DS; SP; OVM
VITRAKVI ORAL SOLUTION	Preferred brand specialty	PA; SP; OVM
VIZIMPRO	Preferred brand specialty	PA; 15DS; SP; OVM
XALKORI	Preferred brand specialty	PA; 15DS; SP; OVM
XOSPATA	Preferred brand specialty	PA; SP; OVM
ZELBORAF	Preferred brand specialty	PA; 15DS; SP; OVM
ZYDELIG	Preferred brand specialty	PA; SP; OVM
ZYKADIA	Preferred brand specialty	PA; 15DS; SP; OVM
<b>Retinoids</b>		
bexarotene external	Generic specialty	PA; SP; OVM
bexarotene oral	Generic specialty	PA; 15DS; SP; OVM
PANRETIN	Preferred brand	
tretinoin oral	Generic	
<b>Treatment Adjuncts</b>		
mesna oral	Generic	
<b>Antiparasitics</b>		
<b>Anthelmintics</b>		
albendazole oral	Generic	QL
BILTRICIDE	Nonpreferred brand	
EMVERM	Not covered	QL
ivermectin oral tablet 3 mg	Generic	QL
ivermectin oral tablet 6 mg	Not covered	QL
praziquantel oral	Generic	
<b>Antiprotozoals</b>		
ARAKODA	Nonpreferred brand	QL
atovaquone	Generic	
atovaquone-proguanil hcl	Generic	
BENZNIDAZOLE	Preferred brand	QL
chloroquine phosphate oral	Generic	
COARTEM	Preferred brand	QL

Drug Name	Drug Tier	Notes
hydroxychloroquine sulfate oral	Generic	
IMPAVIDO	Preferred brand	QL
KRINTAFEL	Preferred brand	QL
LAMPIT	Nonpreferred brand	QL
mefloquine hcl	Generic	
nitazoxanide oral	Generic	QL
pentamidine isethionate inhalation	Generic	
primaquine phosphate	Generic	
pyrimethamine oral	Generic specialty	PA; SP
quinine sulfate	Generic	
SOVUNA	Not covered	
<b>Pediculicides/Scabicides</b>		
CROTAN	Nonpreferred brand	
malathion	Generic	
permethrin external	Generic	
PRURADIK	Nonpreferred brand	
spinosad	Generic	
<b>Antiparkinson Agents</b>		
<b>Anticholinergics</b>		
benztropine mesylate oral	Generic	
trihexyphenidyl hcl	Generic	
<b>Antiparkinson Agents, Other</b>		
amantadine hcl oral	Generic	
carbidopa-levodopa-entacapone	Generic	
entacapone	Generic	
GOCOVRI	Not covered	QL
NOURIANZ	Nonpreferred brand	PA; QL
ONGENTYS	Nonpreferred brand	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	Not covered	
tolcapone	Generic	
<b>Dopamine Agonists</b>		
apomorphine hcl subcutaneous	Not covered	SP; QL
bromocriptine mesylate oral	Generic	
INBRIJA	Nonpreferred brand	QL
NEUPRO	Not covered	QL

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

Drug Name	Drug Tier	Notes
<b>2nd Generation/Atypical</b>		
ABILIFY ASIMTUFI	Preferred brand	QL
ABILIFY MAINTENA	Preferred brand	
ariPIPrazole oral solution	Generic	
ariPIPrazole oral tablet	Generic	
ariPIPrazole oral tablet dispersible	Generic	
ARISTADA	Preferred brand	QL
ARISTADA INITIO	Preferred brand	
asenapine maleate	Generic	QL
CAPLYTA	Nonpreferred brand	ST; QL
ERZOFRI	Nonpreferred brand	QL
FANAPT	Nonpreferred brand	ST
FANAPT TITRATION PACK A	Nonpreferred brand	ST
FANAPT TITRATION PACK C	Nonpreferred brand	ST
INVEGA HAFYERA	Preferred brand	QL
INVEGA SUSTENNA	Preferred brand	
INVEGA TRINZA	Preferred brand	QL
lurasidone hcl	Generic	
LYBALVI	Nonpreferred brand	ST; QL
NUPLAZID	Nonpreferred brand	PA; QL
olanzapine oral	Generic	
OPIPZA	Not covered	QL
paliperidone er	Generic	QL
PERSERIS	Preferred brand	QL
quetiapine fumarate	Generic	
quetiapine fumarate er	Generic	QL
REXULTI	Nonpreferred brand	PA; QL
risperidone	Generic	
risperidone microspheres er	Generic	
RYKINDO	Preferred brand	QL
SECUADO	Nonpreferred brand	ST; QL
UZEDY	Preferred brand	QL
VRAYLAR	Nonpreferred brand	ST; QL
ziprasidone hcl	Generic	
ZYPREXA RELPREVV	Preferred brand	

Drug Name	Drug Tier	Notes
<b>Antipsychotics, Other</b>		
COBENFY	Not covered	QL
COBENFY STARTER PACK	Not covered	QL
<b>Treatment-Resistant</b>		
clozapine oral tablet	Generic	
clozapine oral tablet dispersible	Generic	
VERSACLOZ	Not covered	
<b>Antivirals</b>		
LAGEVRIO	Preferred brand	QL; AL (Min 18 Years)
PAXLOVID (150/100)	Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100 & 150/100)	Preferred brand	QL; AL (Min 12 Years)
PAXLOVID (300/100)	Preferred brand	QL; AL (Min 12 Years)
<b>Anti-cytomegalovirus (CMV) Agents</b>		
LIVTENCITY	Preferred brand specialty	PA; SP; QL
PREVYMIS ORAL	Nonpreferred brand	QL
valganciclovir hcl	Generic	
<b>Anti-hepatitis B (HBV) Agents</b>		
adefovir dipivoxil	Generic specialty	SP
BARACLUDÉ ORAL SOLUTION	Preferred brand specialty	SP
entecavir	Generic specialty	SP
lamivudine oral tablet 100 mg	Generic	
VEMLIDY	Preferred brand specialty	SP; QL
<b>Anti-hepatitis C (HCV) Agents</b>		
EPCLUSÀ	Preferred brand	PA; SP; QL
HARVONI ORAL PACKET	Nonpreferred specialty	PA; SP; QL
HARVONI ORAL TABLET	Not covered	SP; QL
LEDIPASVIR-SOFOSBUVIR	Not covered	ABA; SP; QL
MAVYRET	Nonpreferred specialty	PA; SP; QL
PEGASYS	Preferred brand specialty	SP; QL
ribavirin oral	Generic specialty	SP
SOFOSBUVIR-VELPATASVIR	Preferred brand	PA; ABA; SP; QL
SOVALDI ORAL PACKET	Nonpreferred specialty	PA; SP; QL
SOVALDI ORAL TABLET	Not covered	SP; QL

Drug Name	Drug Tier	Notes
VOSEVI	Nonpreferred specialty	PA; SP; QL
ZEPATIER	Preferred brand specialty	PA; SP; QL
<b>Antiherpetic Agents</b>		
acyclovir external cream	Not covered	
acyclovir external ointment	Generic	
acyclovir oral capsule	Generic	
acyclovir oral suspension 200 mg/5ml	Generic	
acyclovir oral tablet	Generic	
famciclovir oral	Generic	
penciclovir	Not covered	
SITAVIG	Not covered	QL
valacyclovir hcl oral	Generic	
XERESE	Not covered	QL
<b>Anti-HIV Agents, Integrase Inhibitors (INSTI)</b>		
BIKTARVY	Preferred brand	QL
DOVATO	Preferred brand	QL
GENVOYA	Preferred brand	QL
ISENTRESS	Preferred brand	
ISENTRESS HD	Preferred brand	
JULUCA	Preferred brand	QL
STRIBILD	Preferred brand	QL
TIVICAY	Preferred brand	
TIVICAY PD	Preferred brand	QL
TYBOST	Preferred brand	QL
<b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)</b>		
DELSTRIGO	Preferred brand	QL
EDURANT	Preferred brand	QL
EDURANT PED	Preferred brand	QL
efavirenz	Generic	
efavirenz oral capsule 200 mg, 50 mg	Generic	
efavirenz-emtricitab-tenofo df	Generic	
efavirenz-lamivudine-tenofovir	Generic	QL
emtricitab-rilpivir-tenofov df	Generic	QL
etravirine	Generic	

Drug Name	Drug Tier	Notes
INTELENCE ORAL TABLET 25 MG	Preferred brand	
nevirapine	Generic	
nevirapine er	Generic	
PIFELTRO	Preferred brand	QL
<b>Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)</b>		
abacavir sulfate	Generic	
abacavir sulfate-lamivudine	Generic	
CIMDUO	Preferred brand	QL
DESCOVY ORAL TABLET 120-15 MG	Preferred brand	QL
DESCOVY ORAL TABLET 200-25 MG	Preferred brand	PV2; QL
emtricitabine	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Generic	QL
emtricitabine-tenofovir df oral tablet 200-300 mg	Generic	PV2; QL
EMTRIVA ORAL SOLUTION	Preferred brand	
lamivudine oral solution 10 mg/ml	Generic	
lamivudine oral tablet 150 mg, 300 mg	Generic	
lamivudine-zidovudine	Generic	
ODEFSEY	Preferred brand	QL
tenofovir disoproxil fumarate	Generic	
TRIUMEQ	Preferred brand	QL
TRIUMEQ PD	Preferred brand	QL
VIREAD ORAL POWDER	Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Preferred brand	
zidovudine	Generic	
<b>Anti-HIV Agents, Other</b>		
maraviroc	Generic	
RUKOBIA	Preferred brand	QL
SELZENTRY ORAL SOLUTION	Preferred brand	
SUNLENCA ORAL	Preferred brand specialty	SP; QL
YEZTUGO ORAL	Nonpreferred specialty	SP; QL
<b>Anti-HIV Agents, Protease Inhibitors</b>		
APTIVUS	Preferred brand	
atazanavir sulfate	Generic	

Drug Name	Drug Tier	Notes
darunavir	Generic	
EVOTAZ	Preferred brand	QL
fosamprenavir calcium	Generic	
KALETRA ORAL SOLUTION	Nonpreferred brand	
lopinavir-ritonavir	Generic	
NORVIR ORAL PACKET	Preferred brand	
PREZCOBIX ORAL TABLET 675-150 MG	Preferred brand	QL
PREZCOBIX ORAL TABLET 800-150 MG	Preferred brand	QL
PREZISTA ORAL SUSPENSION	Preferred brand	
PREZISTA ORAL TABLET 150 MG, 75 MG	Preferred brand	
REYATAZ ORAL PACKET	Preferred brand	
ritonavir	Generic	
SYMTUZA	Preferred brand	QL
VIRACEPT	Not covered	
<b>Anti-influenza Agents</b>		
oseltamivir phosphate oral	Generic	QL
RELENZA DISKHALER	Preferred brand	QL
rimantadine hcl	Generic	
XOFLUZA (40 MG DOSE)	Preferred brand	QL
XOFLUZA (80 MG DOSE)	Preferred brand	QL
<b>Anxiolytics</b>		
<b>Anxiolytics, Other</b>		
BUCAPSOL	Not covered	
buspirone hcl oral	Generic	
hydroxyzine hcl oral	Generic	
hydroxyzine pamoate oral	Generic	
meprobamate	Generic	
<b>Benzodiazepines</b>		
alprazolam er	Generic	
alprazolam intensol	Generic	
alprazolam oral	Generic	
alprazolam xr	Generic	
chlordiazepoxide hcl	Generic	
clonazepam oral	Generic	
clorazepate dipotassium	Generic	
diazepam intensol	Generic	

Drug Name	Drug Tier	Notes
diazepam oral	Generic	
estazolam	Generic	QL
lorazepam intensol	Generic	
lorazepam oral concentrate 2 mg/ml	Generic	
lorazepam oral tablet	Generic	
LOREEV XR	Not covered	QL
midazolam hcl oral	Generic	
oxazepam	Generic	
quazepam	Not covered	QL
<b>Bipolar Agents</b>		
<b>Mood Stabilizers</b>		
divalproex sodium er	Generic	
divalproex sodium oral	Generic	
EQUETRO	Nonpreferred brand	
lithium	Generic	
lithium carbonate er	Generic	
lithium carbonate oral	Generic	
<b>Blood Glucose Monitoring</b>		
ACCU-CHEK AVIVA PLUS TEST STRIPS	Preferred brand	QL
ACCU-CHEK GUIDE TEST	Preferred brand	QL
ACCU-CHEK SMARTVIEW TEST STRIPS	Preferred brand	QL
ADVOCATE SAFETY LANCETS 21G	Preferred brand	QL
ADVOCATE SAFETY LANCETS 23G	Preferred brand	QL
ADVOCATE SAFETY LANCETS 28G	Preferred brand	QL
ASSURE PLATINUM	Preferred brand	QL
BLOOD GLUCOSE TEST	Preferred brand	QL
CARESENS LANCETS 30G	Preferred brand	QL
CARETOUCH TEST	Preferred brand	QL
CEQUR SIMPLICITY 2U 10PK	Preferred brand	QL
CEQUR SIMPLICITY INSERTER	Preferred brand	QL
CHOSEN LANCETS 30G	Preferred brand	QL
CHOSEN SAFETY LANCETS 28G	Preferred brand	QL
CLEVER CHOICE COMFORT EZ	Preferred brand	QL
COMFORT TOUCH TWIST LANCET 30G	Preferred brand	QL
CONTOUR MONITOR DEVICE	Covered \$0	QL
CONTOUR NEXT EZ KIT W/DEVICE	Covered \$0	QL

Drug Name	Drug Tier	Notes
CONTOUR NEXT GEN MONITOR KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT MONITOR KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT ONE KIT	Covered \$0	QL
CONTOUR NEXT GEN TEST STRIPS	Preferred brand	QL
CONTOUR PLUS TEST STRIP	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
DROPSAFE ACTI-LANCE 23G	Preferred brand	QL
EASY MAX BLOOD GLUCOSE TEST	Preferred brand	QL
EASY TALK PLUS II TEST STRIPS	Preferred brand	QL
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	Preferred brand	QL
EASY TRAK II GLUCOSE TEST	Preferred brand	QL
EMBRACE TALK GLUCOSE TEST	Preferred brand	QL
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	Preferred brand	QL
FORA 6 CONNECT	Preferred brand	QL
FORA 6 CONNECT/GTEL TEST	Preferred brand	QL
FORA GTEL BLOOD GLUCOSE TEST	Preferred brand	QL
FORA TN'G ADVANCE PRO IN VITRO	Preferred brand	QL
FREESTYLE INSULINX TEST STRIPS	Preferred brand	QL
FREESTYLE LIBRE 14 DAY READER	Preferred brand	PA; QL
FREESTYLE LIBRE 14 DAY SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 2 PLUS SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 2 READER	Preferred brand	PA; QL
FREESTYLE LIBRE 2 SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 3 PLUS SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE 3 READER	Preferred brand	PA; QL

Drug Name	Drug Tier	Notes
FREESTYLE LIBRE 3 SENSOR	Preferred brand	PA; QL
FREESTYLE LIBRE READER	Preferred brand	PA; QL
FREESTYLE LITE TEST STRIPS	Preferred brand	QL
FREESTYLE PRECISION NEO TEST STRIPS	Preferred brand	QL
FREESTYLE TEST STRIPS	Preferred brand	QL
GLUCOCARD 01 SENSOR PLUS	Preferred brand	QL
GLUCOCARD EXPRESSION TEST	Preferred brand	QL
GLUCOCARD SHINE TEST	Preferred brand	QL
GLUCOCARD VITAL TEST	Preferred brand	QL
GOJJI BLOOD GLUCOSE TEST	Nonpreferred brand	QL
HW EMBRACE PRO GLUCOSE TEST	Preferred brand	QL
HW EMBRACE TALK GLUCOSE TEST	Preferred brand	QL
IHEALTH BLOOD GLUCOSE TEST STR	Preferred brand	QL
INFINITY BLOOD GLUCOSE TEST	Preferred brand	QL
KROGER HEALTHPRO GLUCOSE TEST	Preferred brand	QL
LANCETS	Preferred brand	QL
LANCETS 28G THIN	Preferred brand	QL
LANCETS IN VITRO STRIP	Nonpreferred brand	QL
LANCETS SUPER THIN	Preferred brand	QL
MICRODOT TEST	Preferred brand	QL
MOBILE LANCETS 30G	Preferred brand	QL
ONE DROP TEST	Preferred brand	QL
ONETOUCH DELICA SAFETY LANCING	Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS	Preferred brand	QL
ONETOUCH ULTRA 2 KIT W/DEVICE	Covered \$0	QL
ONETOUCH ULTRA BLUE TEST	Preferred brand	QL
ONETOUCH ULTRA TEST STRIPS	Preferred brand	QL
ONETOUCH VERIO FLEX SYSTEM KIT	Covered \$0	QL
ONETOUCH VERIO TEST STRIPS	Preferred brand	QL
ONETOUCH VERIO REFLECT KIT W/DEVICE	Covered \$0	QL
PERFECT POINT SAFETY LANCETS	Preferred brand	QL
PRECISION XTRA BLOOD GLUCOSE STRIPS	Preferred brand	QL
QUICK TOUCH BLOOD GLUCOSE TEST	Preferred brand	QL
RELION GLUCOSE TEST STRIPS	Preferred brand	QL
RELION PREMIER TEST	Preferred brand	QL
TECHLITE LANCETS 26G	Preferred brand	QL

Drug Name	Drug Tier	Notes
TRUE METRIX BLOOD GLUCOSE TEST	Preferred brand	QL
VERIFINE SAFE LANCET MINI 21G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 23G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 28G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 30G	Preferred brand	QL
VIVAGUARD INO TEST STRIPS	Preferred brand	QL
VIVAGUARD LANCETS 30G	Preferred brand	QL
VIVAGUARD SAFETY LANCETS 28G	Preferred brand	QL
<b>Blood Glucose Regulators</b>		
<b>Antidiabetic Agents</b>		
acarbose oral	Generic	
ALOGLIPTIN BENZOATE	Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL	Not covered	ABA; QL
ALOGLIPTIN-PIOGLITAZONE	Not covered	ABA; QL
BEXAGLIFLOZIN	Not covered	ABA; QL
BRENZAVVY	Not covered	QL
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML	Not covered	QL
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML	Not covered	QL
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML	Not covered	QL
CYCLOSET	Nonpreferred brand	QL
DAPAGLIFLOZIN PRO-METFORMIN ER	Not covered	ABA; QL
DAPAGLIFLOZIN PROPANEDIOL	Not covered	ABA; QL
EXENATIDE	Not covered	QL
FARXIGA	Preferred brand	QL
glimepiride	Generic	
glipizide er	Generic	
glipizide ir	Generic	
glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	Generic	
glipizide-metformin hcl	Generic	
glyburide micronized	Generic	
glyburide oral	Generic	
glyburide-metformin	Generic	

Drug Name	Drug Tier	Notes
GLYXAMBI	Preferred brand	QL
INVOKAMET	Not covered	QL
INVOKAMET XR	Not covered	QL
INVOKANA	Not covered	QL
JANUMET	Preferred brand	QL
JANUMET XR	Preferred brand	QL
JANUVIA	Preferred brand	QL
JARDIANCE	Preferred brand	QL
JENTADUETO	Preferred brand	QL
JENTADUETO XR	Preferred brand	QL
liraglutide	Generic	ST; QL
metformin hcl er	Generic	
metformin hcl er (mod)	Not covered	
metformin hcl er (osm)	Not covered	
metformin hcl oral solution	Not covered	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Generic	
metformin hcl oral tablet 625 mg, 750 mg	Not covered	
miglitol	Generic	
MOUNJARO	Preferred brand	ST; QL
nateglinide	Generic	
OZEMPIC	Preferred brand	ST; QL
pioglitazone hcl	Generic	
pioglitazone hcl-glimepiride	Generic	
pioglitazone hcl-metformin hcl	Generic	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Not covered	QL
repaglinide	Generic	
RYBELSUS	Preferred brand	ST; QL
saxagliptin hcl	Not covered	QL
saxagliptin-metformin er	Not covered	
SEGLUROMET	Not covered	QL
SITAGLIPT BASE-METFORM HCL ER	Not covered	ABA; QL
SITAGLIPTIN	Not covered	ABA; QL
SITAGLIPTIN BASE-METFORMIN HCL	Not covered	ABA
SOLIQUA	Preferred brand	QL
STEGLATRO	Not covered	QL

Drug Name	Drug Tier	Notes
STEGLUJAN	Not covered	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Nonpreferred brand	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Nonpreferred brand	
SYNJARDY	Preferred brand	QL
SYNJARDY XR	Preferred brand	QL
TRADJENTA	Preferred brand	QL
TRIJARDY XR	Preferred brand	QL
TRULICITY	Preferred brand	ST; QL
XIGDUO XR	Preferred brand	QL
XULTOPHY	Preferred brand	QL
ZITUVIMET	Not covered	
ZITUVIMET XR	Not covered	QL
ZITUVIO	Not covered	QL
<b>Glycemic Agents</b>		
BAQSIMI ONE PACK	Preferred brand	QL
BAQSIMI TWO PACK	Preferred brand	QL
diazoxide oral	Generic	
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
<b>Insulins</b>		
ADMELOG	Not covered	
ADMELOG SOLOSTAR	Not covered	
AFREZZA	Not covered	
APIDRA SOLOSTAR	Not covered	
APIDRA VIAL	Not covered	
BASAGLAR KWIKPEN	Preferred brand	
FIASP	Preferred brand	
FIASP FLEXTOUCH	Preferred brand	
FIASP PENFILL	Preferred brand	

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

Drug Name	Drug Tier	Notes
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML	Not covered	
LYUMJEV KWIKPEN	Not covered	
LYUMJEV VIAL	Not covered	
MERILOG	Not covered	
MERILOG SOLOSTAR	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 FLEXPEN RELION	Not covered	
NOVOLIN R RELION	Not covered	
NOVOLIN R VIAL	Preferred brand	
NOVOLOG 70/30 FLEXPEN RELION	Not covered	
NOVOLOG FLEXPEN	Preferred brand	
NOVOLOG FLEXPEN RELION	Not covered	
NOVOLOG MIX 70/30 FLEXPEN	Preferred brand	
NOVOLOG MIX 70/30 RELION	Not covered	
NOVOLOG MIX 70/30 VIAL	Preferred brand	
NOVOLOG PENFILL	Preferred brand	
NOVOLOG RELION	Not covered	
NOVOLOG U-100 VIAL	Preferred brand	
REZVOGLAR KWIKPEN	Preferred brand	
SEMGLEE (YFGN)	Not covered	
TOUJEO MAX SOLOSTAR	Preferred brand	
TOUJEO SOLOSTAR	Preferred brand	
TRESIBA	Preferred brand	
TRESIBA FLEXTOUCH	Preferred brand	
<b>Blood Products and Modifiers</b>		
EMPAVELI	Preferred brand specialty	PA; SP; QL
FABHALTA	Nonpreferred specialty	PA; SP; QL
VOYDEYA	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
<b>Anticoagulants</b>		
dabigatran etexilate mesylate	Generic	QL
ELIQUIS	Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK	Preferred brand	QL
enoxaparin sodium	Generic	
fondaparinux sodium	Generic	
FRAGMIN	Nonpreferred brand	
heparin sodium (porcine)	Generic	
heparin sodium (porcine) pf	Generic	
jantoven	Generic	
PRADAXA ORAL PACKET	Nonpreferred brand	QL
rivaroxaban	Generic	QL
SAVAYSA	Nonpreferred brand	QL
warfarin sodium oral	Generic	
XARELTO	Preferred brand	QL
XARELTO STARTER PACK	Preferred brand	QL
ZONTIVITY	Nonpreferred brand	QL
<b>Blood Formation Modifiers</b>		
ALVAIZ	Not covered	SP; QL
anagrelide hcl	Generic	
ARANESP (ALBUMIN FREE)	Not covered	SP
DOPTELET	Preferred brand specialty	PA; SP; QL
eltrombopag olamine	Generic specialty	PA; SP
EPOGEN	Not covered	SP
FULPHILA	Nonpreferred specialty	PA; SP; OVM
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

Drug Name	Drug Tier	Notes
NYPOZI	Not covered	SP; QL
NYVEPRIA	Nonpreferred specialty	PA; SP; OVM
PROCRIT	Preferred brand specialty	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; OVM
STIMUFEND	Nonpreferred specialty	PA; SP; OVM
UDENYCA	Nonpreferred specialty	PA; SP; OVM
VAFSEO	Nonpreferred specialty	SP; QL
XOLREMDI	Preferred brand specialty	PA; SP; QL
ZARXIO	Preferred brand specialty	SP
ZIEXTENZO	Preferred brand specialty	SP; QL
<b>Hemostasis Agents</b>		
ADVATE	Preferred brand	
ADYNOVATE	Preferred brand	
AFSTYLA	Preferred brand	
ALHEMO	Nonpreferred brand	PA; QL
ALPHANATE	Preferred brand	
ALPHANINE SD	Preferred brand	
ALPROLIX	Preferred brand	
ALTUVIPIO	Preferred brand	
aminocaproic acid oral	Generic	
BENEFIX	Preferred brand	
COAGADEX	Preferred brand	
CORIFACT	Preferred brand	
ELOCTATE	Preferred brand	
ESPEROCT	Preferred brand	
FEIBA	Preferred brand	

Drug Name	Drug Tier	Notes
HEMLIBRA	Preferred brand	PA; QL
HEMOFIL M	Preferred brand	
HUMATE-P	Preferred brand	
HYMPAVZI	Nonpreferred brand	PA; QL
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	
QFITLIA	Nonpreferred brand	PA; QL
REBINYN	Preferred brand	
RECOMBINATE	Preferred brand	
RIXUBIS	Preferred brand	
SEVENFACT	Preferred brand	
TAVALISSE	Nonpreferred specialty	PA; SP; QL
tranexamic acid oral	Generic	QL
TRETEN	Preferred brand	
VONVENDI	Preferred brand	
WILATE	Preferred brand	
XYNTHA	Preferred brand	
XYNTHA SOLOFUSE	Preferred brand	
<b>Platelet Modifying Agents</b>		
aspirin-dipyridamole er	Generic	
CABLIVI	Preferred brand specialty	PA; SP; QL
cilostazol	Generic	
clopidogrel bisulfate oral	Generic	
dipyridamole oral	Generic	
prasugrel hcl	Generic	QL

Drug Name	Drug Tier	Notes
ticagrelor	Generic	QL
YOSPRALA	Not covered	
<b>Cardiovascular Agents</b>		
<b>Alpha-adrenergic Agonists</b>		
clonidine	Generic	
CLONIDINE ER	Not covered	ABA
clonidine hcl oral	Generic	
guanfacine hcl	Generic	
methyldopa	Generic	
midodrine hcl	Generic	
NEXICLON XR	Not covered	
<b>Alpha-adrenergic Blocking Agents</b>		
doxazosin mesylate oral	Generic	
phenoxybenzamine hcl oral	Generic	PA; QL
prazosin hcl oral	Generic	
<b>Angiotensin II Receptor Antagonists</b>		
ARB1	Not covered	QL
candesartan cilexetil	Generic	
EDARBI	Nonpreferred brand	ST; QL
irbesartan	Generic	
losartan potassium oral	Generic	
olmesartan medoxomil oral	Generic	
telmisartan	Generic	
valsartan oral solution	Not covered	
valsartan oral tablet	Generic	
<b>Angiotensin-converting Enzyme (ACE) Inhibitors</b>		
benazepril hcl oral	Generic	
captopril oral	Generic	
enalapril maleate oral solution	Not covered	
enalapril maleate oral tablet	Generic	
fosinopril sodium	Generic	
lisinopril oral	Generic	
moexipril hcl	Generic	
perindopril erbumine	Generic	
QBRELIS	Not covered	QL

Drug Name	Drug Tier	Notes
quinapril hcl	Generic	
ramipril	Generic	
trandolapril	Generic	
<b>Antiarrhythmics</b>		
amiodarone hcl oral	Generic	
disopyramide phosphate	Generic	
dofetilide	Generic	
flecainide acetate	Generic	
mexiletine hcl oral	Generic	
MULTAQ	Preferred brand	QL
NORPACE CR	Preferred brand	
propafenone hcl	Generic	
propafenone hcl er	Generic	
quinidine gluconate er	Generic	
quinidine sulfate	Generic	
sotalol hcl (af)	Generic	
sotalol hcl oral	Generic	
SOTYLIZE	Not covered	
<b>Beta-adrenergic Blocking Agents</b>		
acebutolol hcl oral	Generic	
atenolol oral	Generic	
betaxolol hcl oral	Generic	
bisoprolol fumarate oral	Generic	
carvedilol	Generic	
carvedilol phosphate er	Not covered	QL
HEMANGEOL	Not covered	QL
INDERAL XL	Not covered	
INNOPRAN XL	Not covered	
KAPSPARGO SPRINKLE	Not covered	
labetalol hcl oral	Generic	
LOPRESSOR ORAL SOLUTION	Not covered	QL
metoprolol succinate er	Generic	
metoprolol tartrate oral	Generic	
nadolol oral	Generic	
nebivolol hcl	Generic	QL
pindolol	Generic	

Drug Name	Drug Tier	Notes
propranolol hcl er	Generic	
propranolol hcl oral	Generic	
timolol maleate oral	Generic	
<b>Calcium Channel Blocking Agents</b>		
amlodipine besylate oral	Generic	
cartia xt	Generic	
CONJUPRI	Not covered	
diltiazem hcl er	Generic	
diltiazem hcl er beads	Generic	
diltiazem hcl er coated beads	Generic	
diltiazem hcl oral	Generic	
dilt-xr	Generic	
felodipine er	Generic	
isradipine	Generic	
KATERZIA	Not covered	QL
LEVAMLODIPINE MALEATE	Not covered	ABA
matzim la	Generic	
nicardipine hcl oral	Generic	
nifedipine er	Generic	
nifedipine er osmotic release	Generic	
nifedipine oral	Generic	
nimodipine oral capsule	Generic	
NIMODIPINE ORAL SOLUTION	Nonpreferred brand	QL
nisoldipine er	Generic	
NORLIQVA	Not covered	QL
NYMALIZE	Nonpreferred brand	QL
tiadylt er	Generic	
verapamil hcl er	Generic	
verapamil hcl oral	Generic	
<b>Cardiovascular Agents, Other</b>		
aliskiren fumarate	Generic	
amiloride-hydrochlorothiazide	Generic	
amlodipine besylate-benazepril hcl	Generic	
amlodipine besylate-valsartan	Generic	
amlodipine-atorvastatin	Generic	QL
amlodipine-olmesartan	Generic	

Drug Name	Drug Tier	Notes
amlodipine-valsartan-hctz	Generic	
ASPRUZY SPRINKLE	Nonpreferred brand	QL
atenolol-chlorthalidone	Generic	
ATTRUBY	Not covered	SP; QL
benazepril-hydrochlorothiazide	Generic	
bisoprolol-hydrochlorothiazide	Generic	
CAMZYOS	Preferred brand specialty	PA; SP; QL
candesartan cilexetil-hctz	Generic	
captopril-hydrochlorothiazide	Generic	
CORLANOR ORAL SOLUTION	Preferred brand	QL
digoxin oral solution	Generic	
digoxin oral tablet 125 mcg, 250 mcg	Generic	
digoxin oral tablet 62.5 mcg	Not covered	
droxidopa	Generic specialty	SP; QL
EDARBYCLOR	Nonpreferred brand	ST; QL
enalapril-hydrochlorothiazide	Generic	
ENTRESTO ORAL CAPSULE SPRINKLE	Preferred brand	QL
fosinopril sodium-hctz	Generic	
INPEFA	Not covered	QL
irbesartan-hydrochlorothiazide	Generic	
isosorb dinitrate-hydralazine	Generic	
ivabradine hcl	Generic	QL
lisinopril-hydrochlorothiazide	Generic	
LOODOCO	Not covered	QL
losartan potassium-hctz	Generic	
metoprolol-hydrochlorothiazide	Generic	
metyrosine	Generic	
olmesartan medoxomil-hctz	Generic	
olmesartan-amlodipine-hctz	Generic	QL
pentoxifylline er	Generic	
PRESTALIA	Not covered	QL
quinapril-hydrochlorothiazide	Generic	
ranolazine er	Generic	
sacubitril-valsartan	Generic	QL
spironolactone-hctz	Generic	

Drug Name	Drug Tier	Notes
telmisartan-amlodipine	Generic	
telmisartan-hctz	Generic	
trandolapril-verapamil hcl er	Generic	
triamterene-hctz	Generic	
TRYVIO	Not covered	QL
valsartan-hydrochlorothiazide	Generic	
VECAMYL	Not covered	QL
VERQUVO	Nonpreferred brand	PA; QL
VYNDAMAX	Preferred brand specialty	PA; SP; QL
VYNDAQEL	Preferred brand specialty	PA; SP; QL
<b>Diuretics, Carbonic Anhydrase Inhibitors</b>		
acetazolamide er	Generic	
acetazolamide oral	Generic	
dichlorphenamide	Generic specialty	PA; SP; QL
methazolamide oral	Generic	
<b>Diuretics, Loop</b>		
bumetanide oral	Generic	
ethacrynic acid	Generic	
FUROSCIX	Nonpreferred specialty	PA; SP; QL
furosemide oral	Generic	
SOAANZ	Not covered	
torsemide	Generic	
<b>Diuretics, Potassium-sparing</b>		
amiloride hcl oral	Generic	
eplerenone	Generic	
spironolactone oral suspension	Not covered	
spironolactone oral tablet	Generic	
triamterene oral	Generic	
<b>Diuretics, Thiazide</b>		
chlorthalidone	Generic	
DIURIL	Nonpreferred brand	
HEMICLOR	Not covered	QL
hydrochlorothiazide oral	Generic	
indapamide	Generic	

Drug Name	Drug Tier	Notes
INZIRQO	Not covered	QL
metolazone	Generic	
THALITONE	Not covered	
<b>Dyslipidemics, Fibric Acid Derivatives</b>		
fenofibrate micronized oral capsule 130 mg, 43 mg	Generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Generic	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Generic	
fenofibrate oral capsule 150 mg, 50 mg	Not covered	
fenofibrate oral tablet 120 mg, 40 mg	Not covered	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Generic	
fenofibric acid oral capsule delayed release	Generic	
fenofibric acid oral tablet	Not covered	
FIBRICOR ORAL TABLET 105 MG, 35 MG	Not covered	
gemfibrozil oral	Generic	
<b>Dyslipidemics, HMG CoA Reductase Inhibitors</b>		
ALTOPREV	Not covered	QL
ATORVALIQ	Not covered	
atorvastatin calcium oral tablet 10 mg, 20 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Generic	QL
EZALLOR SPRINKLE	Not covered	
FLOLIPID	Not covered	
fluvastatin sodium	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
fluvastatin sodium er	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
lovastatin oral	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pitavastatin calcium	Generic	ST; QL
pravastatin sodium	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Generic	QL

Drug Name	Drug Tier	Notes
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	Generic	QL
ZYPITAMAG	Not covered	
<b>Dyslipidemics, Other</b>		
cholestyramine light	Generic	
cholestyramine oral	Generic	
colesevelam hcl	Generic	
colestipol hcl	Generic	
ezetimibe	Generic	QL
ezetimibe-simvastatin	Generic	QL
icosapent ethyl	Generic	QL
JUXTAPIID	Not covered	SP; QL
NEXLETOL	Preferred brand	PA; QL
NEXLIZET	Preferred brand	PA; QL
niacin (antihyperlipidemic)	Not covered	
niacin er (antihyperlipidemic)	Generic	
niacor	Not covered	
omega-3-acid ethyl esters	Generic	QL
PRALUENT	Not covered	QL
prevalite	Generic	
REPATHA	Preferred brand	PA; QL
REPATHA PUSHTRONEX SYSTEM	Preferred brand	PA; QL
REPATHA SURECLICK	Preferred brand	PA; QL
TRYNGOLZA	Preferred brand specialty	PA; SP; QL
<b>Vasodilators, Direct-acting Arterial/Venous</b>		
isosorbide dinitrate	Generic	
isosorbide mononitrate	Generic	
isosorbide mononitrate er	Generic	
NITRO-BID	Preferred brand	
NITRO-DUR	Not covered	
nitroglycerin rectal	Generic	QL
nitroglycerin sublingual	Generic	
nitroglycerin transdermal	Generic	
nitroglycerin translingual	Generic	

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

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

Drug Name	Drug Tier	Notes
<b>Fibromyalgia Agents</b>		
pregabalin er	Not covered	QL
pregabalin oral	Generic	QL
SAVELLA	Nonpreferred brand	PA; QL
SAVELLA TITRATION PACK	Nonpreferred brand	PA; QL
<b>Multiple Sclerosis Agents</b>		
AVONEX PEN	Preferred brand specialty	SP; QL
AVONEX PREFILLED	Preferred brand specialty	SP; QL
BAFIERTAM	Preferred brand specialty	SP; QL
BETASERON	Preferred brand specialty	SP; QL
dalfampridine er	Generic specialty	SP; QL
dimethyl fumarate oral	Generic	SP; QL
dimethyl fumarate starter pack	Generic	SP; QL
fingolimod hcl	Generic	SP; QL
GILENYA ORAL CAPSULE 0.25 MG	Nonpreferred specialty	SP; QL
glatiramer acetate	Generic specialty	SP; QL
glatopa	Generic specialty	SP; QL
KESIMPTA	Preferred brand specialty	SP; QL
MAVENCLAD	Nonpreferred specialty	ST; SP; QL
MAYZENT	Nonpreferred specialty	SP; QL
MAYZENT STARTER PACK	Nonpreferred specialty	SP; QL
PLEGRIDY	Not covered	SP; QL
PLEGRIDY STARTER PACK	Not covered	SP; QL
PONVORY	Nonpreferred specialty	SP; QL
PONVORY STARTER PACK	Nonpreferred specialty	SP; QL
REBIF	Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE	Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE TITRATION PACK	Nonpreferred specialty	ST; SP; QL
REBIF TITRATION PACK	Nonpreferred specialty	ST; SP; QL
TASCENSO ODT	Nonpreferred specialty	PA; SP; QL
teriflunomide	Generic	SP; QL

Drug Name	Drug Tier	Notes
VUMERITY	Preferred brand specialty	SP; QL
ZEPOSIA	Nonpreferred specialty	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	Nonpreferred specialty	PA; SP; QL
ZEPOSIA STARTER KIT	Nonpreferred specialty	PA; SP; QL
<b>Cholestatic Pruritus Agent</b>		
<b>Ileal Bile Acid Transporter Inhibitor</b>		
BYLVAY	Preferred brand specialty	PA; SP; QL
BYLVAY (PELLETS)	Preferred brand specialty	PA; SP; QL
LIVMARLI	Preferred brand specialty	PA; SP; QL
<b>Dental and Oral Agents</b>		
cevimeline hcl	Generic	
chlorhexidine gluconate mouth/throat	Generic	
periogard	Generic	
pilocarpine hcl oral	Generic	
triamcinolone acetonide mouth/throat	Generic	
<b>Dermatological Agents</b>		
ABSORICA LD	Not covered	QL
accutane	Generic	QL
acitretin	Generic	
adapalene external cream	Generic	
adapalene external gel	Generic	
ADAPALENE EXTERNAL PAD	Not covered	
ADAPALENE EXTERNAL SOLUTION	Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Not covered	QL
ADBRY	Preferred brand specialty	PA; SP; QL
AKLIEF	Not covered	QL
ALTRENO	Nonpreferred brand	QL
ammonium lactate external	Generic	
amnesteem	Generic	QL

Drug Name	Drug Tier	Notes
AMZEEQ	Not covered	QL
ARAZLO	Not covered	QL
azelaic acid external	Generic	
AZELEX	Not covered	
benzoyl peroxide-erythromycin	Generic	
BIMZELX	Nonpreferred specialty	PA; SP; QL
CABTREO	Not covered	QL
calcipotriene external cream	Generic	
CALCIPOTRIENE EXTERNAL FOAM	Not covered	ABA
calcipotriene external ointment	Generic	
calcipotriene external solution	Generic	
calcipotriene-betameth diprop	Generic	
calcitriol external	Generic	
CIBINQO	Preferred brand specialty	PA; SP; QL
claravis	Generic	QL
clindacin	Not covered	
clindacin etz external swab	Generic	
clindacin-p	Generic	
clindamycin phos (once-daily)	Generic	
clindamycin phos (twice-daily)	Generic	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Not covered	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Not covered	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Generic	
clindamycin phosphate external foam	Not covered	
clindamycin phosphate external lotion	Generic	
clindamycin phosphate external solution	Generic	
clindamycin phosphate external swab	Generic	
clindamycin-tretinoin	Not covered	
COSENTYX (300 MG DOSE)	Nonpreferred specialty	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	Nonpreferred specialty	PA; SP; QL
COSENTYX SENSOREADY PEN	Nonpreferred specialty	PA; SP; QL
COSENTYX UNOREADY	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
dapsone external gel 5 %	Not covered	QL
dapsone external gel 7.5 %	Not covered	
DIFFERIN EXTERNAL LOTION	Not covered	
doxepin hcl external	Generic	PA; QL
doxycycline	Not covered	
DRYSOL	Preferred brand	
DUOBRII	Nonpreferred brand	QL
DUPIXENT	Preferred brand specialty	PA; SP; QL
EBGLYSS SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Not covered	SP; QL
EBGLYSS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Not covered	SP
EMROSI	Not covered	QL
ENSTILAR	Not covered	QL
EPIFOAM	Preferred brand	
EPSOLAY	Not covered	QL
ery pad 2%	Generic	
erythromycin external	Generic	
EUCRISA	Preferred brand	ST; QL
FABIOR	Not covered	QL
FILSUVEZ	Preferred brand specialty	PA; SP; QL
FINACEA EXTERNAL FOAM	Not covered	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Generic	
HYFTOR	Preferred brand specialty	PA; SP; QL
imiquimod external cream 3.75 %	Not covered	QL
imiquimod external cream 5 %	Generic	QL
imiquimod pump	Not covered	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Not covered	QL
ivermectin external cream	Not covered	QL
LEQSELVI	Not covered	SP; QL
LITFULO	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
methoxsalen rapid	Generic	
metronidazole external	Generic	
NEMLUVIO	Not covered	SP; QL
neuac	Generic	
NORITATE	Not covered	
OPZELURA	Preferred brand	ST; QL
pimecrolimus	Generic	
podofilox external	Generic	
PRAMOSONE	Not covered	
QBREXZA	Not covered	QL
REGRANEX EXTERNAL GEL 0.01 %	Nonpreferred brand	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	Not covered	
SANTYL	Preferred brand	
selenium sulfide external lotion	Generic	
SILIQ	Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Preferred brand specialty	PA; SP; QL
sodium sulfacetamide wash	Generic	
SOFDRA	Not covered	QL
SORILUX	Not covered	
SOTYKTU	Nonpreferred specialty	PA; SP; QL
SPEVIGO SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
sss 10-5 external cream	Generic	
sulfacetamide sodium (acne)	Generic	
sulfacetamide sodium external	Generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Generic	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	Generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	Generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Generic	
tacrolimus external	Generic	
TALTZ	Nonpreferred specialty	PA; SP; QL
tazarotene external cream	Generic	

Drug Name	Drug Tier	Notes
TAZAROTENE EXTERNAL FOAM	Not covered	ABA; QL
tazarotene external gel	Generic	
tretinoin external cream	Generic	
tretinoin external gel 0.01 %, 0.025 %	Generic	
tretinoin external gel 0.05 %	Not covered	
tretinoin microsphere	Not covered	
tretinoin microsphere pump	Not covered	
TWYNEO	Not covered	QL
VEREGEN	Nonpreferred brand	
VTAMA	Preferred brand	ST; QL
WINLEVI	Not covered	QL
WYNZORA	Not covered	QL
ZELSUVMI	Nonpreferred specialty	PA; SP; QL
zenatane	Generic	QL
ZILXI	Not covered	QL
ZORYVE EXTERNAL CREAM 0.15 %	Not covered	QL
ZORYVE EXTERNAL CREAM 0.3 %	Preferred brand	ST; QL
ZORYVE EXTERNAL FOAM	Preferred brand	ST; QL
ZYCLARA PUMP EXTERNAL CREAM 2.5 %	Not covered	QL
<b>Electrolytes/Minerals/Metals/Vitamins</b>		
<b>Electrolyte/Mineral Replacement</b>		
ACCRUFER	Nonpreferred brand	PA; QL
carglumic acid	Generic specialty	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Not covered	
effer-k oral tablet effervescent 25 meq	Generic	
GALZIN	Nonpreferred brand	PA; QL
iodine strong	Generic	
klor-con	Generic	
klor-con 10	Generic	
klor-con m10	Generic	
klor-con m15	Generic	
klor-con m20	Generic	
klor-con/ef	Generic	
K-PHOS	Nonpreferred brand	
K-PHOS NO 2	Not covered	

Drug Name	Drug Tier	Notes
K-PRIME	Preferred brand	
levocarnitine oral solution	Generic	
levocarnitine oral tablet	Generic	
levocarnitine sf	Generic	
PHOSPHO-TRIN K500	Nonpreferred brand	
POKONZA	Not covered	
potassium chloride crys er	Generic	
potassium chloride er	Generic	
potassium chloride oral	Generic	
potassium citrate er	Generic	
sodium fluoride oral	Generic	PV2; AL (Min 6 Months and Max 16 Years)
<b>Electrolyte/Mineral/Metal Modifiers</b>		
CHEMET	Preferred brand	
CUVRIOR	Not covered	SP; QL
deferasirox granules	Not covered	15DS; SP
deferasirox oral packet	Not covered	15DS; SP
deferasirox oral tablet	Generic specialty	15DS; SP
deferasirox oral tablet soluble	Generic specialty	15DS; SP
deferiprone	Generic specialty	PA; SP; QL
FERRIPROX ORAL SOLUTION	Nonpreferred specialty	PA; SP; QL
FERRIPROX TWICE-A-DAY	Nonpreferred specialty	PA; SP; QL
KIONEX	Nonpreferred brand	
LOKELMA	Preferred brand	QL
sodium polystyrene sulfonate	Generic	
SPS (SODIUM POLYSTYRENE SULF)	Nonpreferred brand	
tolvaptan	Generic specialty	PA; SP; QL
trientine hcl	Generic specialty	PA; SP; QL
VELTASSA	Preferred brand	QL
<b>Phosphate Binders</b>		
AURYXIA	Nonpreferred brand	
calcium acetate (phos binder)	Generic	
calcium acetate oral tablet 667 mg	Generic	
FERRIC CITRATE	Not covered	ABA
FOSRENOL ORAL PACKET	Not covered	
lanthanum carbonate	Generic	

Drug Name	Drug Tier	Notes
sevelamer carbonate	Generic	
sevelamer hcl	Generic	
VELPHORO	Not covered	
<b>Vitamins</b>		
cyanocobalamin injection solution 1000 mcg/ml	Generic	
cyanocobalamin nasal	Not covered	
DODEX INJECTION SOLUTION 1000 MCG/ML	Nonpreferred brand	
ergocalciferol oral capsule	Generic	
folate	Preventive	PV1
folic acid oral tablet 1 mg	Generic	
folic acid oral tablet 400 mcg, 800 mcg	Preventive	PV1
ft folic acid	Preventive	PV1
hydroxocobalamin acetate	Generic	
phytonadione injection solution 10 mg/ml	Generic	
phytonadione oral	Generic	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Generic	
vitamin k1 injection	Generic	
yl folic acid	Preventive	PV1
<b>Gastrointestinal Agents</b>		
<b>Antispasmodics, Gastrointestinal</b>		
belladonna alkaloids-opium	Generic	
dicyclomine hcl oral capsule	Generic	
dicyclomine hcl oral solution 10 mg/5ml	Generic	
dicyclomine hcl oral tablet 20 mg	Generic	
dicyclomine hcl oral tablet 40 mg	Not covered	
GLYCATE	Not covered	
glycopyrrolate oral solution	Generic	
glycopyrrolate oral tablet 1 mg, 2 mg	Generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	Not covered	
hyoscyamine sulfate er	Generic	
hyoscyamine sulfate oral	Generic	
hyoscyamine sulfate sl	Generic	
hyoscyamine sulfate sublingual	Generic	
hyosyne	Generic	
LEVIBID	Not covered	

Drug Name	Drug Tier	Notes
LEVSIN	Not covered	
LEVSIN/SL	Not covered	
methscopolamine bromide oral	Generic	
NULEV	Not covered	
OSCIMIN	Not covered	
<b>Gastrointestinal Agents, Other</b>		
amoxicill-clarithro-lansopraz	Generic	
bis subcit-metronid-tetracyc	Not covered	
bismuth/metronidaz/tetracyclin	Not covered	
CHENODAL	Preferred brand specialty	PA; SP
chlordiazepoxide-clidinium	Generic	
cromolyn sodium oral	Generic	
CTEXLI	Preferred brand specialty	PA; SP
diphenoxylate-atropine	Generic	
GATTEX	Nonpreferred specialty	PA; SP; QL
HELIDAC THERAPY ORAL	Not covered	
IQIRVO	Nonpreferred specialty	PA; SP; QL
LIVDELZI	Nonpreferred specialty	PA; SP; QL
loperamide hcl oral capsule	Not covered	
MOTOFEN	Not covered	
MOVANTIK	Not covered	QL
MYTESI	Nonpreferred brand	PA; QL
OMECLAMOX-PAK	Not covered	
prucalopride succinate	Generic	ST; QL
RELISTOR	Not covered	QL
RELTONE	Not covered	
REZDIFFRA	Preferred brand specialty	PA; 15DS; SP; QL
SEROSTIM	Nonpreferred specialty	PA; SP
SYMPROIC	Preferred brand	QL
TALICIA	Not covered	QL
TRULANCE	Not covered	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	Not covered	
ursodiol oral capsule 300 mg	Generic	
ursodiol oral tablet	Generic	

Drug Name	Drug Tier	Notes
VOQUEZNA	Not covered	QL
VOQUEZNA DUAL PAK	Not covered	QL
VOQUEZNA TRIPLE PAK	Not covered	QL
VOWST	Nonpreferred specialty	PA; SP; QL
XERMELO	Preferred brand specialty	PA; SP; OVM
<b>Histamine2 (H2) Receptor Antagonists</b>		
cimetidine hcl	Generic	
cimetidine oral	Generic	
famotidine oral suspension reconstituted	Generic	
famotidine oral tablet 20 mg, 40 mg	Generic	
nizatidine	Generic	
<b>Irritable Bowel Syndrome Agents</b>		
alosetron hcl	Generic	QL
IBSRELA	Not covered	QL
LINZESS	Preferred brand	QL
lubiprostone	Generic	QL
VIBERZI	Not covered	QL
<b>Laxatives</b>		
bisacodyl ec	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
bisacodyl oral tablet delayed release 5 mg	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ	Nonpreferred brand	QL
constulose	Generic	
enulose	Generic	
ft clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
gavilax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-c	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-g	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
gavilyte-n with flavor pack	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
generlac	Generic	
gentle laxative oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gentrelax oral powder 17 gm/scoop	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
glycolax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
goodsense milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
healthylax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
KRISTALOSE	Not covered	
lactulose encephalopathy	Generic	
lactulose oral packet	Not covered	
lactulose oral solution	Generic	
magnesium citrate oral solution	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia concentrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
mm clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
na sulfate-k sulfate-mg sulf	Generic	QL
peg 3350	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
peg-kcl-nacl-nasulf-na asc-c	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU	Nonpreferred brand	QL
polyethylene glycol 3350 oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
smooth lax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
SUFLAVE	Nonpreferred brand	QL
SUTAB	Nonpreferred brand	QL
true laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
<b>Protectants</b>		
misoprostol oral	Generic	
sucralfate oral	Generic	
<b>Proton Pump Inhibitors</b>		
dexlansoprazole	Not covered	
esomeprazole magnesium	Generic	
KONVOMEP	Not covered	
lansoprazole oral capsule delayed release	Generic	QL
lansoprazole oral tablet delayed release dispersible	Not covered	
omeprazole oral capsule delayed release	Generic	QL
omeprazole-sodium bicarbonate oral capsule	Generic	QL
omeprazole-sodium bicarbonate oral packet	Not covered	QL
pantoprazole sodium oral packet	Not covered	
pantoprazole sodium oral tablet delayed release	Generic	QL
PRILOSEC	Not covered	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Generic	
<b>Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment</b>		
betaine	Generic specialty	SP
CERDELGA	Preferred brand specialty	PA; SP; QL
CHOLBAM	Preferred brand specialty	PA; SP; QL
CREON	Preferred brand	

Drug Name	Drug Tier	Notes
CYSTAGON	Preferred brand specialty	SP
DUVYZAT	Nonpreferred specialty	PA; SP; QL
EVRYSDI	Preferred brand specialty	PA; SP; QL
GALAFOLD	Preferred brand specialty	PA; SP; QL
GLASSIA	Preferred brand specialty	PA; SP; QL
HARLIKU	Not covered	SP; QL
miglustat	Generic specialty	PA; SP; QL
MYALEPT	Nonpreferred specialty	PA; SP; QL
nitisinone	Generic specialty	PA; SP
NITYR	Nonpreferred specialty	PA; SP
OCALIVA	Nonpreferred specialty	PA; SP; QL
OLPRUVA (2 GM DOSE)	Nonpreferred specialty	PA; SP; QL
OLPRUVA (3 GM DOSE)	Nonpreferred specialty	PA; SP; QL
OLPRUVA (4 GM DOSE)	Nonpreferred specialty	PA; SP; QL
OLPRUVA (5 GM DOSE)	Nonpreferred specialty	PA; SP; QL
OLPRUVA (6 GM DOSE)	Nonpreferred specialty	PA; SP; QL
OLPRUVA (6.67 GM DOSE)	Nonpreferred specialty	PA; SP; QL
OPFOLDA	Nonpreferred specialty	SP; QL
ORFADIN ORAL SUSPENSION	Preferred brand specialty	PA; SP
PALYNZIQ	Preferred brand specialty	PA; SP; QL
PANCREAZE	Not covered	
PERTZYE	Not covered	
PHEBURANE	Nonpreferred specialty	PA; SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG	Not covered	SP; QL
PROCYSBI ORAL CAPSULE DELAYED RELEASE 75 MG	Not covered	SP
PROCYSBI ORAL PACKET	Not covered	SP; QL
RAVICTI	Nonpreferred specialty	PA; SP; QL
REVCovi	Preferred brand specialty	PA; SP; QL
sapropterin dihydrochloride	Generic specialty	PA; SP

Drug Name	Drug Tier	Notes
sodium phenylbutyrate oral powder	Generic	
sodium phenylbutyrate oral tablet	Generic	QL
STRENSIQ	Preferred brand specialty	PA; SP; QL
SUCRAID	Nonpreferred specialty	PA; SP; QL
VIOKACE	Not covered	
VOXZOGO	Preferred brand specialty	PA; SP; QL
WAINUA	Nonpreferred specialty	PA; SP; QL
XURIDEN	Preferred brand specialty	PA; SP; QL
yargesa	Generic specialty	PA; SP; QL
ZENPEP	Preferred brand	
<b>Genitourinary Agents</b>		
<b>Antispasmodics, Urinary</b>		
darifenacin hydrobromide er	Not covered	QL
fesoterodine fumarate er	Generic	QL
flavoxate hcl	Generic	
GELNIQUE TRANSDERMAL GEL 10 %	Not covered	QL
GEMTESA	Not covered	QL
mirabegron er	Generic	PA; QL
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	Nonpreferred brand	PA; QL
oxybutynin chloride er	Generic	
oxybutynin chloride oral	Generic	
OXYTROL	Not covered	QL
solifenacain succinate	Generic	QL
tolterodine tartrate	Generic	
tolterodine tartrate er	Generic	
trospium chloride	Generic	QL
trospium chloride er	Generic	QL
VESICARE LS ORAL SUSPENSION 5 MG/5ML	Nonpreferred brand	PA; QL
<b>Benign Prostatic Hypertrophy Agents</b>		
alfuzosin hcl er	Generic	
CARDURA XL	Nonpreferred brand	
dutasteride oral	Generic	
dutasteride-tamsulosin hcl	Generic	QL

Drug Name	Drug Tier	Notes
ENTADFI	Not covered	QL
finasteride oral tablet 5 mg	Generic	
silodosin	Generic	QL
tamsulosin hcl	Generic	
terazosin hcl	Generic	
TEZRULY	Not covered	
<b>Genitourinary Agents, Other</b>		
acetic acid irrigation	Generic	
ARGYLE STERILE SALINE	Nonpreferred brand	
bethanechol chloride oral	Generic	
CURITY STERILE SALINE	Nonpreferred brand	
ELMIRON	Nonpreferred brand	
FILSPARI	Preferred brand specialty	PA; 15DS; SP; QL
LITHOSTAT	Nonpreferred brand	
OPTIONS GYNOL II CONTRACEPTIVE	Preventive	PV1; QL
penicillamine oral	Generic	QL
RENACIDIN	Preferred brand	
RIVFLOZA	Nonpreferred specialty	PA; SP; QL
sodium chloride irrigation	Generic	
tiopronin	Generic	PA
TODAY SPONGE	Preventive	PV1; QL
VANRAFIA	Nonpreferred specialty	PA; SP; QL
VCF VAGINAL CONTRACEPTIVE	Preventive	PV1; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)</b>		
AGAMREE	Nonpreferred specialty	PA; SP; QL
ALA SCALP	Nonpreferred brand	
ala-cort	Generic	
alclometasone dipropionate	Generic	
ALKINDI SPRINKLE	Nonpreferred brand	PA; QL
amcinonide	Not covered	
APEXICON E EXTERNAL CREAM 0.05 %	Not covered	
betamethasone dipropionate aug	Generic	
betamethasone dipropionate external	Generic	

Drug Name	Drug Tier	Notes
betamethasone valerate external	Generic	
BRYHALI	Nonpreferred brand	QL
clobetasol propionate e	Generic	
clobetasol propionate emulsion	Generic	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	Not covered	ABA
clobetasol propionate external cream 0.05 %	Generic	
clobetasol propionate external foam	Generic	
clobetasol propionate external gel	Generic	
clobetasol propionate external liquid	Generic	
clobetasol propionate external lotion	Generic	
clobetasol propionate external ointment	Generic	
clobetasol propionate external shampoo	Generic	
clobetasol propionate external solution	Generic	
clocortolone pivalate	Not covered	
clodan	Generic	
CORDRAN	Not covered	
CORTISONE ACETATE ORAL	Not covered	
deflazacort	Generic specialty	PA; SP
desonide external cream	Generic	
desonide external gel	Not covered	
desonide external lotion	Generic	
desonide external ointment	Generic	
desoximetasone external	Generic	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	Not covered	
dexamethasone intensol	Generic	
dexamethasone oral elixir	Generic	
dexamethasone oral solution	Generic	
dexamethasone oral tablet	Generic	
dexamethasone oral tablet therapy pack	Generic	
diflorasone diacetate	Not covered	
fludrocortisone acetate oral	Generic	
fluocinolone acetonide body	Generic	
fluocinolone acetonide external	Generic	
fluocinolone acetonide scalp	Generic	

Drug Name	Drug Tier	Notes
fluocinonide emulsified base	Generic	
fluocinonide external cream 0.05 %	Generic	
fluocinonide external cream 0.1 %	Generic	QL
fluocinonide external gel	Generic	
fluocinonide external ointment	Generic	
fluocinonide external solution	Generic	
flurandrenolide	Not covered	
flurandrenolide external cream 0.05 %	Not covered	
fluticasone propionate external	Generic	
halcinonide external cream	Not covered	
HALCINONIDE EXTERNAL SOLUTION	Not covered	
halobetasol propionate external cream	Generic	
halobetasol propionate external foam	Not covered	
halobetasol propionate external ointment	Generic	
HALOG EXTERNAL OINTMENT 0.1 %	Not covered	
HALOG EXTERNAL SOLUTION 0.1 %	Not covered	
HEMADY	Not covered	
HIDEX 6-DAY	Not covered	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	Not covered	
hydrocortisone butyrate	Generic	
hydrocortisone external cream 1 %, 2.5 %	Generic	
hydrocortisone external lotion 2 %	Not covered	
hydrocortisone external lotion 2.5 %	Generic	
hydrocortisone external ointment 1 %, 2.5 %	Generic	
HYDROCORTISONE EXTERNAL SOLUTION	Not covered	
hydrocortisone oral	Generic	
hydrocortisone sod suc (pf)	Generic	
hydrocortisone valerate	Generic	
HYDROXYM EXTERNAL CREAM	Not covered	
IMPOYZ	Not covered	
jaythari	Generic specialty	PA; SP
KHINDIVI	Not covered	SP; QL
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 %	Nonpreferred brand	
MEDROL ORAL TABLET 2 MG	Nonpreferred brand	

Drug Name	Drug Tier	Notes
methylprednisolone oral	Generic	
MICORT HC	Not covered	
mometasone furoate external	Generic	
PANDEL EXTERNAL CREAM 0.1 %	Not covered	
prednisolone oral solution	Generic	
prednisolone oral tablet	Generic	
prednisolone sodium phosphate oral solution	Generic	
prednisolone sodium phosphate oral tablet dispersible	Not covered	
prednisone intensol	Generic	
prednisone oral	Generic	
RAYOS	Not covered	QL
SERNIVO	Not covered	QL
TAPERDEX 12-DAY	Not covered	
TAPERDEX 6-DAY	Not covered	
TAPERDEX 7-DAY	Not covered	
TEXACORT	Nonpreferred brand	
tovet	Generic	
triamcinolone acetonide external aerosol solution	Generic	QL
triamcinolone acetonide external cream	Generic	
triamcinolone acetonide external lotion	Generic	
triamcinolone acetonide external ointment	Generic	
triamcinolone in absorbase	Generic	
triderm	Generic	
ULTRAVATE	Not covered	
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)</b>		
ACTHAR	Not covered	SP; QL
ACTHAR GEL	Not covered	SP; QL
cabergoline	Generic	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Not covered	SP; QL
CORTROPHIN	Not covered	SP; QL
CORTROPHIN GEL	Not covered	SP

Drug Name	Drug Tier	Notes
CRENESSITY	Preferred brand specialty	PA; SP; QL
desmopressin ace spray refrigerated	Generic	
desmopressin acetate injection	Generic	
desmopressin acetate oral	Generic	
desmopressin acetate pf	Generic	
desmopressin acetate spray	Generic	
EGRIFTA SV	Not covered	SP; QL
EGRIFTA WR	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 REDIRECT	Preferred brand specialty	PA; SP; QL
HUMATROPE	Nonpreferred specialty	PA; SP
INCRELEX	Nonpreferred specialty	PA; SP
ISTURISA	Nonpreferred specialty	PA; SP; QL
MENOPUR	Not covered	SP
NGENLA	Nonpreferred specialty	PA; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG	Not covered	QL
NORDITROPIN FLEXPRO	Preferred brand specialty	PA; SP
NOVAREL	Not covered	SP; QL
NUTROPIN AQ NUSPIN 10	Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 20	Nonpreferred specialty	PA; SP
NUTROPIN AQ NUSPIN 5	Nonpreferred specialty	PA; SP
OMNITROPE	Nonpreferred specialty	PA; SP
OVIDREL	Preferred brand specialty	PA; SP; QL
PREGNYL	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
RECORLEV	Not covered	SP; QL
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG	Nonpreferred specialty	PA; SP
SKYTROFA	Nonpreferred specialty	PA; SP
SOGROYA	Nonpreferred specialty	PA; SP; QL
ZOMACTON	Nonpreferred specialty	PA; SP
<b>Selective Estrogen Receptor Modifying Agents</b>		
CLOMID	Nonpreferred brand	QL
clomiphene citrate oral	Generic	QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)</b>		
mifepristone oral tablet 300 mg	Generic specialty	PA; SP; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)</b>		
<b>Androgens</b>		
AZMIRO	Not covered	
danazol oral	Generic	
INTRAROSA	Nonpreferred brand	
JATENZO	Not covered	QL
KYZATREX	Not covered	QL
METHITEST	Nonpreferred brand	QL
methyltestosterone oral	Not covered	QL
NATESTO	Not covered	QL
TESTOSTERONE CYPIONATE INJECTION	Not covered	
testosterone cypionate intramuscular	Generic	
testosterone enanthate intramuscular	Generic	
testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	Generic	PA; QL
testosterone transdermal gel 10 mg/act (2%)	Not covered	QL
testosterone transdermal solution	Not covered	QL
TLANDO	Not covered	QL
UNDECATREX	Not covered	ABA; QL
XYOSTED	Not covered	QL

Drug Name	Drug Tier	Notes
<b>Estrogens</b>		
abigale	Generic	
abigale lo	Generic	
afirmelle	Generic	PV2
ALORA	Preferred brand	
altavera	Generic	PV2
alyacen 1/35	Generic	PV2
alyacen 7/7/7	Generic	PV2
amethyst	Generic	PV2
ANGELIQ	Nonpreferred brand	
ANNOVERA	Nonpreferred brand	QL
apri	Generic	PV2
aranelle	Generic	PV2
ashlyna	Generic	PV2; QL
aubra eq	Generic	PV2
aurovela 1.5/30	Generic	PV2
aurovela 1/20	Generic	PV2
aurovela 24 fe	Generic	PV2
aurovela fe 1.5/30	Generic	PV2
aurovela fe 1/20	Generic	PV2
AVERI	Nonpreferred brand	
aviane	Generic	PV2
ayuna	Generic	PV2
azurette	Generic	PV2
balziva	Generic	PV2
BIJUVA	Not covered	QL
blisovi 24 fe	Generic	PV2
blisovi fe 1.5/30	Generic	PV2
blisovi fe 1/20	Generic	PV2
briellyn	Generic	PV2
camrese	Generic	PV2; QL
camrese lo	Generic	PV2; QL
charlotte 24 fe	Generic	PV2
chateal eq	Generic	PV2
CLIMARA PRO	Nonpreferred brand	
COMBIPATCH	Nonpreferred brand	

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

Drug Name	Drug Tier	Notes
etonogestrel-ethinyl estradiol	Generic	PV2; QL
EVAMIST	Nonpreferred brand	
falmina	Generic	PV2
feirza 1.5/30	Generic	PV2
feirza 1/20	Generic	PV2
FEMLYV	Nonpreferred brand	QL
FEMRING	Nonpreferred brand	
finzala	Generic	PV2
fyavolv	Generic	
galbriela	Generic	PV2
gemmily	Generic	PV2
hailey 1.5/30	Generic	PV2
hailey 24 fe	Generic	PV2
hailey fe 1.5/30	Generic	PV2
hailey fe 1/20	Generic	PV2
haloette	Generic	PV2; QL
iclevia	Generic	PV2; QL
IMVEXXY MAINTENANCE PACK	Nonpreferred brand	
IMVEXXY STARTER PACK	Nonpreferred brand	
introvale	Generic	PV2; QL
isibloom	Generic	PV2
jaimiess	Generic	PV2; QL
jasmiel	Generic	PV2
jintelii	Generic	
jolessa	Generic	PV2; QL
joyeaux	Generic	PV2
juleber	Generic	PV2
junel 1.5/30	Generic	PV2
junel 1/20	Generic	PV2
junel fe 1.5/30	Generic	PV2
junel fe 1/20	Generic	PV2
junel fe 24	Generic	PV2
kaitlib fe	Generic	PV2
kalliga	Generic	PV2
kariva	Generic	PV2
kelnor 1/35	Generic	PV2

Drug Name	Drug Tier	Notes
kelnor 1/50 oral tablet 1-50 mg-mcg	Generic	PV2
kurvelo	Generic	PV2
larin 1.5/30	Generic	PV2
larin 1/20	Generic	PV2
larin 24 fe	Generic	PV2
larin fe 1.5/30	Generic	PV2
larin fe 1/20	Generic	PV2
layolis fe oral tablet chewable 0.8-25 mg-mcg	Generic	PV2
leena	Generic	PV2
lessina	Generic	PV2
levonest	Generic	PV2
levonorgest-eth est & eth est	Generic	PV2; QL
levonorgest-eth estrad 91-day	Generic	PV2; QL
levonorgest-eth estradiol-iron	Generic	PV2
levonorgestrel-ethynodiol estrad	Generic	PV2
levonorg-eth estrad triphasic	Generic	PV2
levora 0.15/30 (28)	Generic	PV2
LO LOESTRIN FE	Nonpreferred brand	
lojaimiess	Generic	PV2; QL
loryna	Generic	PV2
low-ogestrel	Generic	PV2
lo-zumandimine	Generic	PV2
lutera	Generic	PV2
lyllana	Generic	
marlissa	Generic	PV2
MENEST	Nonpreferred brand	
MENOSTAR	Nonpreferred brand	
merzee	Generic	PV2
mibelas 24 fe	Generic	PV2
microgestin 1.5/30	Generic	PV2
microgestin 1/20	Generic	PV2
microgestin fe 1.5/30	Generic	PV2
microgestin fe 1/20	Generic	PV2
milki	Generic	PV2
mimvey	Generic	
minzoya	Generic	PV2

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

Drug Name	Drug Tier	Notes
sprintec 28	Generic	PV2
sronyx	Generic	PV2
syeda	Generic	PV2
tarina 24 fe	Generic	PV2
tarina fe 1/20 eq	Generic	PV2
taysofy	Generic	PV2
tilia fe	Generic	PV2
tri-estarylla	Generic	PV2
tri-legest fe	Generic	PV2
tri-linyah	Generic	PV2
tri-lo-estarylla	Generic	PV2
tri-lo-marzia	Generic	PV2
tri-lo-mili	Generic	PV2
tri-lo-sprintec	Generic	PV2
tri-mili	Generic	PV2
tri-sprintec	Generic	PV2
trivora (28)	Generic	PV2
tri-vylibra	Generic	PV2
tri-vylibra lo	Generic	PV2
turqoz	Generic	PV2
TWIRLA	Not covered	QL
TYBLUME	Nonpreferred brand	
tydemy	Generic	PV2
valtya 1/50	Generic	PV2
velivet	Generic	PV2
vestura	Generic	PV2
vienna	Generic	PV2
viorele	Generic	PV2
volnea	Generic	PV2
vyfemla	Generic	PV2
vylibra	Generic	PV2
wera	Generic	PV2
wymzya fe	Generic	PV2
xarah fe	Generic	PV2
xelria fe	Generic	PV2
xulane	Generic	PV2; QL

Drug Name	Drug Tier	Notes
yuvafem	Generic	
zafemy	Generic	PV2; QL
zovia 1/35 (28)	Generic	PV2
zumandimine	Generic	PV2
<b>Progestins</b>		
aftera	Preventive	PV1; QL
camila	Generic	PV2
CRINONE	Not covered	
curae oral tablet 1.5 mg	Preventive	PV1; QL
deblitane	Generic	PV2
DEPO-SUBQ PROVERA 104	Preferred brand	
econtra one-step	Preventive	PV1; QL
ELLA	Nonpreferred brand	PV2; QL
emzahh	Generic	PV2
ENDOMETRIN	Not covered	
errin	Generic	PV2
gallifrey	Generic	
heather	Generic	PV2
her style	Preventive	PV1; QL
incassia	Generic	PV2
jencyclla	Generic	PV2
levonorgestrel	Preventive	PV1; QL
lyleq	Generic	PV2
lyza	Generic	PV2
medroxyprogesterone acetate intramuscular	Generic	PV2
medroxyprogesterone acetate oral	Generic	
megestrol acetate oral	Generic	
meleya	Generic	PV2
my choice	Preventive	PV1; QL
my way	Preventive	PV1; QL
new day	Preventive	PV1; QL
nora-be	Generic	PV2
norethindrone acetate oral	Generic	
norethindrone oral	Generic	PV2
norlyroc	Generic	PV2
opcicon one-step	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
option 2	Preventive	PV1; QL
orquidea	Generic	PV2
progesterone intramuscular	Generic	
progesterone oral	Generic	
react	Preventive	PV1; QL
sharobel	Generic	PV2
SLYND	Nonpreferred brand	QL
take action	Preventive	PV1; QL
<b>Selective Estrogen Receptor Modifying Agents</b>		
OSPHENA	Nonpreferred brand	
raloxifene hcl	Generic	PV3; QL
<b>Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)</b>		
ADTHYZA	Nonpreferred brand	
ARMOUR THYROID	Nonpreferred brand	
ERMEZA	Not covered	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Generic	
levo-t	Generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE	Nonpreferred brand	ABA
levothyroxine sodium oral tablet	Generic	
levoxyl	Generic	
liothyronine sodium oral	Generic	
NIVA THYROID	Nonpreferred brand	
np thyroid	Generic	
RENTHYROID	Nonpreferred brand	
THYQUIDITY	Not covered	
thyroid oral	Generic	
TIROSINT	Nonpreferred brand	
TIROSINT-SOL	Nonpreferred brand	
unithroid	Generic	
<b>Hormonal Agents, Suppressant (Adrenal)</b>		
LYSODREN	Preferred brand	

Drug Name	Drug Tier	Notes
<b>Hormonal Agents, Suppressant (pituitary)</b>		
cetorelix acetate	Not covered	SP
ganirelix acetate	Not covered	SP
leuprolide acetate injection	Generic specialty	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Preferred brand specialty	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Preferred brand specialty	SP
LUPRON DEPOT-PED (1-MONTH)	Preferred brand specialty	SP
LUPRON DEPOT-PED (3-MONTH)	Preferred brand specialty	SP
LUPRON DEPOT-PED (6-MONTH)	Preferred brand specialty	SP
MYCAPSSA	Not covered	SP; QL
octreotide acetate injection	Generic specialty	SP
octreotide acetate subcutaneous	Generic specialty	SP
ORILISSA	Preferred brand	PA; QL
SIGNIFOR	Preferred brand specialty	PA; SP; QL
SOMAVERT	Preferred brand specialty	PA; SP
SYNAREL	Nonpreferred brand	
<b>Hormonal Agents, Suppressant (Thyroid)</b>		
<b>Antithyroid Agents</b>		
methimazole oral	Generic	
propylthiouracil oral	Generic	
<b>Immunological Agents</b>		
<b>Angioedema Agents</b>		
ANDEMBRY	Nonpreferred specialty	PA; SP; QL
EKTERLY	Not covered	SP; QL
HAEGARDA	Preferred brand specialty	PA; SP; QL
icatibant acetate	Generic specialty	PA; SP; QL
ORLADEYO	Preferred brand specialty	PA; SP; QL
RUCONEST	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
TAKHZYRO	Preferred brand specialty	PA; SP; QL
<b>Immune Suppressants</b>		
ABRILADA (1 PEN)	Not covered	SP; QL
ABRILADA (2 PEN)	Not covered	SP; QL
ABRILADA (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AACF (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AACF(CD/UC/HS STRT)	Not covered	SP; QL
ADALIMUMAB-AACF(PS/UV STARTER)	Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AATY CD/UC/HS START	Not covered	SP
ADALIMUMAB-ADAZ	Not covered	SP
ADALIMUMAB-ADBM (2 PEN)	Not covered	SP
ADALIMUMAB-ADBM (2 SYRINGE)	Not covered	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT)	Not covered	SP
ADALIMUMAB-ADBM(PS/UV STARTER)	Not covered	SP
ADALIMUMAB-FKJP (2 PEN)	Not covered	SP
ADALIMUMAB-FKJP (2 SYRINGE)	Not covered	SP
AMJEVITA	Not covered	SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	Not covered	SP
AMJEVITA-PED 15KG TO <30KG	Not covered	SP
ASTAGRAF XL	Nonpreferred specialty	SP
azathioprine oral	Generic	
CIMZIA (2 SYRINGE)	Nonpreferred specialty	PA; SP; QL
CIMZIA-STARTER	Nonpreferred specialty	PA; SP; QL
cyclosporine modified	Generic specialty	SP
cyclosporine oral	Generic specialty	SP
CYLTEZO (2 PEN)	Not covered	SP
CYLTEZO (2 SYRINGE)	Not covered	SP
CYLTEZO-CD/UC/HS STARTER	Not covered	SP
CYLTEZO-PSORIASIS/UV STARTER	Not covered	SP

Drug Name	Drug Tier	Notes
ENBREL	Preferred brand specialty	PA; SP; QL
ENBREL MINI	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	Generic specialty	SP
gengraf	Generic specialty	SP
HADLIMA	Not covered	SP
HADLIMA PUSHTOUCH	Not covered	SP
HULIO (2 PEN)	Not covered	SP
HULIO (2 SYRINGE)	Not covered	SP
HUMIRA (2 PEN)	Not covered	SP; QL
HUMIRA (2 SYRINGE)	Not covered	SP; QL
HUMIRA-CD/UC/HS STARTER	Not covered	SP; QL
HUMIRA-PSORIASIS/UVEIT STARTER	Not covered	SP; QL
HYRIMOZ	Not covered	SP
HYRIMOZ-CROHNS/UC STARTER	Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER	Not covered	SP
HYRIMOZ-PED>/=40KG CROHN START	Not covered	SP
HYRIMOZ-PLAQ PSOR/UVEIT START	Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START	Not covered	SP
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Not covered	SP; QL
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Not covered	SP; QL
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Not covered	SP; QL
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Not covered	SP; QL
IMULDOSA SUBCUTANEOUS	Not covered	SP; QL
JYLAMVO	Nonpreferred specialty	SP
KINERET	Nonpreferred specialty	PA; SP; QL
LUPKYNIS	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
methotrexate sodium (pf)	Generic	
methotrexate sodium injection solution	Generic	
methotrexate sodium oral	Generic	
mycophenolate mofetil oral	Generic specialty	SP
mycophenolate sodium	Generic specialty	SP
mycophenolic acid	Generic specialty	SP
MYHIBBIN	Not covered	SP; QL
OLUMIANT	Nonpreferred specialty	PA; SP; QL
OMVOH (300 MG DOSE)	Not covered	SP; QL
OMVOH SUBCUTANEOUS	Not covered	SP; QL
ORENCIA CLICKJECT	Nonpreferred specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Not covered	SP; QL
OTULFI SUBCUTANEOUS	Not covered	SP
PROGRAF ORAL PACKET	Nonpreferred specialty	SP
RASUVO	Not covered	SP; QL
REZUROCK	Preferred brand specialty	PA; SP; OVM
SIMLANDI (1 PEN)	Preferred brand specialty	PA; SP; QL
SIMLANDI (1 SYRINGE)	Preferred brand specialty	PA; SP; QL
SIMLANDI (2 PEN)	Preferred brand specialty	PA; SP; QL
SIMLANDI (2 SYRINGE)	Preferred brand specialty	PA; SP; QL
SIMPONI	Preferred brand specialty	PA; SP; QL
sirolimus oral	Generic specialty	SP
SKYRIZI PEN	Preferred brand specialty	PA; SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL
STEQEYMA SUBCUTANEOUS	Not covered	SP; QL
tacrolimus oral	Generic specialty	SP

Drug Name	Drug Tier	Notes
TREXALL	Preferred brand	
XATMEP	Nonpreferred specialty	SP
XELJANZ	Preferred brand specialty	PA; SP; QL
XELJANZ XR	Preferred brand specialty	PA; SP; QL
YESINTEK SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
YUFLYMA (1 PEN)	Not covered	SP; QL
YUFLYMA (2 PEN)	Not covered	SP; QL
YUFLYMA (2 SYRINGE)	Not covered	SP; QL
YUFLYMA-CD/UC/HS STARTER	Not covered	SP; QL
YUSIMRY	Not covered	SP
ZYMFENTRA (1 PEN)	Not covered	SP; QL
ZYMFENTRA (2 PEN)	Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)	Not covered	SP; QL
<b>Immunoglobulins</b>		
CUTAQUIG	Nonpreferred specialty	PA; SP
CUVITRU	Not covered	SP
GAMMAGARD	Preferred brand specialty	PA; SP
GAMMAKED	Nonpreferred specialty	PA; SP
GAMUNEX-C	Not covered	SP
HIZENTRA	Preferred brand specialty	PA; SP
HYQVIA	Nonpreferred specialty	PA; SP
XEMBIFY	Nonpreferred specialty	PA; SP
<b>Immunomodulators</b>		
ACTEMRA ACTPEN	Not covered	SP; QL
ACTEMRA SUBCUTANEOUS	Not covered	SP; QL
ACTIMMUNE	Preferred brand specialty	SP
ARCALYST	Nonpreferred specialty	PA; SP; QL
AURANOFIN ORAL CAPSULE 3 MG	Nonpreferred brand	ABA
BENLYSTA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
BEYFORTUS	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
ENFLONSIA	Preventive	PV1; QL
ENSPRYNG	Preferred brand specialty	PA; SP; QL
ENTYVIO PEN	Nonpreferred specialty	PA; SP; QL
KEVZARA	Nonpreferred specialty	PA; SP; QL
leflunomide oral	Generic	
OTEZLA	Preferred brand specialty	PA; SP; QL
PYZCHIVA SUBCUTANEOUS	Not covered	SP
RIDAURA	Nonpreferred brand	
RINVOQ	Preferred brand specialty	PA; SP; QL
RINVOQ LQ	Preferred brand specialty	PA; SP; QL
SELARSDI SUBCUTANEOUS	Not covered	SP
STELARA SUBCUTANEOUS	Not covered	SP; QL
TREMFYA CROHNS INDUCTION	Preferred brand specialty	PA; SP; QL
TREMFYA ONE-PRESS	Preferred brand specialty	PA; SP; QL
TREMFYA PEN	Preferred brand specialty	PA; SP; QL
TREMFYA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
TYENNE SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
USTEKINUMAB SUBCUTANEOUS	Not covered	SP; QL
USTEKINUMAB-AEKN	Not covered	SP
USTEKINUMAB-TTWE SUBCUTANEOUS	Not covered	SP
VELSIPITY	Not covered	SP; QL
WEZLANA SUBCUTANEOUS	Not covered	SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL
<b>Immunosuppressants</b>		
JOENJA	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
<b>Vaccines</b>		
ABRYSVO	Preventive	PV1; QL
ACTHIB	Preventive	PV1; QL
ADACEL	Preventive	PV1; QL
AFLURIA	Preventive	PV1; QL
AFLURIA PRESERVATIVE FREE	Preventive	PV1; QL
AREXVY	Preventive	PV1; QL
BEXSERO	Preventive	PV1; QL
BOOSTRIX	Preventive	PV1; QL
CAPVAXIVE	Preventive	PV1; QL
COMIRNATY	Preventive	PV1; QL
DAPTACEL	Preventive	PV1; QL
DENGVAXIA	Preventive	PV1; QL
ENGERIX-B	Preventive	PV1; QL
FLUAD	Preventive	PV1; QL
FLUARIX	Preventive	PV1; QL
FLUBLOK	Preventive	PV1; QL
FLUCELVAX	Preventive	PV1; QL
FLULALVAL	Preventive	PV1; QL
FLUMIST	Preventive	PV1; QL
FLUZONE HIGH-DOSE	Preventive	PV1; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preventive	PV1; QL
GARDASIL 9	Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX	Preventive	PV1; QL
HEPLISAV-B	Preventive	PV1; QL
HIBERIX	Preventive	PV1; QL
INFANRIX	Preventive	PV1; QL
IPOP	Preventive	PV1; QL
JYNNEOS	Preventive	PV1; QL
KINRIX	Preventive	PV1; QL
MENQUADFI	Preventive	PV1; QL
MENVEO	Preventive	PV1; QL
M-M-R II	Preventive	PV1; QL
MNEXSPIKE	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
MODERNA COVID-19 VAC 6M-11Y	Preventive	PV1; QL
MRESVIA	Preventive	PV1; QL
NOVAVAX COVID-19 VACCINE	Preventive	PV1; QL
PEDIARIX	Preventive	PV1; QL
PEDVAX HIB	Preventive	PV1; QL
PENBRAYA	Preventive	PV1; QL
PENMENVY	Preventive	PV1; QL
PENTACEL	Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML	Preventive	PV1; QL
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	Preventive	PV1; QL
PNEUMOVAX 23	Preventive	PV1; QL
PREHEVBRIOD INTRAMUSCULAR SUSPENSION 10 MCG/ML	Preventive	PV1; QL
PREVNAR 20	Preventive	PV1; QL
PRIORIX	Preventive	PV1; QL
PROQUAD	Preventive	PV1; QL
QUADRACEL	Preventive	PV1; QL
RECOMBIVAX HB	Preventive	PV1; QL
ROTARIX	Preventive	PV1; QL
ROTATEQ	Preventive	PV1; QL
SHINGRIX	Preventive	PV1; QL
SPIKEVAX	Preventive	PV1; QL
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	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

Drug Name	Drug Tier	Notes
<b>Inflammatory Bowel Disease Agents</b>		
<b>Aminosalicylates</b>		
balsalazide disodium	Generic	
DIPENTUM	Nonpreferred brand	
mesalamine er oral capsule 0.375 gm	Generic	
mesalamine er oral capsule extended release 500 mg	Generic	
mesalamine oral capsule delayed release 400 mg	Generic	
mesalamine oral tablet delayed release 1.2 gm	Generic	QL
mesalamine oral tablet delayed release 800 mg	Generic	
mesalamine rectal	Generic	
PENTASA	Preferred brand	
SFROWASA	Not covered	
<b>Glucocorticoids</b>		
ANALPRAM HC	Nonpreferred brand	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 %	Nonpreferred brand	
ANUCORT-HC	Not covered	
ANUSOL-HC RECTAL	Not covered	
budesonide er	Generic	QL
budesonide oral	Generic	
budesonide rectal	Not covered	
CORTIFOAM	Nonpreferred brand	
EOHILIA	Nonpreferred specialty	PA; SP; QL
HEMMOREX-HC	Not covered	
hydrocortisone (perianal)	Generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Generic	
hydrocortisone acetate rectal	Generic	
hydrocortisone rectal	Generic	
hydrocort-pramoxine (perianal)	Generic	
lidocaine-hydrocort (perianal)	Generic	
LIDOCORT	Nonpreferred brand	
PROCTOCORT RECTAL	Not covered	
PROCTOFOAM HC	Preferred brand	
procto-med hc	Generic	

Drug Name	Drug Tier	Notes
TARPEYO	Nonpreferred specialty	PA; SP; QL
<b>Sulfonamides</b>		
sulfasalazine oral	Generic	
<b>Metabolic Bone Disease Agents</b>		
alendronate sodium	Generic	QL
BINOSTO	Not covered	QL
BONSITY	Not covered	SP; QL
calcitonin (salmon)	Generic	
calcitriol oral	Generic	
cinacalcet hcl	Generic specialty	SP
doxercalciferol oral	Generic	
FOSAMAX PLUS D	Not covered	QL
ibandronate sodium oral	Generic	QL
paricalcitol oral	Generic	
RAYALDEE	Not covered	QL
risedronate sodium	Generic	QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Generic specialty	PA; SP; QL
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Not covered	SP; QL
TYMLOS	Preferred brand specialty	PA; SP; QL
<b>Miscellaneous Therapeutic Agents</b>		
AEROCHAMBER HOLDING CHAMBER	Preferred brand	QL
AEROCHAMBER MINI CHAMBER	Preferred brand	QL
AEROCHAMBER MV	Preferred brand	QL
AEROCHAMBER PLS FLOVU MTHPIECE	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU INTERM	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU LARGE DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLO-VU SMALL DEVICE	Preferred brand	QL
AEROCHAMBER PLUS FLOW VU	Preferred brand	QL
AEROCHAMBER W/FLOWSIGNAL	Preferred brand	QL
AEROCHAMBER2GO ANTI-STATIC	Preferred brand	QL

Drug Name	Drug Tier	Notes
AQNEURSA	Preferred brand specialty	PA; SP; QL
AQUASTAT	Nonpreferred brand	
AQUASTAT SFR	Nonpreferred brand	
BD AUTOSHIELD DUO PEN NEEDLES	Preferred brand	
BD PEN NEEDLE MICRO ULTRAFINE	Preferred brand	
BD PEN NEEDLE MINI ULTRAFINE	Preferred brand	
BD PEN NEEDLE NANO ULTRAFINE	Preferred brand	
BD PEN NEEDLE ORIG ULTRAFINE	Preferred brand	
BD PEN NEEDLE SHORT ULTRAFINE	Preferred brand	
BD POSIFLUSH	Nonpreferred brand	
BD POSIFLUSH SAFESCRUB	Nonpreferred brand	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 31G X 6MM 0.5 ML	Preferred brand	
BD ULTRA-FINE PEN NEEDLES	Preferred brand	
BD VEO INSULIN SYR ULTRAFINE	Preferred brand	
BREATHE COMFORT CHAMBER/ADULT	Nonpreferred brand	QL
BREATHE COMFORT CHAMBER/CHILD	Nonpreferred brand	QL
BREATHE EASE LARGE	Nonpreferred brand	QL
BREATHE EASE MEDIUM	Nonpreferred brand	QL
BREATHE EASE SMALL	Nonpreferred brand	QL
BREATHERITE VALVED MDI CHAMBER	Nonpreferred brand	QL
CAYA	Nonpreferred brand	PV2
CLEVER CHOICE HOLDING CHAMBER	Nonpreferred brand	QL
COMPACT SPACE CHAMBER	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/LG MASK	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/MED MASK	Nonpreferred brand	QL
COMPACT SPACE CHAMBER/SM MASK	Nonpreferred brand	QL
CONDOMS	Preventive	PV1; QL
deferoxamine mesylate	Generic	
DOJOLVI	Preferred brand specialty	PA; SP
DUREX EXTRA SENSITIVE THIN	Preventive	PV1; QL
DUREX TROPICAL	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
EASIVENT	Nonpreferred brand	QL
ergoloid mesylates oral tablet 1 mg	Generic	
FC2 FEMALE CONDOM	Preventive	PV1; QL
FEMCAP	Nonpreferred brand	PV2; QL
FIRDAPSE	Preferred brand specialty	PA; SP; QL
FLEXICHAMBER	Nonpreferred brand	QL
GRASTEK	Not covered	QL
IWILFIN	Preferred brand specialty	PA; 15DS; SP; OVM
KERENDIA	Preferred brand	PA; QL
L-glutamine oral packet	Generic	PA; QL
methylergonovine maleate oral	Generic	PA; QL
MICROCHAMBER DEVICE	Nonpreferred brand	QL
MIPLYFFA	Not covered	SP; QL
MONOJECT FLUSH SYRINGE	Nonpreferred brand	
MONOJECT SODIUM CHLORIDE FLUSH	Nonpreferred brand	
normal saline flush	Generic	
NOVOFINE PEN NEEDLE	Preferred brand	
NOVOFINE PLUS PEN NEEDLE	Preferred brand	
ODACTRA	Not covered	QL
OMNIPOD 5 DEXCOM INTRO KIT	Preferred brand	QL
OMNIPOD 5 DEXCOM PODS	Preferred brand	QL
OMNIPOD 5 LIBRE2 G6 INTRO G5	Preferred brand	QL
OMNIPOD 5 LIBRE PODS	Preferred brand	QL
OMNIPOD CLASSIC PODS (GEN 3)	Preferred brand	QL
OMNIPOD DASH INTRO KIT	Preferred brand	QL
OMNIPOD DASH PDM (GEN 4)	Preferred brand	
OMNIPOD DASH PODS	Preferred brand	QL
OMNIPOD GO KIT 10 UNIT/24HR, 15 UNIT/24HR, 20 UNIT/24HR, 25 UNIT/24HR, 30 UNIT/24HR, 35 UNIT/24HR, 40 UNIT/24HR	Preferred brand	QL
OPTICHAMBER DIAMOND	Preferred brand	QL
OPTICHAMBER DIAMOND-LG MASK	Preferred brand	QL
OPTICHAMBER DIAMOND-MD MASK	Preferred brand	QL
OPTICHAMBER DIAMOND-SM MASK	Preferred brand	QL

Drug Name	Drug Tier	Notes
PALFORZIA ORAL PACKET 300 MG	Preferred brand specialty	PA; SP; QL
PHEXXI	Preventive	PV1; QL
POCKET SPACER	Nonpreferred brand	QL
PRO COMFORT SPACER ADULT	Nonpreferred brand	QL
PRO COMFORT SPACER CHILD	Nonpreferred brand	QL
PRO COMFORT SPACER INFANT	Nonpreferred brand	QL
PROCARE SPACER/ADULT MASK	Nonpreferred brand	QL
PROCARE SPACER/CHILD MASK	Nonpreferred brand	QL
PURE COMFORT SPACER CHAMBER	Nonpreferred brand	QL
PYRIDOSTIGMINE BROMIDE ER ORAL TABLET EXTENDED RELEASE 24 HOUR	Not covered	
RADIOGARDASE	Preferred brand	
RAGWITEK	Not covered	QL
RYPLAZIM	Nonpreferred specialty	PA; SP; QL
saline flush	Generic	
sodium chloride flush solution 0.9 % intravenous	Generic	
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	Nonpreferred brand	
SOHONOS	Preferred brand specialty	PA; SP; QL
sterile water for irrigation	Generic	
TAVNEOS	Nonpreferred specialty	PA; SP; QL
TIS-U-SOL IRRIGATION SOLUTION	Not covered	
TRUE COVER	Preventive	PV1; QL
VEOZAH	Nonpreferred brand	PA; QL
V-GO 20	Preferred brand	QL
V-GO 30	Preferred brand	QL
V-GO 40	Preferred brand	QL
VISTOGARD	Preferred brand specialty	SP; QL
VORTEX VALVE CHAMBER-PEDI MASK	Nonpreferred brand	QL
VORTEX VALVED HOLDING CHAMBER	Nonpreferred brand	QL
VYKAT XR	Preferred brand specialty	PA; SP; QL
water for irrigation, sterile	Generic	
WIDE-SEAL DIAPHRAGM 60	Nonpreferred brand	PV2; QL

Drug Name	Drug Tier	Notes
WIDE-SEAL DIAPHRAGM 65	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 70	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 75	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 80	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 85	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 90	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 95	Nonpreferred brand	PV2; QL
XPHOZAH	Preferred brand	PA; QL
YORVIPATH	Preferred brand specialty	PA; SP; QL
ZILBRYSQ	Nonpreferred specialty	PA; SP; QL
ZOKINVY	Preferred brand specialty	PA; SP; QL
<b>Ophthalmic Agents</b>		
<b>Aminoglycosides</b>		
gentamicin sulfate ophthalmic	Generic	
neomycin-polymyxin-gramicidin	Generic	
TOBRADEX	Nonpreferred brand	
TOBRADEX ST	Nonpreferred brand	
tobramycin ophthalmic	Generic	
tobramycin-dexamethasone	Generic	
TOBREX	Nonpreferred brand	
<b>Antibacterials, Other</b>		
bacitracin ophthalmic	Generic	
bacitracin-polymyxin b	Generic	
bacitra-neomycin-polymyxin-hc	Generic	
neomycin-bacitracin zn-polymyx	Generic	
neomycin-polymyxin-dexameth	Generic	
neomycin-polymyxin-hc ophthalmic	Generic	
NEO-POLYCIN HC	Not covered	
polymyxin b-trimethoprim	Generic	
XDEMVY	Preferred brand	PA; QL
<b>Anti-cytomegalovirus (CMV) Agents</b>		
ZIRGAN	Preferred brand	
<b>Antifungals</b>		
NATACYN	Preferred brand	

Drug Name	Drug Tier	Notes
<b>Antiherpetic Agents</b>		
trifluridine	Generic	
<b>Macrolides</b>		
AZASITE	Nonpreferred brand	
erythromycin ophthalmic	Generic	
<b>Ophthalmic Agents, Other</b>		
atropine sulfate ophthalmic ointment 1 %	Generic	
atropine sulfate ophthalmic solution 1 %	Generic	
CEQUA	Nonpreferred brand	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Nonpreferred brand	
cyclopentolate hcl ophthalmic	Generic	
cyclosporine ophthalmic	Generic	
CYSTADROPS	Nonpreferred specialty	PA; SP; QL
CYSTARAN	Preferred brand specialty	PA; SP; QL
HOMATROPAIRE	Nonpreferred brand	
MIEBO	Preferred brand	QL
OXERVATE	Preferred brand specialty	PA; SP; QL
RESTASIS MULTIDOSE	Not covered	
sulfacetamide-prednisolone	Generic	
tropicamide ophthalmic	Generic	
TRYPTYR	Not covered	QL
TYRVAYA	Not covered	QL
VERKAZIA	Not covered	QL
VEVYE	Not covered	QL
XIIDRA	Preferred brand	QL
ZYLET	Nonpreferred brand	
<b>Ophthalmic Anti-allergy Agents</b>		
ALOCRIL	Nonpreferred brand	
ALOMIDE OPHTHALMIC SOLUTION 0.1 %	Nonpreferred brand	
altafrin	Generic	
azelastine hcl ophthalmic	Generic	
bepotastine besilate	Generic	
cromolyn sodium ophthalmic	Generic	

Drug Name	Drug Tier	Notes
CYCLOMYDRIL	Nonpreferred brand	
epinastine hcl	Generic	
olopatadine hcl ophthalmic solution 0.2 %	Generic	
phenylephrine hcl ophthalmic	Generic	
UPNEEQ	Not covered	QL
ZERVIATE	Not covered	
<b>Ophthalmic Antiglaucoma Agents</b>		
apraclonidine hcl	Generic	
betaxolol hcl ophthalmic	Generic	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Not covered	
BETOPTIC-S	Nonpreferred brand	
brimonidine tartrate ophthalmic	Generic	
brimonidine tartrate-timolol	Generic	
brinzolamide	Generic	
carteolol hcl	Generic	
dorzolamide hcl ophthalmic	Generic	
dorzolamide hcl-timolol mal	Generic	
dorzolamide hcl-timolol mal pf	Generic	
IOPIDINE	Nonpreferred brand	
levobunolol hcl	Generic	
PHOSPHOLINE IODIDE	Not covered	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	Generic	
RHOPRESSA	Preferred brand	ST; QL
ROCKLATAN	Preferred brand	ST; QL
SIMBRINZA	Not covered	
timolol hemihydrate	Not covered	
timolol maleate (once-daily)	Not covered	
timolol maleate ocudose	Not covered	
timolol maleate ophthalmic gel forming solution	Generic	
timolol maleate ophthalmic solution	Generic	
timolol maleate pf	Not covered	
<b>Ophthalmic Anti-inflammatories</b>		
ACUVAIL	Not covered	
bromfenac sodium (once-daily)	Generic	
bromfenac sodium ophthalmic solution 0.07 %	Generic	

Drug Name	Drug Tier	Notes
bromfenac sodium ophthalmic solution 0.075 %	Not covered	QL
CLOBETASOL PROPIONATE OPHTHALMIC	Not covered	
dexamethasone sodium phosphate ophthalmic	Generic	
diclofenac sodium ophthalmic	Generic	
difluprednate	Generic	
EYSUVIS	Not covered	QL
FLAREX	Not covered	
fluorometholone	Generic	
flurbiprofen sodium	Generic	
FML FORTE	Nonpreferred brand	
ILEVRO	Not covered	
INVELTYS	Not covered	QL
ketorolac tromethamine ophthalmic	Generic	
LOTEMAX OPHTHALMIC OINTMENT	Nonpreferred brand	
LOTEMAX SM	Not covered	QL
loteprednol etabonate	Generic	
MAXIDEX	Nonpreferred brand	
NEVANAC	Not covered	
PRED MILD	Nonpreferred brand	
prednisolone acetate ophthalmic	Generic	
PREDNISOLONE ACETATE P-F	Nonpreferred brand	
prednisolone sodium phosphate ophthalmic	Generic	
<b>Ophthalmic Prostaglandin and Prostamide Analogs</b>		
bimatoprost ophthalmic	Generic	
IYUZEH	Not covered	QL
latanoprost ophthalmic	Generic	
LUMIGAN	Preferred brand	
tafluprost (pf)	Generic	
travoprost (bak free)	Generic	
VYZULTA	Not covered	
XELPROS	Nonpreferred brand	PA; QL
<b>Quinolones</b>		
BESIVANCE	Nonpreferred brand	
CILOXAN	Nonpreferred brand	
ciprofloxacin hcl ophthalmic	Generic	

Drug Name	Drug Tier	Notes
gatifloxacin ophthalmic	Generic	
levofloxacin ophthalmic	Generic	
moxifloxacin hcl (2x day)	Generic	
moxifloxacin hcl ophthalmic	Generic	
ofloxacin ophthalmic	Generic	
<b>Sulfonamides</b>		
sulfacetamide sodium ophthalmic	Generic	
<b>Otic Agents</b>		
acetic acid otic	Generic	
CIPRO HC	Nonpreferred brand	
ciprofloxacin hcl otic	Generic	
ciprofloxacin-dexamethasone	Generic	
CIPROFLOXACIN-FLUOCINOLONE PF	Nonpreferred brand	
CORTISPORIN-TC	Nonpreferred brand	
flac otic oil 0.01 %	Generic	
fluocinolone acetonide otic	Generic	
hydrocortisone-acetic acid	Generic	
neomycin-polymyxin-hc otic	Generic	
ofloxacin otic	Generic	
OTOVEL	Nonpreferred brand	
<b>Respiratory Tract/Pulmonary Agents</b>		
<b>Antihistamines</b>		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	Generic	QL
azelastine hcl nasal solution 0.15 %	Not covered	QL
carbinoxamine maleate	Not covered	
clemastine fumarate oral syrup	Not covered	
clemastine fumarate oral tablet	Generic	
cyproheptadine hcl oral	Generic	
olopatadine hcl nasal	Not covered	QL
RYCLORA	Not covered	
ryvent	Not covered	
<b>Anti-inflammatories, Inhaled Corticosteroids</b>		
ADVAIR HFA	Preferred brand	QL

Drug Name	Drug Tier	Notes
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	Not covered	QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	Not covered	QL
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT	Not covered	QL
ALVESCO	Not covered	QL
ARNUITY ELLIPTA	Preferred brand	QL
ASMANEX (120 METERED DOSES)	Preferred brand	QL
ASMANEX (30 METERED DOSES)	Preferred brand	QL
ASMANEX (60 METERED DOSES)	Preferred brand	QL
ASMANEX HFA	Preferred brand	QL
BEVESPI AEROSPHERE	Not covered	QL
BREO ELLIPTA	Preferred brand	QL
breyna	Not covered	QL
budesonide inhalation	Generic	
budesonide-formoterol fumarate	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Not covered	
flunisolide nasal	Generic	QL
FLUTICASONE FUROATE ELLIPTA	Not covered	QL
FLUTICASONE FUROATE-VILANTEROL	Not covered	ABA; QL
FLUTICASONE PROPIONATE DISKUS	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
FLUTICASONE PROPIONATE HFA	Nonpreferred brand	ABA; QL; AL (Max 5 Years)
fluticasone propionate nasal	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	Not covered	ABA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Generic	QL

Drug Name	Drug Tier	Notes
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Nonpreferred brand	ABA; QL
OMNARIS	Not covered	QL
PULMICORT FLEXHALER	Preferred brand	QL
QNASL	Not covered	QL
QNASL CHILDRENS	Not covered	QL
QVAR REDIHALER	Not covered	QL
SYMBICORT	Generic	QL
wixela inhub	Generic	QL
XHANCE	Not covered	QL
<b>Antileukotrienes</b>		
montelukast sodium oral	Generic	QL
zafirlukast	Generic	QL
zileuton er	Generic	QL
ZYFLO	Not covered	QL
<b>Bronchodilators, Anticholinergic</b>		
ATROVENT HFA	Preferred brand	QL
INCRUSE ELLIPTA	Not covered	QL
ipratropium bromide inhalation	Generic	
ipratropium bromide nasal	Generic	QL
SPIRIVA RESPIMAT	Preferred brand	QL
tiotropium bromide monohydrate	Generic	QL
TUDORZA PRESSAIR	Not covered	QL
YUPELRI	Preferred brand	QL
<b>Bronchodilators, Sympathomimetic</b>		
albuterol sulfate hfa	Generic	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Generic	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Generic	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	Nonpreferred brand	
albuterol sulfate oral syrup 2 mg/5ml	Generic	
albuterol sulfate oral tablet	Generic	

Drug Name	Drug Tier	Notes
arformoterol tartrate	Generic	QL
AUVI-Q	Nonpreferred brand	QL
epinephrine injection solution auto-injector	Generic	QL
formoterol fumarate inhalation	Generic	QL
levalbuterol hcl inhalation	Generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	Nonpreferred brand	ABA; QL
NEFFY NASAL SOLUTION 1 MG/0.1ML	Not covered	
NEFFY NASAL SOLUTION 2 MG/0.1ML	Not covered	QL
PROAIR RESPICLICK	Not covered	QL
SEREVENT DISKUS	Preferred brand	QL
STRIVERDI RESPIMAT	Not covered	QL
terbutaline sulfate oral	Generic	
XOPENEX HFA	Nonpreferred brand	QL
<b>Cystic Fibrosis Agents</b>		
ALYFTREK	Preferred brand specialty	PA; SP
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	Generic specialty	SP; QL
TRIKAFTA	Preferred brand specialty	PA; SP; QL
<b>Mast Cell Stabilizers</b>		
cromolyn sodium inhalation	Generic	
<b>Phosphodiesterase Inhibitors, Airways Disease</b>		
elizophyllin	Generic	
OHTUVAYRE	Not covered	SP; QL

Drug Name	Drug Tier	Notes
roflumilast	Generic	QL
THEO-24	Preferred brand	
theophylline er	Generic	
theophylline oral	Generic	
<b>Pulmonary Antihypertensives</b>		
ADEMPAS	Preferred brand specialty	PA; SP; QL
alyq	Generic specialty	PA; SP; QL
ambrisentan	Generic specialty	PA; SP; QL
bosentan	Generic specialty	PA; SP; QL
OPSUMIT	Preferred brand specialty	PA; SP; QL
OPSYNVI	Nonpreferred specialty	PA; SP; QL
ORENITRAM	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 1	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 2	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 3	Nonpreferred specialty	PA; SP; QL
REMODULIN INJECTION SOLUTION 8 MG/20ML	Nonpreferred specialty	SP
sildenafil citrate oral suspension reconstituted	Generic	PA; QL
sildenafil citrate oral tablet 20 mg	Generic	PA; QL
tadalafil (pah)	Generic specialty	PA; SP; QL
TADLIQ	Nonpreferred specialty	PA; SP; QL
TRACLEER 32 MG	Not covered	SP; QL
treprostinil	Generic specialty	SP
TYVASO	Preferred brand specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	Preferred brand specialty	PA; SP; QL
TYVASO DPI TITRATION KIT	Preferred brand specialty	PA; SP; QL
TYVASO REFILL KIT	Preferred brand specialty	PA; SP; QL
TYVASO STARTER KIT	Preferred brand specialty	PA; SP; QL
UPTRAVI ORAL	Nonpreferred specialty	PA; SP; QL
UPTRAVI TITRATION	Nonpreferred specialty	PA; SP; QL
VENTAVIS	Nonpreferred specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
WINREVAIR	Nonpreferred specialty	PA; SP; QL
YUTREPIA	Not covered	SP; QL
<b>Pulmonary Fibrosis Agents</b>		
OFEV	Preferred brand specialty	PA; SP; QL
pirfenidone	Generic specialty	SP; QL
<b>Respiratory Tract Agents, Other</b>		
acetylcysteine inhalation	Generic	
AIRSUPRA	Preferred brand	QL
ANORO ELLIPTA	Preferred brand	QL
azelastine-fluticasone	Not covered	QL
BREZTRI AEROSPHERE	Preferred brand	QL
COMBIVENT RESPIMAT	Preferred brand	QL
DUAKLIR PRESSAIR	Not covered	QL
FASENRA PEN	Preferred brand specialty	PA; SP; QL
HYPERSAL	Nonpreferred brand	
ipratropium-albuterol	Generic	
mometasone furoate nasal	Generic	QL
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %	Nonpreferred brand	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 %	Not covered	
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 (expectorant)	Generic	
PULMOSAL	Nonpreferred brand	
RYALTRIS	Not covered	QL
sodium chloride inhalation	Generic	
SSKI	Nonpreferred brand	
STIOLTO RESPIMAT	Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
TRELEGY ELLIPTA	Preferred brand	QL

Drug Name	Drug Tier	Notes
UMECLIDINIUM-VILANTEROL	Not covered	ABA; QL
<b>Skeletal Muscle Relaxants</b>		
baclofen oral solution	Not covered	QL
baclofen oral suspension	Not covered	QL
baclofen oral tablet	Generic	
carisoprodol oral	Not covered	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Not covered	
chlorzoxazone oral tablet 500 mg	Generic	
cyclobenzaprine hcl er	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Generic	
cyclobenzaprine hcl oral tablet 7.5 mg	Not covered	
dantrolene sodium oral	Generic	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	Not covered	QL
metaxalone oral tablet 400 mg, 800 mg	Generic	
metaxalone oral tablet 640 mg	Not covered	
methocarbamol oral tablet 1000 mg	Not covered	
methocarbamol oral tablet 500 mg, 750 mg	Generic	
NORGESIC	Not covered	QL
NORGESIC FORTE	Not covered	
orphenadrine citrate er	Generic	
orphenadrine-aspirin-caffeine	Generic	PA; QL
ORPHENGESIC FORTE	Not covered	
tizanidine hcl oral	Generic	
<b>Sleep Disorder Agents</b>		
<b>GABA Receptor Modulators</b>		
EDLUAR	Not covered	QL
eszopiclone	Generic	QL
flurazepam hcl	Generic	QL
temazepam	Generic	QL
triazolam	Generic	QL
zaleplon	Generic	QL
zolpidem tartrate er	Generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	Not covered	QL
zolpidem tartrate oral tablet	Generic	QL

Drug Name	Drug Tier	Notes
zolpidem tartrate sublingual	Not covered	QL
<b>Sleep Disorders, Other</b>		
BELSOMRA	Not covered	QL
DAYVIGO	Not covered	QL
doxepin hcl oral tablet	Not covered	QL
HETLIOZ LQ	Nonpreferred specialty	PA; SP; QL
QUVIVIQ	Not covered	QL
ramelteon	Generic	QL
tasimelteon	Generic specialty	PA; SP; QL
<b>Wakefulness Promoting Agents</b>		
armodafinil	Generic	QL
LUMRYZ	Nonpreferred specialty	PA; SP; QL
LUMRYZ STARTER PACK	Nonpreferred specialty	PA; SP; QL
modafinil oral	Generic	QL
SODIUM OXYBATE	Nonpreferred specialty	PA; ABA; SP; QL
SUNOSI	Nonpreferred brand	PA; QL
WAKIX	Nonpreferred specialty	PA; SP; QL
XYREM	Nonpreferred specialty	PA; SP; QL
XYWAV	Not covered	SP; QL

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BD POSIFLUSH SAFESCRUB	105	bisacodyl	76	bupropion hcl	25
BD ULTRA-FINE INSULIN SYRINGES	105	bisacodyl ec	76	bupropion hcl er (smoking det)	17
BD ULTRA-FINE PEN NEEDLES	105	bismuth/metronidaz/tetracyclin	75	bupropion hcl er (sr)	24
BD VEO INSULIN SYR ULTRAFINE	105	bisoprolol fumarate	59	bupropion hcl er (xl)	25
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ft aspirin low dose.....	13	gengraf.....	97	guanfacine hcl.....	58
ft clearlax.....	76	GENOTROPIN.....	85	guanfacine hcl er.....	65
ft folic acid.....	74	GENOTROPIN MINIQUICK.....	85	GVOKE HYPOPEN 1-PACK.....	52
ft laxative.....	76	gentamicin sulfate.....	18, 108	GVOKE HYPOPEN 2-PACK.....	52
ft magnesium citrate.....	76	gentle laxative.....	77	GVOKE KIT.....	52
ft milk of magnesia.....	76	gentlelax.....	77	GVOKE PFS.....	52
ft naloxone hcl.....	17	GENVOYA.....	44	GYNAZOLE-1.....	28
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		GLASSIA.....	79	GIMOTI.....	27
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		glatopa.....	67	HADLIMA.....	97
		GLEOSTINE.....	31	HADLIMA PUSHTOUCH.....	97
		glimepiride.....	50	HAEGARDA.....	95
		glipizide er.....	50	hailey 1.5/30.....	89
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				hailey fe 1.5/30.....	89
				hailey fe 1/20.....	89

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haloperidol lactate.....	41	HW EMBRACE TALK		104
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HARVONI.....	43	HYCAMTIN.....	34	IBSRELA.....
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healthylax.....	77	hydrochlorothiazide.....	62	ibuprofen.....
heather.....	93	hydrocodone bitartrate er.....	14	13
HELIDAC THERAPY.....	75	hydrocodone-acetaminophen...	15	ibuprofen-famotidine.....
HEMADY.....	83	hydrocodone-ibuprofen.....	16	icatibant acetate.....
HEMANGEOL.....	59	hydrocortisone.....	83, 103	95
HEMICLOR.....	62	HYDROCORTISONE.....	83	iclevia.....
HEMLIBRA.....	57	hydrocortisone (perianal).....	103	ICLUSIG.....
HEMMOREX-HC.....	103	hydrocortisone ace-pramoxine		89
HEMOFIL M.....	57		70, 103	IDACIO (2 PEN).....
heparin sodium (porcine).....	55	HYDROCORTISONE		97
heparin sodium (porcine) pf.....	55	ACETATE.....	83	IDACIO (2 SYRINGE).....
HEPLISAV-B.....	101	hydrocortisone acetate.....	103	IDACIO-CROHNS/UC
her style.....	93	hydrocortisone butyrate.....	83	STARTER.....
HETLIOZ LQ.....	119	hydrocortisone sod suc (pf).....	83	97
HIBERIX.....	101	hydrocortisone valerate.....	83	IDACIO-PSORIASIS
HIDEX 6-DAY.....	83	hydrocortisone-acetic acid.....	112	STARTER.....
HIZENTRA.....	99	hydrocort-pramoxine (perianal)		97
HOMATROPAIRE.....	109		103	IDELVION.....
HORIZANT.....	66	hydromorphone hcl.....	16	IDHIFA.....
HULIO (2 PEN).....	97	hydromorphone hcl er.....	14	IHEALTH BLOOD GLUCOSE
HULIO (2 SYRINGE).....	97	hydroxocobalamin acetate.....	74	TEST STR.....
HUMALOG.....	53	hydroxychloroquine sulfate.....	40	ILEVRO.....
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HUMALOG MIX 75/25 VIAL.....	53	hyoscyamine sulfate.....	74	imipramine pamoate.....
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HUMATE-P.....	57	hyosyne.....	74	imiquimod pump.....
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HUMATROPE.....	85	HYQVIA.....	99	IMPAVIDO.....
HUMIRA (2 PEN).....	97	HYRIMOZ.....	97	40
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INNOPRAN XL .....	59	isotretinoin .....	70	ketoconazole .....	28
INPEFA.....	61	isradipine .....	60	ketodan .....	28
INQOVI.....	36	ISTURISA.....	85	ketoprofen .....	13
INREBIC.....	33	ITOVEBI.....	36	ketoprofen er .....	13
INSULIN ASP PROT & ASP FLEXPEN.....	53	itraconazole .....	28	ketorolac tromethamine ....	13, 111
INSULIN ASPART .....	53	ivabradine hcl .....	61	KEVZARA .....	100
INSULIN ASPART FLEXPEN .....	53	ivermectin .....	39, 70	KHINDIVI .....	83
INSULIN ASPART PENFILL .....	53	IWILFIN .....	106	KINERET .....	97
INSULIN ASPART PROT & ASPART .....	53	IXINITY .....	57	KINRIX .....	101
INSULIN DEGLUDEC .....	53	IYUZEH .....	111	KIONEX .....	73
INSULIN DEGLUDEC FLEXTOUCH .....	53	jaimiess .....	89	KIRSTY .....	53
INSULIN GLARGINE MAX SOLOSTAR .....	53	JAKAFI .....	37	KISQALI (200 MG DOSE) .....	33
INSULIN GLARGINE SOLOSTAR .....	53	jantoven .....	55	KISQALI (400 MG DOSE) .....	33
INSULIN LISPRO (1 UNIT DIAL) .....	53	JANUMET .....	51	KISQALI (600 MG DOSE) .....	33
INSULIN LISPRO JUNIOR KWIKPEN .....	53	JANUMET XR .....	51	klayesta .....	28
INSULIN LISPRO PROT & LISPRO .....	53	JANUVIA .....	51	KLISYRI (250 MG) .....	33
INTELENCE .....	45	JARDIANC .....	51	KLISYRI (350 MG) .....	33
INTRAROSA .....	86	jasmiel .....	89	klor-con .....	72
introvale .....	89	JATENZO .....	86	klor-con 10 .....	72
INVEGA HAFYERA .....	42	JAYPIRCA .....	37	klor-con m10 .....	72
INVEGA SUSTENNA .....	42	jaythari .....	83	klor-con m15 .....	72
INVEGA TRINZA .....	42	jencycla .....	93	klor-con m20 .....	72
INVELTYS .....	111	JENTADUETO .....	51	klor-con/ef .....	72
INVOKAMET .....	51	JENTADUETO XR .....	51	KLOXXADO .....	17
INVOKAMET XR .....	51	jinteli .....	89	KOATE .....	57
INVOKANA .....	51	JIVI .....	57	KOATE-DVI .....	57
INZIRQO .....	63	JOENJA .....	100	KOGENATE FS .....	57
iodine strong .....	72	jolessa .....	89	KONVOMEP .....	78
IOPIDINE .....	110	JORNAY PM .....	65	KOSELUGO .....	37
IOPOL .....	101	JOURNAVX .....	12	KOVALTRY .....	57
ipratropium bromide .....	114	joyeaux .....	89	K-PHOS .....	72
ipratropium-albuterol .....	117	JUBLIA .....	28	K-PHOS NO 2 .....	72
IQIRVO .....	75	juleber .....	89	K-PRIME .....	73
irbesartan .....	58	JULUCA .....	44	KRAZATI .....	33
irbesartan-hydrochlorothiazide ..	61	junel 1.5/30 .....	89	KRINTAFEL .....	40
ISENTRESS .....	44	junel 1/20 .....	89	KRISTALOSE .....	77
ISENTRESS HD .....	44	junel fe 1.5/30 .....	89	KROGER HEALTHPRO	
isibloom .....	89	junel fe 1/20 .....	89	GLUCOSE TEST .....	49
isoniazid .....	31	junel fe 24 .....	89	kurvelo .....	90
isosorb dinitrate-hydralazine ..	61	JUXTAPID .....	64	KYZATREX .....	86
isosorbide dinitrate .....	64	JYLAMVO .....	97	labetalol hcl .....	59
isosorbide mononitrate .....	64	JYNNEOS .....	101	lacosamide .....	23
isosorbide mononitrate er .....	64	kaitlib fe .....	89	lactulose .....	77
		KALETRA .....	46	lactulose encephalopathy .....	77
		kalliga .....	89	LAGEVRIO .....	43
		KALYDECO .....	115	LAMICTAL XR .....	23
		KAPSPARGO SPRINKLE .....	59	lamivudine .....	43, 45
		kariva .....	89	lamivudine-zidovudine .....	45
		KATERZIA .....	60	lamotrigine .....	23
		kelnor 1/35 .....	89	lamotrigine er .....	23
		kelnor 1/50 .....	90	lamotrigine starter kit-blue .....	23
		KERENDIA .....	106	lamotrigine starter kit-green .....	23
		KESIMPTA .....	67	lamotrigine starter kit-orange .....	23

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LANCETS.....	49	LEVSIN.....	75	LULICONAZOLE.....	28
LANCETS 28G THIN.....	49	LEVSIN/SL.....	75	LUMAKRAS.....	33
LANCETS SUPER THIN.....	49	l-glutamine.....	106	LUMIGAN.....	111
lansoprazole.....	78	LIBERVANT.....	22	LUMRYZ.....	119
lanthanum carbonate.....	73	LICART.....	13	LUMRYZ STARTER PACK.....	119
LANTUS SOLOSTAR.....	53	lidocaine.....	17	LUPKYNIS.....	97
LANTUS U-100 VIAL.....	53	lidocaine hcl.....	17	LUPRON DEPOT (1-MONTH).....	95
lapatinib ditosylate.....	37	lidocaine hcl urethral/mucosal.....	17	LUPRON DEPOT (3-MONTH).....	95
larin 1.5/30.....	90	lidocaine viscous hcl.....	17	LUPRON DEPOT-PED (1-	
larin 1/20.....	90	lidocaine-hydrocort (perianal).....	103	MONTH).....	95
larin 24 fe.....	90	lidocaine-prilocaine.....	17	LUPRON DEPOT-PED (3-	
larin fe 1.5/30.....	90	LIDOCORT.....	103	MONTH).....	95
larin fe 1/20.....	90	LIKMEZ.....	18	LUPRON DEPOT-PED (6-	
latanoprost.....	111	linezolid.....	18	MONTH).....	95
layolis fe.....	90	LINZESS.....	76	Iurasidone hcl.....	42
LAZCLUZE.....	37	liothyronine sodium.....	94	lutera.....	90
LEDIPASVIR-SOFOSBUVIR.....	43	iraglutide.....	51	LUZU.....	28
leena.....	90	lisdexamphetamine dimesylate.....	65	LYBALVI.....	42
leflunomide.....	100	lisinopril.....	58	lyeq.....	93
lenalidomide.....	32	lisinopril-hydrochlorothiazide.....	61	lyllana.....	90
LENVIMA.....	37	LITFULO.....	70	LYNPARZA.....	37
LEQSELVI.....	70	lithium.....	47	LYSODREN.....	94
lessina.....	90	lithium carbonate.....	47	LYTGOBI (12 MG DAILY	
letrozole.....	34	lithium carbonate er.....	47	DOSE).....	34
leucovorin calcium.....	33	LITHOSTAT.....	81	LYTGOBI (16 MG DAILY	
LEUKERAN.....	31	LIVDELZI.....	75	DOSE).....	34
LEUKINE.....	55	LIVMARLI.....	68	LYTGOBI (20 MG DAILY	
leuprolide acetate.....	95	LIVTENCITY.....	43	DOSE).....	34
levalbuterol hcl.....	115	LO LOESTRIN FE.....	90	LYUMJEV KWIKPEN.....	54
LEVALBUTEROL HFA.....	115	LOCOID LIPOCREAM.....	83	LYUMJEV VIAL.....	54
LEVAMLODIPINE MALEATE...	60	LODOCOC.....	61	LYVISPAH.....	118
LEVIBID.....	74	lofexidine hcl.....	17	lyza.....	93
LEVEMIR FLEXPEN.....	53	lojaimiess.....	90	mafенide acetate.....	18
LEVEMIR U-100 VIAL.....	54	LOKELMA.....	73	magnesium citrate.....	77
levetiracetam.....	21, 22	LONSURF.....	33	malathion.....	40
levetiracetam er.....	21	loperamide hcl.....	75	maraviroc.....	45
levobunolol hcl.....	110	lopinavir-ritonavir.....	46	marlissa.....	90
levocarnitine.....	73	LOPRESSOR.....	59	MARPLAN.....	25
levocarnitine sf.....	73	lorazepam.....	47	MATULANE.....	31
levofloxacin.....	20, 112	lorazepam intensol.....	47	matzim la.....	60
levonest.....	90	LORBRENA.....	37	MAVENCLAD.....	67
levonorgest-eth est & eth est....	90	LOREEV XR.....	47	MAVYRET.....	43
levonorgest-eth estrad 91-day..	90	loryna.....	90	MAXIDEX.....	111
levonorgest-eth estradiol-iron...	90	losartan potassium.....	58	MAYZENT.....	67
levonorgestrel.....	93	losartan potassium-hctz.....	61	MAYZENT STARTER PACK....	67
levonorgestrel-ethynodiol estrad....	90	LOTEMAX.....	111	meclizine hcl.....	27
levonorg-eth estrad triphasic....	90	LOTEMAX SM.....	111	meclofenamate sodium.....	13
levora 0.15/30 (28).....	90	loteprednol etabonate.....	111	MEDROL.....	83
levorphanol tartrate.....	14	lovastatin.....	63	medroxyprogesterone acetate..	93
levo-t.....	94	low-ogestrel.....	90	mefenamic acid.....	13
LEVOTHYROXINE SODIUM....	94	loxapine succinate.....	41	mefloquine hcl.....	40
levothyroxine sodium.....	94	lo-zumandimine.....	90	megestrol acetate.....	93

MEKINIST	37	methyltestosterone	86	MONOJECT SODIUM
MEKTOVI	37	metoclopramide hcl	27	CHLORIDE FLUSH
meleya	93	metolazone	63	mono-lyyah
meloxicam	13	metoprolol succinate er	59	montelukast sodium
MELOXICAM	13	metoprolol tartrate	59	morphine sulfate
memantine hcl	24	metoprolol-hydrochlorothiazide	61	morphine sulfate (concentrate)
memantine hcl er	24	metronidazole	19, 71	morphine sulfate er
memantine hcl-donepezil hcl	24	metyrosine	61	morphine sulfate er beads
MENEST	90	mexiletine hcl	59	MOTOFEN
MENOPUR	85	mibelas 24 fe	90	MOTPOLY XR
MENOSTAR	90	miconazole 3	28	MOUNJARO
MENQUADFI	101	MICONAZOLE-ZINC OXIDE-		MOVANTIK
MENVEO	101	PETROLAT	28	moxifloxacin hcl
meperidine hcl	16	MICORT HC	84	moxifloxacin hcl (2x day)
meprobamate	46	MICROCHAMBER	106	MRESVIA
mercaptopurine	32	MICRODOT TEST	49	MULPLETA
MERILOG	54	microgestin 1.5/30	90	MULTAQ
MERILOG SOLOSTAR	54	microgestin 1/20	90	mupirocin
merzee	90	microgestin fe 1.5/30	90	mupirocin cream
mesalamine	103	microgestin fe 1/20	90	my choice
mesalamine er oral capsule		midazolam hcl	47	my way
0.375 gm	103	midodrine hcl	58	MYALEPT
mesna	39	MIEBO	109	MYCAPSSA
metaxalone	118	mifepristone	86	mycophenolate mofetil
metformin hcl er	51	MIGERGOT	30	mycophenolate sodium
metformin hcl er (mod)	51	miglitol	51	mycophenolic acid
metformin hcl er (osm)	51	miglustat	79	MYFEMBREE
metformin hcl ir	51	mili	90	MYHIBBIN
methadone hcl	14	milk of magnesia	77	MYLERAN
methadone hcl intensol	14	milk of magnesia concentrate	77	MYRBETRIQ
methamphetamine hcl	65	mimvey	90	MYTESI
methazolamide	62	minocycline hcl	21	na sulfate-k sulfate-mg sulf
methenamine hippurate	19	minocycline hcl er	21	nabumetone
methimazole	95	minoxidil	65	nadolol
METHITEST	86	minzoya	90	naftifine hcl
methocarbamol	118	MIPLYFFA	106	nalbuphine hcl
methotrexate sodium	98	mirabegron er	80	NALOCET
methotrexate sodium (pf)	98	MIRCERA	55	naloxone hcl
methoxsalen rapid	71	mirtazapine	25	naltrexone hcl
methscopolamine bromide	75	misoprostol	78	NAMZARIC
methsuximide	22	mm aspirin	13	naproxen
methyldopa	58	mm clearlax	77	naproxen dr
methylergonovine maleate	106	M-M-R II	101	naproxen sodium
methylphenidate	65	MNEXSPIKE	101	naproxen sodium er
methylphenidate hcl	66	MOBILE LANCETS 30G	49	naproxen-esomeprazole mg
methylphenidate hcl er	65	modafinil	119	naratriptan hcl
methylphenidate hcl er (cd)	65	MODERNA COVID-19 VAC		NARCAN
methylphenidate hcl er (la)	65	6M-11Y	102	NATACYN
methylphenidate hcl er (osm)	66	moexipril hcl	58	NATAZIA
METHYLPHENIDATE HCL ER (OSM)	66	molindone hcl	41	nateglinide
methylphenidate hcl er (xr)	66	mometasone furoate	84, 117	NATESTO
methylprednisolone	84	MONOJECT FLUSH		NAYZILAM
		SYRINGE	106	nebivolol hcl

NEBUSAL	117	nitazoxanide	40	NOVOLIN N FLEXPEN	54
necon 0.5/35 (28)	91	nitisinone	79	NOVOLIN N RELION	54
nefazodone hcl	26	NITRO-BID	64	NOVOLIN N VIAL	54
NEFFY	115	NITRO-DUR	64	NOVOLIN R FLEXPEN	54
NEMLUVIO	71	nitrofurantoin	19	NOVOLIN R FLEXPEN	
neomycin sulfate	18	NITROFURANTOIN	19	RELION	54
neomycin-bacitracin zn-polymyx	108	nitrofurantoin macrocrystal	19	NOVOLIN R RELION	54
neomycin-polymyxin-dexameth	108	nitrofurantoin monohydrate		NOVOLIN R VIAL	54
neomycin-polymyxin-gramicidin	108	macrocrystals	19	NOVOLOG 70/30 FLEXPEN	
neomycin-polymyxin-hc..	108, 112	nitroglycerin	64	RELION	54
NEO-POLYCIN HC	108	NITRO-TIME	65	NOVOLOG FLEXPEN	54
NEO-SYNALAR	19	NITYR	79	NOVOLOG FLEXPEN	
NERLYNX	37	NIVA THYROID	94	RELION	54
neuac	71	NIVESTYM	55	NOVOLOG MIX 70/30	
NEULASTA	55	nizatidine	76	FLEXPEN	54
NEUPOGEN	55	NOCDURNA	85	NOVOLOG MIX 70/30	
NEUPRO	40	nora-be	93	RELION	54
NEVANAC	111	NORDITROPIN FLEXPRO	85	NOVOLOG MIX 70/30 VIAL	54
nevirapine	45	norelgestromin-eth estradiol	91	NOVOLOG PENFILL	54
nevirapine er	45	norethdinore	93	NOVOLOG RELION	54
new day	93	norethindrone acetate	93	NOVOLOG U-100 VIAL	54
NEXICLON XR	58	norethindrone acet-ethinyl est	91	NOVOSEVEN RT	57
NEXLETOL	64	norethindrone-eth estradiol	91	NOXAFIL	28
NEXLIZET	64	norethindrone-ethinyl estrad-fe	91	np thyroid	94
NEXTSTELLIS	91	norethindron-ethinyl estrad-fe	91	NUBEQA	32
NGENLA	85	norethrin-eth estradiol-fe	91	NUCALA	117
niacin (antihyperlipidemic)	64	NORGESIC	118	NUCYNTA	16
niacin er (antihyperlipidemic)	64	NORGESIC FORTE	118	NUCYNTA ER	14
niacor	64	norgestimate-eth estradiol	91	NUEDEXTA	66
nicardipine hcl	60	norgestimate-ethinyl estradiol		NULEV	75
nicotine	18	triphasic	91	NUPLAZID	42
nicotine mini	18	NORITATE	71	NURTEC	29
nicotine polacrilex	18	NORLIQVA	60	NUTROPIN AQ NUSPIN 10	85
nicotine polacrilex mini	18	norlyroc	93	NUTROPIN AQ NUSPIN 20	85
nicotine step 1	18	normal saline flush	106	NUTROPIN AQ NUSPIN 5	85
nicotine step 2	18	NORPACE CR	59	NUVESSA	19
nicotine step 3	18	nortrel 0.5/35 (28)	91	NUWIQ	57
NICOTROL	18	nortrel 1/35 (21)	91	NUZYRA	21
NICOTROL NS	18	nortrel 1/35 (28)	91	nyamyc	28
nifedipine	60	nortrel 7/7/7	91	nylia 1/35	91
nifedipine er	60	nortriptyline hcl	26	nylia 7/7/7	91
nifedipine er osmotic release	60	NORVIR	46	NYMALIZE	60
nikki	91	NOURIANZ	40	NYPOZI	56
NILOTINIB D-TARTRATE	37	NOVAREL	85	nystatin	28
nilotinib hcl	37	NOVAVAX COVID-19		nystatin-triamcinolone	28
nilutamide	31	VACCINE	102	nystop	28
nimodipine	60	NOVOEIGHT	57	NYVEPRIA	56
NIMODIPINE	60	NOVOFINE PEN NEEDLE	106	OBIZUR	57
NINLARO	33	NOVOFINE PLUS PEN		OCALIVA	79
nisoldipine er	60	NEEDLE	106	ocella	91
		NOVOLIN 70/30 FLEXPEN	54	octreotide acetate	95
		NOVOLIN 70/30 RELION	54	ODACTRA	106
		NOVOLIN 70/30 VIAL	54	ODEFSEY	45

ODOMZO .....	37	ONETOUCH ULTRA TEST .....		OTEZLA.....	100
OFEV .....	117	STRIPS.....	49	OTOVEL.....	112
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OGSIVEO .....	37	SYSTEM.....	49	OTULFI.....	98
OHTUVAYRE .....	115	ONETOUCH VERIO KIT .....		OVIDREL.....	85
OJEMDA.....	34	W/DEVICE .....	49	OXAPROZIN.....	14
OJJAARA .....	33	ONETOUCH VERIO .....		oxaprozin.....	14
olanzapine.....	42	REFLECT KIT W/DEVICE .....	49	oxazepam.....	47
olanzapine-fluoxetine hcl.....	25	ONGENTYS.....	40	oxcarbazepine.....	24
olmesartan medoxomil.....	58	ONUREG.....	33	oxcarbazepine er.....	24
olmesartan medoxomil-hctz.....	61	ONYDA XR.....	66	OXERVATE.....	109
olmesartan-amlodipine-hctz.....	61	ONZETRA XSAIL.....	30	oxiconazole nitrate.....	29
olopatadine hcl.....	110, 112	opcicon one-step .....	93	OXISTAT.....	29
OLPRUVA (2 GM DOSE) .....	79	OPFOLDA.....	79	oxybutynin chloride.....	80
OLPRUVA (3 GM DOSE) .....	79	OPIPZA.....	42	oxybutynin chloride er.....	80
OLPRUVA (4 GM DOSE) .....	79	OPSUMIT.....	116	oxycodone hcl.....	16
OLPRUVA (5 GM DOSE) .....	79	OPSYNVI.....	116	OXYCODONE HCL.....	16
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perphenazine	27	potassium citrate er	73	MASK	107
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PERSERIS	42		117	prochlorperazine maleate	27
PERTZYE	79	PRADAXA	55	PROCRIT	56
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phenoxybenzamine hcl	58	prazosin hcl	58	PROLATE	16
phenylephrine hcl	110	PRECISION XTRA BLOOD		promethazine hcl	27
phenytek	24	GLUCOSE STRIPS	49	PROMETHEGAN	27
phenytoin	24	PRED MILD	111	propafenone hcl	59
phenytoin infatabs	24	prednisolone	84	propafenone hcl er	59
phenytoin sodium extended	24	prednisolone acetate	111	propranolol hcl	60
PHEXXI	107	PREDNISOLONE ACETATE		propranolol hcl er	60
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PIFELTRO	45	prednisone intensol	84	PRURADIK	40
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pimecrolimus	71	pregabalin er	67	PULMOSAL	117
pimozone	41	PREGNYL	85	PULMOZYME	115
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pioglitazone hcl-glimepiride	51	PREMPRO	91	pyridostigmine bromide	30
pioglitazone hcl-metformin hcl	51	PRESTALIA	61	pyridostigmine bromide er	30
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pitavastatin calcium	63	PREVYMIS	43	PYRUKYND	56
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QUILLIVANT XR	66	REPATHA PUSHTRONEX		RUCONEST	95
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quinapril-hydrochlorothiazide	61	REPATHA SURECLICK	64	RUKOBIA	45
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quinidine sulfate	59	RETACRIT	56	RYBELSUS	51
quinine sulfate	40	RETEVMO	37	RYCLORA	112
QULIPTA	29	RETIN-A MICRO PUMP	71	RYDAPT	38
QUVIVIQ	119	REVCovi	79	RYKINDO	42
QVAR REDIHALER	114	REVLIMID	32	RYPLAZIM	107
RABEPRAZOLE SODIUM	78	REVUFORJ	33	RYTARY	41
rabeprazole sodium	78	REXTOVY	17	ryvent	112
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RADICAVA ORS STARTER KIT	66	REYATAZ	46	SAIZEN	86
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RALDESY	26	REZLIDHIA	37	SANCUSO	27
raloxifene hcl	94	REZUROCK	98	SANTYL	71
ramelteon	119	REZVOGLAR KWIKPEN	54	sapropterin dihydrochloride	79
ramipril	59	RHOPRESSA	110	SAVAYSA	55
ranolazine er	61	ribavirin	43	SAVELLA	67
rasagiline mesylate	41	RIDAURA	100	SAVELLA TITRATION PACK	67
RASUVO	98	rifabutin	31	saxagliptin hcl	51
RAVICTI	79	rifampin	31	saxagliptin-metformin er	51
RAYALDEE	104	riluzole	66	SCEMBLIX	38
RAYOS	84	rimantadine hcl	46	scopolamine	27
react	94	RINVOQ	100	SECUADO	42
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REBIF TITRATION PACK	67	risperidone microspheres er	42	selegiline hcl	41
REBINYN	57	ritonavir	46	selenium sulfide	71
reclipsen	91	rivaroxaban	55	SELZENTRY	45
RECOMBINATE	57	rivastigmine	24	SEMGLEE (YFGN)	54
RECOMBIVAX HB	102	rivastigmine tartrate	24	SEREVENT DISKUS	115
RECORLEV	86	rivelsa	91	SERNIVO	84
REGRANEX	71	RIVFLOZA	81	SEROSTIM	75
RELAFEN DS	14	RIVIVE	17	sertraline hcl	26
		RIXUBIS	57	setlakin	91
		rizatriptan benzoate	30	sevelamer carbonate	74
		ROCKLATAN	110	sevelamer hcl	74

SEVENFACT	57	sorafenib tosylate	38	sulindac	14
SEYSARA	21	SORILUX	71	sumatriptan	30
SFROWASA	103	sotalol hcl	59	sumatriptan succinate	30
sharobel	94	sotalol hcl (af)	59	sumatriptan succinate refill	
SHINGRIX	102	SOTYKTU	71	subcutaneous solution	
SIGNIFOR	95	SOTYLIZE	59	cartridge	30
SIKLOS	32	SOVALDI	43	sumatriptan-naproxen sodium	30
sildenafil citrate	116	SOVUNA	40	sunitinib malate	38
SILIQ	71	SPEVIGO	71	SUNLENCA	45
silodosin	81	SPIKEVAX	102	SUNOSI	119
silver sulfadiazine	19	spinosad	40	SUTAB	78
SIMBRINZA	110	SPIRIVA RESPIMAT	114	syeda	92
SIMLANDI (1 PEN)	98	spironolactone	62	SYMBICORT	114
SIMLANDI (1 SYRINGE)	98	spironolactone-hctz	61	SYMBRAVO	29
SIMLANDI (2 PEN)	98	sprintec 28	92	SYMDEKO	115
SIMLANDI (2 SYRINGE)	98	SPRITAM	22	SYMLINPEN 120	52
simliya	91	SPRIX	14	SYMLINPEN 60	52
simpesse	91	SPS (SODIUM POLYSTYRENE SULF)	73	SYMPAZAN	22
SIMPONI	98	sronyx	92	SYMPROIC	75
simvastatin	64	ssd	19	SYMTUZA	46
sirolimus	98	SSKI	117	SYNAREL	95
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SITAGLIPT BASE-METFORM HCL ER	51	STEGLATRO	51	SYNJARDY	52
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SITAGLIPTIN BASE-METFORMIN HCL	51	STELARA	100	TABLOID	32
SITAVIG	44	STEQEYMA	98	TADLIQ	116
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SKYRIZI PEN	98	STIVARGA	38	TADLIQ	116
SKYTROFA	86	STRENSIQ	80	TAFINLAR	38
SLYND	94	STRIBILD	44	tafluprost (pf)	111
smooth lax	78	STRIVERDI RESPIMAT	115	TAGRISSO	38
SOAANZ	62	subvenite	23	take action	94
sodium chloride	81, 117	subvenite starter kit-blue	23	TAKHZYRO	96
sodium chloride flush	107	subvenite starter kit-green	23	TALICIA	75
SODIUM CHLORIDE FLUSH.	107	subvenite starter kit-orange	23	TALTZ	71
sodium fluoride	73	SUCRAID	80	TALZENNA	35
SODIUM OXYBATE	119	sucralfate	78	tamoxifen citrate	32
sodium phenylbutyrate	80	SUFLAVE	78	tamsulosin hcl	81
sodium polystyrene sulfonate	73	SULCONAZOLE NITRATE	29	TAPERDEX 12-DAY	84
sodium sulfacetamide wash	71	sulfacetamide sodium	71, 112	TAPERDEX 6-DAY	84
SOFDRA	71	sulfacetamide sodium (acne)	71	TAPERDEX 7-DAY	84
SOFOSBUVIR-VELPATASVIR	43	sulfacetamide sodium-sulfur	71	tarina 24 fe	92
SOGROYA	86	sulfacetamide sod-sulfur wash	71	tarina fe 1/20 eq	92
SOHONOS	107	sulfacetamide-prednisolone	109	TARPEYO	104
solifenacin succinate	80	sulfadiazine	20	TASCENO ODT	67
SOLIQUA	51	sulfamethoxazole-trimethoprim	20, 21	tasimelteon	119
SOLOSEC	19	SULFAMYLYON	19	tavaborole	29
SOLTAMOX	32	sulfasalazine	104	TAVALISSE	57
SOMAVERT	95	sulfatrim pediatric	21	TAVNEOS	107
				taysofy	92
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				TAZAROTENE	72

TAZVERIK	33	tiotropium bromide	TREMFYA ONE-PRESS	100
TDVAX	102	monohydrate	TREMFYA PEN	100
TECHLITE LANCETS 26G	49	TIROSINT	treprostinil	116
TEGLUTIK	66	TIROSINT-SOL	TRESIBA	54
telmisartan	58	TIS-U-SOL	TRESIBA FLEXTOUCH	54
telmisartan-amlodipine	62	TIVICAY	tretinoin	39, 72
telmisartan-hctz	62	TIVICAY PD	tretinoin microsphere	72
temazepam	118	tizanidine hcl	tretinoin microsphere pump	72
temozolomide	31	TLANDO	TRETEN	57
TENCON	16	TOBI PODHALER	TREXALL	99
TENIVAC	102	TOBRADEX	triamcinolone acetonide	68, 84
tenofovir disoproxil fumarate	45	TOBRADEX ST	triamcinolone in absorbase	84
TEPMETKO	38	tobramycin	triamterene	62
terazosin hcl	81	tobramycin-dexamethasone	triamterene-hctz	62
terbinafine hcl	29	TOBREX	triazolam	118
terbutaline sulfate	115	TODAY SPONGE	triderm	84
terconazole	29	TOLAK	trientine hcl	73
teriflunomide	67	tolcapone	tri-estarylla	92
teriparatide	104	TOLECTIN 600	trifluoperazine hcl	41
TERIPARATIDE	104	tolmetin sodium	trifluridine	109
testosterone	86	TOLSURA	trihexyphenidyl hcl	40
TESTOSTERONE		tolterodine tartrate	TRIJARDY XR	52
CYPIONATE	86	tolterodine tartrate er	TRIKAFTA	115
testosterone cypionate	86	tolvaptan	tri-legest fe	92
testosterone enanthate	86	topiramate	tri-linyah	92
tetrabenazine	66	topiramate er	tri-lo-estarylla	92
tetracycline hcl	21	toremifene citrate	tri-lo-marzia	92
TETRACYCLINE HCL	21	torpenz	tri-lo-mili	92
TEXACORT	84	torsemide	tri-lo-sprintec	92
TEZRULY	81	TOSYMRA	TRIMAFIX	115
TEZSPIRE	117	TOUJEO MAX SOLOSTAR	TRIMETHOBENZAMIDE HCL	27
THALITONE	63	TOUJEO SOLOSTAR	trimethoprim	19
THALOMID	32	tovet	tri-mili	92
THEO-24	116	TRACLEER	trimipramine maleate	26
theophylline	116	TRADJENTA	TRINTELLIX	26
theophylline er	116	TRAMADOL HCL (ER	TRIUMEQ	45
thioridazine hcl	41	BIPHASIC)	TRIUMEQ PD	45
thiothixene	41	tramadol hcl (er biphasic)	trivora (28)	92
THYQUIDITY	94	tramadol hcl er	tri-vylibra	92
thyroid	94	TRAMADOL HCL IR	tri-vylibra lo	92
tiadylt er	60	tramadol hcl ir	tropicamide	109
tiagabine hcl	22	tramadol-acetaminophen	trospium chloride	80
TIBSOVO	38	trandolapril	trospium chloride er	80
ticagrelor	58	trandolapril-verapamil hcl er	TRUDHESA	30
TIGLUTIK	66	tranexamic acid	TRUE COVER	107
tilia fe	92	tranylcypromine sulfate	true laxative	78
timolol hemihydrate	110	travoprost (bak free)	TRUE METRIX BLOOD	
timolol maleate	60, 110	trazodone hcl	GLUCOSE TEST	50
timolol maleate (once-daily)	110	TRECATOR	TRULANCE	75
timolol maleate ocudose	110	TRELEGY ELLIPTA	TRULICITY	52
timolol maleate pf	110	TREMFYA	TRUMENBA	102
tinidazole	19	TREMFYA CROHNS	TRUQAP	38
tiopronin	81	INDUCTION	TRYNGOLZA	64

TRYPTYR	109	VAQTA	102	VIOKACE	80
TRYVIO	62	varenicline tartrate	18	viorele	92
TUDORZA PRESSAIR	114	varenicline tartrate (starter)	18	VIRACEPT	46
TUKYSA	38	varenicline tartrate(continue)	18	VIREAD	45
TURALIO	38	VARIVAX	102	VISTOGARD	107
turqoz	92	VARUBI (180 MG DOSE)	27	vitamin d (ergocalciferol)	74
TWINRIX	102	VAXELIS	102	vitamin k1	74
TWIRLA	92	VAXNEUVANCE	102	VITRAKVI	39
TWYNEO	72	VCF VAGINAL		VIVAGUARD INO TEST	
TYBLUME	92	CONTRACEPTIVE	81	STRIPS	50
TYBOST	44	VECAMYL	62	VIVAGUARD LANCETS 30G	50
tydemy	92	velvet	92	VIVAGUARD SAFETY	
TYENNE	100	VELPHORO	74	LANCETS 28G	50
TYMLOS	104	VELSIPITY	100	VIVJOA	29
TYRVAYA	109	VELTASSA	73	VIZIMPRO	39
TYVASO	116	VEMLIDY	43	volnea	92
TYVASO DPI MAINTENANCE KIT	116	VENCLEXTA	38	VONJO	33
TYVASO DPI TITRATION KIT	116	VENCLEXTA STARTING PACK	38	VONVENDI	57
TYVASO REFILL KIT	116	VENLAFAXINE BESYLATE		VOQUEZNA	76
TYVASO STARTER KIT	116	ER	26	VOQUEZNA DUAL PAK	76
UBRELVY	29	venlafaxine hcl	26	VOQUEZNA TRIPLE PAK	76
UDENYCA	56	venlafaxine hcl er	26	VORANIGO	35
ULTRAVATE	84	VENTAVIS	116	voriconazole	29
UMECLIDINIUM-VILANTEROL	118	VEOZAH	107	VORTEX VALVE CHAMBER-PEDI MASK	107
UNDECATREX	86	verapamil hcl	60	VORTEX VALVED HOLDING CHAMBER	107
unithroid	94	verapamil hcl er	60	VOSEVI	44
UPNEEQ	110	VEREGEN	72	VOWST	76
UPTRAVI	116	VERIFINE SAFE LANCET		VOXZOGO	80
UPTRAVI TITRATION	116	MINI 21G	50	VOYDEYA	54
URSODIOL	75	VERIFINE SAFE LANCET		VRAYLAR	42
ursodiol	75	MINI 23G	50	VTAMA	72
USTEKINUMAB	100	VERIFINE SAFE LANCET		VUMERTY	68
USTEKINUMAB-AEKN	100	MINI 28G	50	VUSION	29
USTEKINUMAB-TTWE	100	VERIFINE SAFE LANCET		VYALEV	41
UZEDY	42	MINI 30G	50	vyfemla	92
VAFSEO	56	VERKAZIA	109	VYKAT XR	107
valacyclovir hcl	44	VERQUVO	62	VERSACLOZ	43
VALCHLOR	31	VERZENIO	33	vylibra	92
valganciclovir hcl	43	VESICARE LS	80	VYNDAMAX	62
valproic acid	22	vestura	92	VYNDAQEL	62
valsartan	58	VEVYE	109	VYVANSE	65
valsartan-hydrochlorothiazide	62	V-GO 20	107	VYZULTA	111
VALTOCO 10 MG DOSE	22	V-GO 30	107	WAINUA	80
VALTOCO 15 MG DOSE	22	V-GO 40	107	WAKIX	119
VALTOCO 20 MG DOSE	22	VIBERZI	76	warfarin sodium	55
VALTOCO 5 MG DOSE	22	vienna	92	water for irrigation, sterile	107
valtya 1/50	92	vigabatrin	22	WELIREG	33
vancomycin hcl	19	VIGAFYDE	22	wera	92
VANDAZOLE	19	vigpoder	22	WEZLANA	100
VANFLYTA	38	VIJOICE	38	WIDE-SEAL DIAPHRAGM 60	107
VANRAFIA	81	vilazodone hcl	26	WIDE-SEAL DIAPHRAGM 65	108
				WIDE-SEAL DIAPHRAGM 70	108

WIDE-SEAL DIAPHRAGM 75	108	XROMI	32	ZIRGAN	108
WIDE-SEAL DIAPHRAGM 80	108	XTAMPZA ER	15	ZITHROMAX	20
WIDE-SEAL DIAPHRAGM 85	108	XTANDI	32	ZITUVIMET	52
WIDE-SEAL DIAPHRAGM 90	108	xulane	92	ZITUVIMET XR	52
WIDE-SEAL DIAPHRAGM 95	108	XULTOPHY	52	ZITUVIO	52
WILATE	57	XURIDEN	80	ZOKINVY	108
WINLEVI	72	XYNTHA	57	ZOLINZA	34
WINREVAIR	117	XYNTHA SOLOFUSE	57	ZOLMITRIPTAN	30
wixela inhub	114	XYOSTED	86	zolmitriptan	30
wymzya fe	92	XYREM	119	ZOLPIDEM TARTRATE	118
WYNZORA	72	XYWAV	119	zolpidem tartrate	118, 119
XACIATO	19	yargesa	80	zolpidem tartrate er	118
XADAGO	41	YESINTEK	99	ZOMACTON	86
XALKORI	39	YEZTUGO	45	ZOMIG	30
xarah fe	92	yl folic acid	74	ZONISADE	22
XARELTO	55	YONSA	32	zonisamide	22
XARELTO STARTER PACK	55	YORVIPATH	108	ZONTIVITY	55
XATMEP	99	YOSPRALA	58	ZORYVE	72
XCOPRI	22	YUFLYMA (1 PEN)	99	zovia 1/35 (28)	93
XDEMVY	108	YUFLYMA (2 PEN)	99	ZTALMY	23
XELJANZ	99	YUFLYMA (2 SYRINGE)	99	ZTLIDO	17
XELJANZ XR	99	YUFLYMA-CD/UC/HS		ZUBSOLV	17
XELPROS	111	STARTER	99	zumandimine	93
xelria fe	92	YUPELRI	114	ZUNVEYL	24
XELSTRYM	65	YUSIMRY	99	ZURZUVAE	25
XEMBIFY	99	YUTREPIA	117	ZYCLARA PUMP	72
XERESE	44	yuvafem	93	ZYDELIG	39
XERMELO	76	zafemy	93	ZYFLO	114
XHANCE	114	zafirlukast	114	ZYKADIA	39
XIFAXAN	19	zaleplon	118	ZYLET	109
XIGDUO XR	52	ZARXIO	56	ZYMFENTRA (1 PEN)	99
XiIDRA	109	ZAVZPRET	29	ZYMFENTRA (2 PEN)	99
XOFLUZA (40 MG DOSE)	46	ZEGALOGUE	52	ZYMFENTRA (2 SYRINGE)	99
XOFLUZA (80 MG DOSE)	46	ZEJULA	35	ZYPITAMAG	64
XOLAIR	100	ZELAPAR	41	ZYPREXA RELPREVV	42
XOLREMDI	56	ZELBORAF	39		
XOPENEX HFA	115	ZELSUVMI	72		
XOSPATA	39	ZEMBRACE SYMTOUCH	30		
XPHOZAH	108	zenatane	72		
XPOVIO (100 MG ONCE		ZENPEP	80		
WEEKLY)	34	ZEPATIER	44		
XPOVIO (40 MG ONCE		ZEPOSIA	68		
WEEKLY)	34	ZEPOSIA 7-DAY STARTER			
XPOVIO (40 MG TWICE		PACK	68		
WEEKLY)	34	ZEPOSIA STARTER KIT	68		
XPOVIO (60 MG ONCE		ZERVIASTE	110		
WEEKLY)	34	zidovudine	45		
XPOVIO (60 MG TWICE		ZIEXTENZO	56		
WEEKLY)	34	ZILBRYSQ	108		
XPOVIO (80 MG ONCE		zileuton er	114		
WEEKLY)	34	ZILXI	72		
XPOVIO (80 MG TWICE		ZIMHI	17		
WEEKLY)	34	ziprasidone hcl	42		

## We Speak Your Language

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

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

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

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

هذا يعني أنك تتحدث الإنجليزية، ولذلك يمكنك الحصول على المساعدة المجانية المقدمة في هذا الموقع. إذا كنت تتحدث لغة أخرى، فلطفلك اتصل بنا على رقم 877-469-2583 TTY: 711. نحن هنا لمساعدتك.

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

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

알림: 한국어를 사용하는 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 정보를 접근 가능한 형식으로 제공받을 수 있는 적절한 보조 기구와 서비스도 무료로 이용할 수 있습니다.

877-469-2583 TTY: 711 번으로 전화하거나 담당 기관에 문의하십시오.  
মনোযোগ দিন: যদি আপনি বাংলা বলেন তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবাদি উপলক্ষ রয়েছে। অ্যাঞ্জেস্যোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সহযোগিতা এবং পরিষেবাদিও বিনামূল্যে উপলক্ষ রয়েছে। 877-469-2583 TTY: 711 নংস্বরে কল করুন অথবা আপনার প্রদানকারীর সাথে কথা বলুন।

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

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

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

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

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

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

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

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

## Discrimination is against the law

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

Blue Cross Blue Shield of Michigan and Blue Care Network:

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

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

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

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the [Office for Civil Rights Complaint Portal website](#)

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

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

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

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



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