Blue Cross Blue Shield Blue Care Network of Michigan

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# Your 2026 Blue Care Network Custom Select Drug List

## HMO

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

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

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# Blue Care Network Custom Select Drug List

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

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

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

## About this drug list

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

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

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

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

## Nonformulary (not covered) drugs

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

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

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

## 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 plan documents.

## New generics

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

## Brand-for-generic substitution

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

## Prescription coverage

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

## Vaccines

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

# Reading your drug list

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

## Tier information

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

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

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

## Drug list information

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

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

# How to fill a prescription

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

- **Specialty drugs**
  - Local retail pharmacy
    - Walgreens is our preferred specialty pharmacy. Find a location at **walgreens.com/pharmacy/** *.
    - You can use any retail pharmacy in your applicable network.
  - Limited-distribution specialty drugs
    - Pharmacy options vary based on the drug. Refer to the **Specialty Drug Program Pharmacy Benefit Member Guide**, and search for the drug you take.
  - Home delivery
    - Walgreens Specialty Pharmacy**
    - Website: **WalgreensSpecialtyRx.com***
    - Phone: 1-866-515-1355
- **All other drugs**
  - Local retail pharmacy — More than 2,300 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your member ID card.
  - Mail order
    - Optum Home Delivery***
    - Phone: 1-844-642-9087

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

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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

## Prior authorization

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

## Step therapy

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

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

## Quantity limits

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

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

## How to request authorization

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

**To request coverage of a drug:**

- Fill out the **Coverage Request Form** online at **bcbsm.com**.

- Send to: Pharmacy Services — Mail Code 512C
  Blue Cross Blue Shield of Michigan
  600 E. Lafayette Blvd.
  Detroit, MI 48226-2998

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

Doctors can request authorization one of four ways:

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

**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 (availity.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 and click on *Drug lists* for the most up-to-date information about this drug list.**

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

## Send us your feedback

Please send your comments and suggestions about this list to:

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

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| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Analgesics** | | |
| JOURNAVX | Not covered | QL |
| **Nonsteroidal Anti-inflammatory Drugs** | | |
| aspirin 81 oral tablet delayed release | Preventive | PV1 |
| aspirin adult low dose | Preventive | PV1 |
| aspirin adult low strength | Preventive | PV1 |
| aspirin childrens | Preventive | PV1 |
| aspirin ec adult low dose | Preventive | PV1 |
| aspirin ec low dose | Preventive | PV1 |
| aspirin ec low strength | Preventive | PV1 |
| aspirin low dose | Preventive | PV1 |
| aspirin oral tablet delayed release 81 mg | Preventive | PV1 |
| aspirin regimen | Preventive | PV1 |
| celecoxib oral | Preferred 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 | Nonpreferred generic | |
| diclofenac sodium er | Nonpreferred generic | |
| diclofenac sodium external solution 1.5 % | Nonpreferred generic | |
| diclofenac sodium external solution 2 % | Not covered | QL |
| diclofenac sodium oral | Preferred generic | |
| diclofenac-misoprostol | Not covered | |
| diflunisal oral | Nonpreferred generic | |
| DOLOBID | Not covered | |
| ELYXYB | Not covered | |
| etodolac | Nonpreferred generic | |
| etodolac er | Nonpreferred generic | |
| fenoprofen calcium oral capsule 200 mg | Not covered | QL |
| fenoprofen calcium oral capsule 400 mg | Nonpreferred generic | QL |
| FENOPRON | Not covered | |
| FLECTOR | Not covered | QL |
| flurbiprofen oral | Nonpreferred generic | |
| ft aspirin adult low dose | Preventive | PV1 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ft aspirin low dose | Preventive | PV1 |
| ft aspirin oral tablet chewable | Preventive | PV1 |
| goodsense aspirin low dose | Preventive | PV1 |
| ibuprofen oral suspension 100 mg/5ml | Preferred generic | |
| ibuprofen oral tablet 300 mg | Not covered | |
| ibuprofen oral tablet 400 mg, 600 mg, 800 mg | Preferred generic | |
| ibuprofen-famotidine | Not covered | QL |
| indomethacin er | Nonpreferred generic | |
| indomethacin oral capsule | Nonpreferred generic | |
| indomethacin oral suspension | Not covered | |
| INDOMETHACIN RECTAL SUPPOSITORY 100 MG | Not covered | QL |
| indomethacin rectal suppository 50 mg | Nonpreferred generic | QL |
| ketoprofen er | Nonpreferred generic | |
| ketoprofen oral capsule 25 mg | Nonpreferred generic | PA; QL |
| ketoprofen oral capsule 50 mg | Nonpreferred generic | |
| ketoprofen oral capsule 75 mg | Not covered | |
| ketorolac tromethamine +rfid | Nonpreferred generic | |
| ketorolac tromethamine injection | Nonpreferred generic | |
| ketorolac tromethamine intramuscular solution 60 mg/2ml | Nonpreferred generic | |
| ketorolac tromethamine oral | Nonpreferred generic | QL |
| LICART | Not covered | QL |
| meclofenamate sodium oral | Nonpreferred generic | |
| mefenamic acid oral | Nonpreferred generic | |
| meloxicam oral capsule | Not covered | QL |
| MELOXICAM ORAL SUSPENSION | Not covered | ABA |
| meloxicam oral tablet | Preferred generic | |
| mm aspirin | Preventive | PV1 |
| nabumetone oral | Nonpreferred generic | |
| naproxen dr | Preferred generic | |
| naproxen oral suspension | Nonpreferred generic | |
| naproxen oral tablet | Preferred generic | |
| naproxen oral tablet delayed release | Preferred generic | |
| naproxen sodium er | Not covered | |
| naproxen sodium oral tablet 275 mg, 550 mg | Preferred generic | |
| naproxen-esomeprazole mg | Not covered | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ORUDIS | Not covered | |
| OXAPROZIN ORAL CAPSULE | Not covered | ABA; QL |
| oxaprozin oral tablet | Nonpreferred generic | |
| piroxicam oral | Nonpreferred generic | |
| RELAFEN DS | Not covered | |
| salsalate oral | Nonpreferred generic | |
| SPRIX | Not covered | QL |
| sulindac oral | Nonpreferred generic | |
| TOLECTIN 600 | Not covered | |
| TOLECTIN DS | Not covered | |
| tolmetin sodium oral capsule | Not covered | |
| tolmetin sodium oral tablet 200 mg | Not covered | |
| tolmetin sodium oral tablet 600 mg | Nonpreferred generic | |
| VYSCOXA | Not covered | |
| ZYBIC | Not covered | |
| **Opioid Analgesics, Long-acting** | | |
| BELBUCA | Not covered | QL |
| buprenorphine | Nonpreferred generic | QL |
| CONZIP | Not covered | |
| fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr | Nonpreferred generic | QL |
| fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr | Not covered | QL |
| hydrocodone bitartrate er oral capsule extended release 12 hour | Nonpreferred generic | PA; QL |
| hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent | Not covered | QL |
| hydromorphone hcl er | Not covered | QL |
| levorphanol tartrate oral | Not covered | QL |
| methadone hcl intensol | Nonpreferred generic | |
| methadone hcl oral concentrate | Nonpreferred generic | |
| methadone hcl oral solution | Nonpreferred generic | |
| methadone hcl oral tablet | Nonpreferred generic | |
| morphine sulfate er beads | Not covered | QL |
| morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg | Not covered | QL |
| morphine sulfate er oral tablet extended release | Nonpreferred generic | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| NUCYNTA ER | Nonpreferred brand | PA; QL |
| OXYCONTIN | Not covered | QL |
| oxymorphone hcl er | Nonpreferred generic | PA; QL |
| TAPENTADOL HCL ER | Nonpreferred brand | PA; ABA; QL |
| TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR | Not covered | ABA |
| tramadol hcl (er biphasic) oral tablet extended release 24 hour | Nonpreferred generic | |
| tramadol hcl er | Nonpreferred generic | |
| TRAMADOL HCL ORAL SOLUTION | Not covered | ABA; QL |
| XTAMPZA ER | Preferred brand | PA; QL |
| xyvona | Not covered | QL |
| **Opioid Analgesics, Short-acting** | | |
| acetaminophen-codeine | Nonpreferred generic | |
| ALLZITAL | Not covered | |
| apap-caff-dihydrocodeine | Nonpreferred generic | |
| ascomp-codeine | Nonpreferred generic | |
| bac (butalbital-acetamin-caff) | Nonpreferred generic | |
| butalbital-acetaminophen oral capsule | Not covered | |
| butalbital-acetaminophen oral tablet 50-300 mg | Not covered | |
| butalbital-acetaminophen oral tablet 50-325 mg | Nonpreferred generic | |
| butalbital-apap-caff-cod | Nonpreferred generic | |
| butalbital-apap-caffeine oral capsule | Nonpreferred generic | |
| BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION | Not covered | |
| butalbital-apap-caffeine oral tablet | Nonpreferred generic | |
| butalbital-asa-caff-codeine | Nonpreferred generic | |
| butalbital-aspirin-caffeine | Nonpreferred generic | |
| butorphanol tartrate nasal | Nonpreferred generic | |
| codeine sulfate | Nonpreferred generic | |
| endocet | Nonpreferred generic | |
| hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml | Nonpreferred generic | |
| hydrocodone-acetaminophen oral tablet | Nonpreferred generic | |
| hydrocodone-ibuprofen | Nonpreferred generic | |
| hydromorphone hcl oral | Nonpreferred generic | |
| hydromorphone hcl rectal | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| meperidine hcl oral solution | Nonpreferred generic | |
| meperidine hcl oral tablet | Not covered | |
| morphine sulfate (concentrate) oral solution 100 mg/5ml | Nonpreferred generic | |
| morphine sulfate oral | Nonpreferred generic | |
| morphine sulfate rectal | Nonpreferred generic | |
| nalbuphine hcl injection | Nonpreferred generic | |
| NALOCET | Not covered | |
| oxycodone hcl oral capsule | Nonpreferred generic | QL |
| oxycodone hcl oral concentrate | Nonpreferred generic | QL |
| oxycodone hcl oral solution | Nonpreferred generic | QL |
| oxycodone hcl oral tablet | Nonpreferred generic | QL |
| OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT | 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 | Nonpreferred generic | |
| oxymorphone hcl | Nonpreferred generic | QL |
| pentazocine-naloxone hcl | Nonpreferred generic | |
| PROLATE | Not covered | |
| ROXYBOND | Not covered | |
| TAPENTADOL HCL ORAL SOLUTION | Not covered | |
| tapentadol hcl oral tablet | Nonpreferred generic | PA; QL |
| TENCON | Not covered | |
| tramadol hcl oral tablet 100 mg | Nonpreferred generic | |
| tramadol hcl oral tablet 25 mg, 75 mg | Not covered | |
| tramadol hcl oral tablet 50 mg | Preferred generic | |
| tramadol-acetaminophen | Nonpreferred generic | |
| **Anesthetics** | | |
| **Local Anesthetics** | | |
| glydo | Nonpreferred generic | |
| lidocaine external ointment 5 % | Not covered | |
| lidocaine external patch 5 % | Not covered | |
| lidocaine hcl external solution | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| lidocaine hcl mouth/throat | Nonpreferred generic | |
| lidocaine hcl urethral/mucosal external gel | Not covered | |
| lidocaine hcl urethral/mucosal external prefilled syringe | Nonpreferred generic | |
| lidocaine viscous hcl | Nonpreferred generic | |
| lidocaine-prilocaine external cream | Nonpreferred generic | |
| PLIAGLIS | Not covered | |
| ZTLIDO | Not covered | QL |
| **Anti-Addiction/Substance Abuse Treatment Agents** | | |
| **Alcohol Deterrents/Anti-craving** | | |
| acamprosate calcium | Nonpreferred generic | |
| disulfiram oral | Nonpreferred generic | |
| naltrexone hcl oral | Preferred generic | |
| **Opioid Dependence Treatments** | | |
| buprenorphine hcl sublingual | Nonpreferred generic | |
| buprenorphine hcl-naloxone hcl | Nonpreferred generic | QL |
| lofexidine hcl | Nonpreferred generic | QL |
| ZUBSOLV | Preferred brand | QL |
| **Opioid Reversal Agents** | | |
| ft naloxone hcl | Preferred generic | QL |
| KLOXXADO | Preferred brand | QL |
| naloxone hcl injection | Preferred generic | |
| naloxone hcl nasal | Preferred generic | QL |
| NARCAN | Nonpreferred brand | QL |
| OPVEE | Preferred brand | QL |
| REXTOVY | Preferred brand | QL |
| REZENOPY | Not covered | QL |
| RIVIVE | Preferred brand | QL |
| ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML | Preferred brand | QL |
| ZURNAI | Nonpreferred brand | QL |
| **Smoking Cessation Agents** | | |
| bupropion hcl er (smoking det) | Nonpreferred generic | PV2; QL; AL (Min 18 Years) |
| ft nicotine | Preventive | PV1; QL; AL (Min 18 Years) |
| ft nicotine mini | Preventive | PV1; QL; AL (Min 18 Years) |
| goodsense nicotine mouth/throat gum | Preventive | PV1; QL; AL (Min 18 Years) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| goodsense nicotine mouth/throat lozenge 4 mg | Preventive | PV1; QL; AL (Min 18 Years) |
| goodsense nicotine policrilex | 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 NS | Nonpreferred brand | PV2; QL; AL (Min 18 Years) |
| varenicline tartrate | Nonpreferred generic | PV2; QL; AL (Min 18 Years) |
| varenicline tartrate (starter) | Nonpreferred generic | PV2; QL; AL (Min 18 Years) |
| varenicline tartrate(continue) | Nonpreferred generic | PV2; QL; AL (Min 18 Years) |
| **Antibacterials** | | |
| **Aminoglycosides** | | |
| ARIKAYCE | Preferred specialty | PA; SP; QL |
| gentamicin sulfate external | Nonpreferred generic | |
| HUMATIN | Nonpreferred brand | |
| neomycin sulfate oral | Nonpreferred generic | |
| **Antibacterials, Other** | | |
| BLUJEPA | Not covered | QL |
| CLEOCIN VAGINAL SUPPOSITORY | Nonpreferred brand | |
| clindamycin hcl oral | Nonpreferred generic | |
| clindamycin palmitate hcl | Nonpreferred generic | |
| clindamycin phosphate vaginal | Nonpreferred generic | |
| CLINDESSE | Nonpreferred brand | |
| fosfomycin tromethamine | Nonpreferred generic | |
| LIKMEZ | Nonpreferred brand | QL |
| linezolid oral | Nonpreferred generic | |
| methenamine hippurate | Nonpreferred generic | |
| metronidazole oral capsule | Not covered | |
| metronidazole oral tablet 125 mg | Not covered | |
| metronidazole oral tablet 250 mg, 500 mg | Nonpreferred generic | |
| metronidazole vaginal | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| mupirocin cream | Not covered | |
| mupirocin ointment | Nonpreferred generic | |
| NEO-SYNALAR | Not covered | |
| nitrofurantoin macrocrystal | Nonpreferred generic | |
| nitrofurantoin monohydrate macrocrystals | Nonpreferred generic | |
| nitrofurantoin oral suspension 25 mg/5ml, 50 mg/10ml | Nonpreferred generic | |
| NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML | Not covered | ABA |
| NUVESSA | Not covered | |
| ORLYNVAH | Nonpreferred brand | PA; QL |
| silver sulfadiazine external | Nonpreferred generic | |
| SIVEXTRO ORAL | Nonpreferred brand | QL |
| SOLOSEC | Not covered | QL |
| ssd | Nonpreferred generic | |
| SULFAMYLON | Nonpreferred brand | |
| tinidazole oral | Nonpreferred generic | QL |
| trimethoprim oral | Nonpreferred generic | |
| vancomycin hcl oral capsule | Nonpreferred generic | |
| vancomycin hcl oral solution reconstituted | Nonpreferred generic | QL |
| VANDAZOLE | Nonpreferred brand | |
| XACIATO | Not covered | |
| XEPI | Not covered | QL |
| XIFAXAN ORAL TABLET 200 MG | Nonpreferred brand | QL |
| XIFAXAN ORAL TABLET 550 MG | Nonpreferred brand | PA; QL |
| **Beta-lactam, Cephalosporins** | | |
| cefaclor | Nonpreferred generic | |
| cefaclor er | Nonpreferred generic | |
| cefadroxil | Nonpreferred generic | |
| cefdinir | Nonpreferred generic | |
| cefixime oral capsule | Nonpreferred generic | |
| cefixime oral suspension reconstituted | Nonpreferred generic | |
| CEFIXIME ORAL TABLET | Not covered | |
| cefpodoxime proxetil | Nonpreferred generic | |
| cefprozil | Nonpreferred generic | |
| cefuroxime axetil | Nonpreferred generic | |
| cephalexin | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Beta-lactam, Penicillins** | | |
| amoxicillin | Nonpreferred generic | |
| amoxicillin-potassium clavulanate | Nonpreferred generic | |
| amoxicillin-potassium clavulanate er | Nonpreferred generic | |
| ampicillin | Nonpreferred generic | |
| AUGMENTIN | Nonpreferred brand | |
| dicloxacillin sodium | Nonpreferred generic | |
| penicillin v potassium | Nonpreferred generic | |
| PIVYA | Nonpreferred brand | QL |
| **Macrolides** | | |
| azithromycin oral | Nonpreferred generic | |
| clarithromycin er | Nonpreferred generic | |
| clarithromycin oral | Nonpreferred generic | |
| DIFICID ORAL SUSPENSION RECONSTITUTED | Nonpreferred brand | QL |
| E.E.S. 400 | Not covered | |
| erythromycin base oral | Nonpreferred generic | |
| erythromycin ethylsuccinate oral suspension reconstituted | Nonpreferred generic | |
| erythromycin oral | Nonpreferred generic | |
| fidaxomicin | Nonpreferred generic | QL |
| **Quinolones** | | |
| BAXDELA ORAL | Nonpreferred brand | |
| CIPRO ORAL SUSPENSION RECONSTITUTED | Nonpreferred brand | |
| ciprofloxacin hcl oral | Nonpreferred generic | |
| levofloxacin oral | Nonpreferred generic | |
| moxifloxacin hcl oral | Nonpreferred generic | |
| ofloxacin oral | Nonpreferred generic | |
| **Sulfonamides** | | |
| sulfadiazine oral | Nonpreferred generic | |
| sulfamethoxazole-trimethoprim oral | Nonpreferred generic | |
| sulfatrim pediatric | Nonpreferred generic | |
| **Tetracyclines** | | |
| demeclocycline hcl | Nonpreferred generic | |
| DORYX MPC | Not covered | |
| doxycycline hyclate oral capsule 50 mg, 100 mg | Preferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| doxycycline hyclate oral tablet 100 mg, 20 mg | Preferred generic | |
| doxycycline hyclate oral tablet 150 mg | Not covered | QL |
| doxycycline hyclate oral tablet 50 mg | Not covered | |
| doxycycline hyclate oral tablet 75 mg | Nonpreferred generic | |
| doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg | Not covered | |
| DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG | Not covered | ABA |
| doxycycline monohydrate oral capsule 100 mg, 50 mg | Preferred generic | |
| doxycycline monohydrate oral capsule 150 mg | Nonpreferred generic | ST |
| doxycycline monohydrate oral capsule 75 mg | Not covered | |
| doxycycline monohydrate oral suspension reconstituted | Nonpreferred generic | |
| doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg | Preferred generic | |
| doxycycline monohydrate oral tablet 150 mg | Nonpreferred generic | |
| minocycline hcl er | Not covered | |
| minocycline hcl oral | Preferred generic | |
| NUZYRA ORAL | Nonpreferred brand | QL |
| SEYSARA | Not covered | |
| tetracycline hcl oral capsule | Nonpreferred generic | |
| TETRACYCLINE HCL ORAL TABLET | Not covered | |
| **Anticonvulsants** | | |
| **Anticonvulsants, Other** | | |
| brivaracetam oral | Nonpreferred generic | PA; QL |
| BRIVIACT ORAL TABLET | Nonpreferred brand | PA; QL |
| ELEPSIA XR | Not covered | QL |
| EPIDIOLEX | Nonpreferred specialty | PA; SP; QL |
| FINTEPLA | Nonpreferred specialty | PA; SP; QL |
| levetiracetam er | Preferred generic | |
| levetiracetam oral solution | Preferred generic | |
| levetiracetam oral tablet | Preferred generic | |
| LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE | Not covered | ABA; QL |
| roweepra | Preferred generic | |
| SPRITAM | Not covered | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Calcium Channel Modifying Agents** | | |
| ethosuximide oral | Nonpreferred generic | |
| methsuximide | Nonpreferred generic | |
| ZONISADE | Nonpreferred brand | PA; QL |
| zonisamide oral | Preferred generic | |
| **Gamma-aminobutyric Acid (GABA) Augmenting Agents** | | |
| clobazam oral suspension 2.5 mg/ml | Nonpreferred generic | QL |
| clobazam oral tablet | Nonpreferred generic | QL |
| DIACOMIT | Nonpreferred specialty | PA; SP; QL |
| diazepam rectal | Nonpreferred generic | |
| gabapentin oral capsule 100 mg, 300 mg, 400 mg | Preferred generic | |
| gabapentin oral capsule 200 mg | Not covered | |
| gabapentin oral solution | Preferred generic | |
| gabapentin oral tablet 600 mg, 800 mg | Preferred generic | |
| GABARONE | Not covered | |
| NAYZILAM | Preferred brand | QL |
| phenobarbital oral | Nonpreferred generic | |
| primidone oral | Nonpreferred generic | |
| RELGAABI ORAL CAPSULE 200 MG | Not covered | |
| SYMPAZAN | Not covered | QL |
| tiagabine hcl | Nonpreferred generic | |
| valproic acid oral | Preferred 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 | Preferred specialty | PA; SP; QL |
| VIGAFYDE | Not covered | SP; QL |
| XCOPRI | Nonpreferred brand | PA; QL |
| ZTALMY | Preferred specialty | PA; SP; QL |
| **Glutamate Reducing Agents** | | |
| felbamate | Nonpreferred generic | |
| LAMICTAL XR ORAL KIT | Nonpreferred brand | |
| lamotrigine er | Nonpreferred generic | |
| lamotrigine oral kit | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| lamotrigine oral tablet | Preferred generic | |
| lamotrigine oral tablet chewable | Preferred generic | |
| lamotrigine oral tablet dispersible | Nonpreferred generic | |
| lamotrigine starter kit-blue | Nonpreferred generic | |
| lamotrigine starter kit-green | Nonpreferred generic | |
| lamotrigine starter kit-orange | Nonpreferred generic | |
| perampanel | Nonpreferred generic | QL |
| SUBVENITE ORAL SUSPENSION | Not covered | |
| subvenite oral tablet | Preferred generic | |
| subvenite starter kit-blue | Nonpreferred generic | |
| subvenite starter kit-green | Nonpreferred generic | |
| subvenite starter kit-orange | Nonpreferred generic | |
| topiramate er oral capsule er 24 hour sprinkle | Nonpreferred generic | PA; QL |
| topiramate er oral capsule extended release 24 hour | Not covered | QL |
| topiramate oral capsule sprinkle | Preferred generic | |
| topiramate oral solution 25 mg/ml | Nonpreferred generic | PA; QL |
| topiramate oral tablet | Preferred generic | |
| **Sodium Channel Agents** | | |
| carbamazepine er | Nonpreferred generic | |
| carbamazepine oral | Preferred generic | |
| DILANTIN ORAL CAPSULE 30 MG | Preferred brand | |
| eslicarbazepine acetate | Not covered | QL |
| lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml | Nonpreferred generic | |
| lacosamide oral tablet | Nonpreferred generic | QL |
| MOTPOLY XR | Not covered | QL |
| oxcarbazepine er | Not covered | QL |
| oxcarbazepine oral suspension | Nonpreferred generic | |
| oxcarbazepine oral tablet | Preferred generic | |
| phenytek | Preferred generic | |
| phenytoin infatabs | Preferred generic | |
| phenytoin oral suspension 125 mg/5ml | Preferred generic | |
| phenytoin oral tablet chewable | Preferred generic | |
| phenytoin sodium extended | Preferred generic | |
| rufinamide oral suspension 40 mg/ml | Nonpreferred generic | |
| rufinamide oral tablet | Nonpreferred generic | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Antidementia Agents** | | |
| **Antidementia Agents, Other** | | |
| memantine hcl-donepezil hcl er | Not covered | QL |
| NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG | Not covered | QL |
| **Cholinesterase Inhibitors** | | |
| ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY | Nonpreferred brand | PA; QL |
| donepezil hcl oral tablet 10 mg, 5 mg | Preferred generic | |
| donepezil hcl oral tablet 23 mg | Not covered | QL |
| donepezil hcl oral tablet dispersible | Preferred generic | |
| galantamine hydrobromide | Nonpreferred generic | |
| galantamine hydrobromide er | Nonpreferred generic | |
| rivastigmine | Nonpreferred generic | |
| rivastigmine tartrate | Preferred generic | |
| ZUNVEYL | Not covered | |
| **N-methyl-D-aspartate (NMDA) Receptor Antagonist** | | |
| memantine hcl er | Preferred generic | QL |
| memantine hcl oral solution | Preferred generic | |
| memantine hcl oral tablet 10 mg, 5 mg | Preferred generic | |
| memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg | Preferred generic | QL |
| **Antidepressants** | | |
| **Antidepressants, Other** | | |
| APLENZIN | Not covered | |
| AUVELITY | Nonpreferred brand | ST; QL |
| AUVELITY TITRATION PACK | Nonpreferred brand | ST; QL |
| bupropion hcl er (sr) | Preferred generic | |
| bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg | Preferred generic | |
| BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG | Not covered | ABA; QL |
| bupropion hcl oral | Preferred generic | |
| chlordiazepoxide-amitriptyline | Nonpreferred generic | |
| EXXUA | Not covered | QL |
| EXXUA TITRATION PACK | Not covered | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG | Not covered | QL |
| mirtazapine oral | Preferred generic | |
| olanzapine-fluoxetine hcl | Nonpreferred generic | |
| perphenazine-amitriptyline | Nonpreferred generic | |
| ZURZUVAE | Nonpreferred brand | PA; QL |
| **Monoamine Oxidase Inhibitors** | | |
| EMSAM | Nonpreferred brand | PA; QL |
| MARPLAN | Not covered | |
| phenelzine sulfate oral | Nonpreferred generic | |
| tranylcypromine sulfate | Nonpreferred generic | |
| **SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)** | | |
| citalopram hydrobromide oral capsule | Not covered | QL |
| citalopram hydrobromide oral solution | Preferred generic | |
| citalopram hydrobromide oral tablet | Preferred generic | |
| DESVENLAFAXINE ER | Not covered | |
| desvenlafaxine succinate er | Preferred generic | |
| DRIZALMA SPRINKLE | Not covered | QL |
| duloxetine hcl oral capsule delayed release particles 120 mg, 40 mg, 80 mg, 90 mg | Not covered | |
| duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg | Preferred generic | |
| ESCITALOPRAM OXALATE ORAL CAPSULE | Not covered | |
| escitalopram oxalate oral solution | Preferred generic | |
| escitalopram oxalate oral tablet | Preferred generic | |
| FETZIMA | Not covered | QL |
| FETZIMA TITRATION | Not covered | QL |
| fluoxetine hcl (pmdd) | Nonpreferred generic | |
| fluoxetine hcl oral | Preferred generic | |
| fluvoxamine maleate | Preferred generic | |
| fluvoxamine maleate er | Nonpreferred generic | |
| nefazodone hcl | Nonpreferred generic | |
| paroxetine hcl er | Nonpreferred generic | |
| paroxetine hcl oral suspension | Nonpreferred generic | |
| paroxetine hcl oral tablet | Preferred generic | |
| paroxetine mesylate | Not covered | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| RALDESY | Not covered | |
| sertraline hcl oral capsule | Not covered | QL |
| sertraline hcl oral concentrate | Preferred generic | |
| sertraline hcl oral tablet | Preferred generic | |
| trazodone hcl oral | Preferred generic | |
| TRINTELLIX | Nonpreferred brand | ST; QL |
| VENLAFAXINE BESYLATE ER | Not covered | QL |
| venlafaxine hcl | Preferred generic | |
| venlafaxine hcl er oral capsule extended release 24 hour | Preferred generic | |
| venlafaxine hcl er oral tablet extended release 24 hour | Not covered | |
| vilazodone hcl | Preferred generic | |
| **Tricyclics** | | |
| amitriptyline hcl oral | Preferred generic | |
| amoxapine | Preferred generic | |
| clomipramine hcl oral | Nonpreferred generic | |
| desipramine hcl oral | Nonpreferred generic | |
| doxepin hcl oral capsule | Preferred generic | |
| doxepin hcl oral concentrate | Preferred generic | |
| imipramine hcl oral | Preferred generic | |
| imipramine pamoate | Nonpreferred generic | |
| nortriptyline hcl oral | Preferred generic | |
| protriptyline hcl | Nonpreferred generic | |
| trimipramine maleate oral | Nonpreferred generic | |
| **Antiemetics** | | |
| **Antiemetics, Other** | | |
| BONJESTA | Not covered | QL |
| doxylamine-pyridoxine | Not covered | QL |
| GIMOTI | Not covered | QL |
| meclizine hcl oral | Not covered | |
| metoclopramide hcl oral | Nonpreferred generic | |
| perphenazine oral | Preferred generic | |
| prochlorperazine | Nonpreferred generic | |
| prochlorperazine maleate oral | Nonpreferred generic | |
| promethazine hcl oral | Nonpreferred generic | |
| promethazine hcl rectal | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| PROMETHEGAN RECTAL SUPPOSITORY 50 MG | Nonpreferred brand | |
| scopolamine | Nonpreferred generic | |
| trimethobenzamide hcl oral | Nonpreferred generic | |
| **Emetogenic Therapy Adjuncts** | | |
| AKYNZEO | Nonpreferred brand | PA; OVM |
| ANZEMET | Not covered | |
| aprepitant | Nonpreferred generic | QL |
| dronabinol oral capsule | Nonpreferred generic | |
| DRONABINOL ORAL SOLUTION | Not covered | ABA |
| EMEND ORAL | Preferred brand | QL |
| granisetron hcl oral | Nonpreferred generic | QL |
| NEREUS | Not covered | QL |
| ondansetron hcl oral solution 4 mg/5ml | Nonpreferred generic | |
| ondansetron hcl oral tablet | Nonpreferred generic | QL |
| ondansetron odt oral tablet dispersible 16 mg | Not covered | QL |
| ondansetron odt oral tablet dispersible 4 mg, 8 mg | Nonpreferred generic | QL |
| SANCUSO | Not covered | |
| SYNDROS | Not covered | |
| VARUBI (180 MG DOSE) | Nonpreferred brand | PA; OVM |
| **Antifungals** | | |
| BREXAFEMME ORAL TABLET 150 MG | Not covered | QL |
| ciclodan | Nonpreferred generic | |
| ciclopirox external | Nonpreferred generic | |
| ciclopirox olamine external | Nonpreferred generic | |
| clotrimazole external | Nonpreferred generic | |
| clotrimazole mouth/throat | Nonpreferred generic | |
| clotrimazole-betamethasone | Nonpreferred generic | |
| CRESEMBA ORAL | Preferred brand | QL |
| econazole nitrate external cream | Nonpreferred generic | |
| ECONAZOLE NITRATE EXTERNAL FOAM | Not covered | ABA; QL |
| ECOZA | Not covered | QL |
| ERTACZO | Not covered | |
| EXELDERM | Not covered | |
| fluconazole oral | Nonpreferred generic | |
| flucytosine oral | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| griseofulvin microsize oral | Nonpreferred generic | |
| griseofulvin ultramicrosize oral tablet 125 mg, 250 mg | Nonpreferred generic | |
| griseofulvin ultramicrosize oral tablet 165 mg | Not covered | |
| GYNAZOLE-1 | Nonpreferred brand | |
| itraconazole oral | Nonpreferred generic | |
| JUBLIA | Not covered | QL |
| ketoconazole external | Nonpreferred generic | |
| ketoconazole oral | Nonpreferred generic | |
| ketodan | Nonpreferred generic | |
| klayesta | Nonpreferred generic | |
| LULICONAZOLE | Nonpreferred brand | PA; ABA; QL |
| LUZU | Not covered | QL |
| miconazole 3 vaginal suppository | Nonpreferred generic | |
| MICONAZOLE-ZINC OXIDE-PETROLAT | Not covered | ABA; QL |
| naftifine hcl external cream | Nonpreferred generic | QL |
| naftifine hcl external gel | Not covered | QL |
| NOXAFIL | Not covered | QL |
| nyamyc external powder 100000 unit/gm | Nonpreferred generic | |
| nystatin external | Nonpreferred generic | |
| nystatin mouth/throat suspension 100000 unit/ml | Nonpreferred generic | |
| nystatin oral | Nonpreferred generic | |
| nystatin-triamcinolone | Nonpreferred generic | |
| nystop | Nonpreferred generic | |
| ORAVIG | Not covered | QL |
| oxiconazole nitrate | Nonpreferred generic | PA; QL |
| OXISTAT | Not covered | QL |
| posaconazole oral | Nonpreferred generic | QL |
| SULCONAZOLE NITRATE | Nonpreferred brand | ABA |
| tavaborole | Not covered | QL |
| terbinafine hcl oral | Nonpreferred generic | |
| terconazole | Nonpreferred generic | |
| TOLSURA | Not covered | |
| VIVJOA | Not covered | QL |
| voriconazole oral | Nonpreferred generic | |
| VUSION | Not covered | QL |

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

| Drug Name | Drug Tier | Notes |
|---|---|---|
| IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML | Nonpreferred brand | QL |
| naratriptan hcl | Nonpreferred generic | QL |
| ONZETRA XSAIL | Not covered | QL |
| REYVOW ORAL TABLET 100 MG, 50 MG | Nonpreferred brand | PA; QL |
| rizatriptan benzoate | Nonpreferred generic | QL |
| sumatriptan nasal | Nonpreferred generic | QL |
| sumatriptan succinate oral | Nonpreferred generic | QL |
| sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 6 mg/0.5ml | Nonpreferred generic | QL |
| sumatriptan succinate subcutaneous | Nonpreferred generic | QL |
| sumatriptan-naproxen sodium | Not covered | QL |
| TOSYMRA | Not covered | QL |
| ZEMBRACE SYMTOUCH | Not covered | QL |
| ZOLMITRIPTAN NASAL SOLUTION 2.5 MG | Not covered | ABA; QL |
| zolmitriptan nasal solution 5 mg | Not covered | QL |
| zolmitriptan oral | Nonpreferred generic | QL |
| ZOMIG NASAL SOLUTION 2.5 MG | Not covered | QL |
| **Antimyasthenic Agents** | | |
| **Parasympathomimetics** | | |
| pyridostigmine bromide er oral tablet extended release | Nonpreferred generic | |
| pyridostigmine bromide oral solution | Nonpreferred generic | |
| pyridostigmine bromide oral tablet 30 mg | Not covered | |
| pyridostigmine bromide oral tablet 60 mg | Nonpreferred generic | |
| VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Nonpreferred specialty | PA; SP; QL |
| **Antimycobacterials** | | |
| **Antimycobacterials, Other** | | |
| dapsone oral | Nonpreferred generic | |
| rifabutin | Nonpreferred generic | |
| **Antituberculars** | | |
| cycloserine oral | Nonpreferred generic | |
| ethambutol hcl oral | Nonpreferred generic | |
| isoniazid oral | Nonpreferred generic | |
| PRETOMANID | Preferred brand | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| PRIFTIN | Not covered | |
| pyrazinamide oral | Nonpreferred generic | |
| rifampin oral | Nonpreferred generic | |
| SIRTURO | Preferred brand | PA; QL |
| **Antineoplastics** | | |
| **Alkylating Agents** | | |
| cyclophosphamide oral capsule | Nonpreferred generic | |
| CYCLOPHOSPHAMIDE ORAL TABLET | Nonpreferred brand | ABA |
| LEUKERAN | Nonpreferred brand | |
| lomustine | Nonpreferred generic | |
| MATULANE | Preferred specialty | SP |
| MYLERAN | Nonpreferred brand | |
| temozolomide | Preferred specialty | SP |
| VALCHLOR | Nonpreferred specialty | PA; SP; OVM |
| **Antiandrogens** | | |
| abiraterone acetate oral tablet 500 mg | Not covered | SP |
| abiraterone acetate tablet 250 mg oral | Not covered | SP |
| abiraterone acetate tablet 250 mg oral (Civica) | Preferred specialty | SP |
| abirtega | Preferred specialty | SP |
| bicalutamide | Nonpreferred generic | |
| ERLEADA | Nonpreferred specialty | PA; SP; OVM |
| EULEXIN | Nonpreferred specialty | PA; 15DS; SP; OVM |
| nilutamide | Nonpreferred generic | PA; OVM |
| NUBEQA | Nonpreferred specialty | PA; 15DS; SP; OVM |
| ORGOVYX | Nonpreferred specialty | PA; SP; OVM |
| XTANDI | Preferred specialty | PA; 15DS; SP; OVM |
| YONSA | Not covered | SP |
| **Antiangiogenic Agents** | | |
| lenalidomide | Preferred specialty | SP; QL |
| pomalidomide | Preferred specialty | PA; SP; OVM |
| THALOMID | Preferred specialty | SP |
| **Antiestrogens/Modifiers** | | |
| CLIGAVYX | Not covered | |
| fulvestrant | Nonpreferred generic | |
| INLURIYO | Preferred specialty | PA; 15DS; SP; OVM |
| ORSERDU | Preferred specialty | PA; 15DS; SP; OVM |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| SOLTAMOX | Nonpreferred brand | |
| tamoxifen citrate oral | Preferred generic | PV3; QL |
| toremifene citrate | Nonpreferred generic | |
| VEPPANU | Not covered | SP |
| **Antimetabolites** | | |
| capecitabine | Preferred specialty | SP |
| DROXIA | Nonpreferred brand | PA |
| GEMCITABINE HCL-NACL | Not covered | |
| hydroxyurea oral | Preferred generic | |
| mercaptopurine oral suspension | Preferred specialty | SP |
| mercaptopurine oral tablet | Nonpreferred generic | |
| SIKLOS | Not covered | |
| TABLOID | Nonpreferred brand | |
| XROMI | Not covered | QL |
| **Antineoplastics, Other** | | |
| AKEEGA | Preferred specialty | PA; 15DS; SP; OVM |
| BESREMI | Preferred specialty | PA; 15DS; SP; OVM |
| COPIKTRA | Preferred specialty | PA; SP; OVM |
| diclofenac sodium external gel 3 % | Nonpreferred generic | PA; QL |
| FLUOROURACIL EXTERNAL CREAM 0.5 % | Not covered | ABA; QL |
| fluorouracil external cream 5 % | Nonpreferred generic | |
| fluorouracil external solution | Nonpreferred generic | |
| INREBIC | Nonpreferred specialty | PA; 15DS; SP; OVM |
| KISQALI (200 MG DOSE) | Preferred specialty | PA; SP; OVM |
| KISQALI (400 MG DOSE) | Preferred specialty | PA; SP; OVM |
| KISQALI (600 MG DOSE) | Preferred specialty | PA; SP; OVM |
| KLISYRI (250 MG) | Nonpreferred brand | PA; QL |
| KLISYRI (350 MG) | Nonpreferred brand | PA; QL |
| KOMZIFTI | Preferred specialty | PA; 15DS; SP; OVM |
| KRAZATI | Preferred specialty | PA; 15DS; SP; OVM |
| lederle leucovorin | Nonpreferred generic | PA; QL |
| leucovorin calcium oral | Nonpreferred generic | PA; QL |
| LIFYORLI (125 MG DOSE) | Nonpreferred specialty | PA; SP; OVM |
| LIFYORLI (150 MG DOSE) | Nonpreferred specialty | PA; SP; OVM |
| LONSURF | Preferred specialty | PA; SP; OVM |
| LUMAKRAS | Preferred specialty | PA; 15DS; SP; OVM |
| MODEYSO | Preferred specialty | PA; 15DS; SP; OVM |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| NINLARO | Preferred specialty | PA; SP; OVM |
| OJJAARA | Preferred specialty | PA; SP; OVM |
| ONUREG | Preferred specialty | PA; SP; OVM |
| PIQRAY | Preferred specialty | PA; SP; OVM |
| REVUFORJ | Preferred specialty | PA; 15DS; SP; OVM |
| TOLAK | Not covered | QL |
| VERZENIO | Preferred specialty | PA; 15DS; SP; OVM |
| VONJO | Preferred specialty | PA; SP; OVM |
| WELIREG | Preferred specialty | PA; 15DS; SP; OVM |
| XPOVIO (100 MG ONCE WEEKLY) | Preferred specialty | PA; SP; OVM |
| XPOVIO (40 MG ONCE WEEKLY) | Preferred specialty | PA; SP; OVM |
| XPOVIO (40 MG TWICE WEEKLY) | Preferred specialty | PA; SP; OVM |
| XPOVIO (60 MG ONCE WEEKLY) | Preferred specialty | PA; SP; OVM |
| XPOVIO (60 MG TWICE WEEKLY) | Preferred specialty | PA; SP; OVM |
| XPOVIO (80 MG ONCE WEEKLY) | Preferred specialty | PA; SP; OVM |
| XPOVIO (80 MG TWICE WEEKLY) | Preferred specialty | PA; SP; OVM |
| ZOLINZA | Preferred specialty | PA; 15DS; SP; OVM |
| **Aromatase Inhibitors, 3rd Generation** | | |
| anastrozole oral | Preferred generic | PV3; QL |
| exemestane | Nonpreferred generic | PV3; QL |
| letrozole oral | Preferred generic | |
| **Enzyme Inhibitors** | | |
| BALVERSA | Preferred specialty | PA; 15DS; SP; OVM |
| etoposide oral | Nonpreferred generic | |
| HYCAMTIN ORAL | Preferred specialty | SP |
| LYTGOBI (12 MG DAILY DOSE) | Preferred specialty | PA; 15DS; SP; OVM |
| LYTGOBI (16 MG DAILY DOSE) | Preferred specialty | PA; 15DS; SP; OVM |
| LYTGOBI (20 MG DAILY DOSE) | Preferred specialty | PA; 15DS; SP; OVM |
| OJEMDA ORAL SUSPENSION RECONSTITUTED | Preferred specialty | PA; 15DS; SP; OVM |
| OJEMDA ORAL TABLET | Preferred specialty | PA; SP; OVM |
| PEMAZYRE | Preferred specialty | PA; SP; OVM |
| RUBRACA | Not covered | SP |
| TALZENNA | Preferred specialty | PA; 15DS; SP; OVM |
| VORANIGO | Preferred specialty | PA; 15DS; SP; OVM |
| ZEJULA | Preferred specialty | PA; SP; OVM |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Molecular Target Inhibitors** | | |
| ALECENSA | Preferred specialty | PA; SP; OVM |
| ALUNBRIG | Preferred specialty | PA; SP; OVM |
| AUGTYRO | Nonpreferred specialty | PA; 15DS; SP; OVM |
| AVMAPKI FAKZYNJA CO-PACK | Preferred specialty | PA; SP; OVM |
| AYVAKIT | Preferred specialty | PA; 15DS; SP; OVM |
| BOSULIF ORAL CAPSULE | Preferred specialty | PA; SP; OVM |
| bosutinib | Preferred specialty | PA; 15DS; SP; OVM |
| BRAFTOVI | Preferred specialty | PA; SP; OVM |
| BRUKINSA | Nonpreferred specialty | PA; 15DS; SP; OVM |
| CABOMETYX | Preferred specialty | PA; 15DS; SP; OVM |
| CALQUENCE | Preferred specialty | PA; 15DS; SP; OVM |
| CAPRELSA | Preferred specialty | PA; 15DS; SP; OVM |
| COMETRIQ | Preferred specialty | PA; SP; OVM |
| COTELLIC | Preferred specialty | PA; SP; OVM |
| DANZITEN | Not covered | SP |
| dasatinib | Preferred specialty | PA; 15DS; SP; OVM |
| DAURISMO | Preferred specialty | PA; 15DS; SP; OVM |
| ENSACOVE | Preferred specialty | PA; SP; OVM |
| ERIVEDGE | Preferred specialty | PA; 15DS; SP; OVM |
| erlotinib hcl | Preferred specialty | PA; 15DS; SP; OVM |
| everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg | Preferred specialty | PA; 15DS; SP; OVM |
| everolimus oral tablet soluble | Preferred specialty | PA; 15DS; SP; OVM |
| FOTIVDA | Preferred specialty | PA; SP; OVM |
| FRUZAQLA | Preferred specialty | PA; SP; OVM |
| GAVRETO | Preferred specialty | PA; 15DS; SP; OVM |
| gefitinib | Preferred specialty | PA; SP; OVM |
| GILOTRIF | Preferred specialty | PA; SP; OVM |
| GOMEKLI | Preferred specialty | PA; SP; OVM |
| HERNEXEOS | Preferred specialty | PA; 15DS; SP; OVM |
| HYRNUO | Preferred specialty | PA; SP; OVM |
| IBRANCE | Preferred specialty | PA; SP; OVM |
| IBTROZI | Nonpreferred specialty | PA; 15DS; SP; OVM |
| ICLUSIG | Preferred specialty | PA; 15DS; SP; OVM |
| IDHIFA | Preferred specialty | PA; SP; OVM |
| imatinib mesylate oral | Preferred specialty | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| IMBRUVICA ORAL CAPSULE | Preferred specialty | PA; 15DS; SP; OVM |
| IMBRUVICA ORAL SUSPENSION | Preferred specialty | PA; SP; OVM |
| IMBRUVICA ORAL TABLET 140 MG, 280 MG | Not covered | SP |
| IMBRUVICA ORAL TABLET 420 MG | Preferred specialty | PA; SP; OVM |
| IMKELDI | Not covered | SP |
| INLYTA | Preferred specialty | PA; 15DS; SP; OVM |
| INQOVI | Preferred specialty | PA; SP; OVM |
| ITOVEBI | Preferred specialty | PA; 15DS; SP; OVM |
| JAKAFI | Preferred specialty | PA; 15DS; SP; OVM |
| JAKAFI XR | Not covered | SP |
| JAYPIRCA | Preferred specialty | PA; 15DS; SP; OVM |
| KOSELUGO | Preferred specialty | PA; SP; OVM |
| lapatinib ditosylate | Preferred specialty | PA; SP; OVM |
| LAZCLUZE | Preferred 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 specialty | PA; 15DS; SP; OVM |
| LORBRENA | Preferred specialty | PA; 15DS; SP; OVM |
| LYNPARZA | Preferred specialty | PA; SP; OVM |
| MEKINIST | Preferred specialty | PA; SP; OVM |
| MEKTOVI | Preferred specialty | PA; SP; OVM |
| NERLYNX | Preferred specialty | PA; 15DS; SP; OVM |
| NILOTINIB D-TARTRATE | Not covered | SP |
| nilotinib hcl | Preferred specialty | PA; 15DS; SP; OVM |
| ODOMZO | Preferred specialty | PA; 15DS; SP; OVM |
| OGSIVEO | Preferred specialty | PA; 15DS; SP; OVM |
| pazopanib hcl | Preferred specialty | PA; 15DS; SP; OVM |
| PHYRAGO | Not covered | 15DS; SP |
| QINLOCK | Preferred specialty | PA; SP; OVM |
| RETEVMO | Preferred specialty | PA; 15DS; SP; OVM |
| REZLIDHIA | Preferred specialty | PA; 15DS; SP; OVM |
| ROMVIMZA | Preferred specialty | PA; SP; OVM |
| ROZLYTREK ORAL CAPSULE | Preferred specialty | PA; 15DS; SP; OVM |
| ROZLYTREK ORAL PACKET | Nonpreferred specialty | PA; SP; OVM |
| RYDAPT | Preferred specialty | PA; SP; OVM |
| SCEMBLIX | Preferred specialty | PA; SP; OVM |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| sorafenib tosylate | Preferred specialty | PA; 15DS; SP; OVM |
| STIVARGA | Preferred specialty | PA; SP; OVM |
| sunitinib malate | Preferred specialty | PA; 15DS; SP; OVM |
| TABRECTA | Preferred specialty | PA; 15DS; SP; OVM |
| TAFINLAR | Preferred specialty | PA; SP; OVM |
| TAGRISSO | Preferred specialty | PA; 15DS; SP; OVM |
| TEPMETKO | Preferred specialty | PA; 15DS; SP; OVM |
| TIBSOVO | Preferred specialty | PA; 15DS; SP; OVM |
| torpenz | Preferred specialty | PA; 15DS; SP; OVM |
| TRUQAP | Preferred specialty | PA; SP; OVM |
| TUKYSA | Preferred specialty | PA; SP; OVM |
| TURALIO | Preferred specialty | PA; SP; OVM |
| VANFLYTA | Preferred specialty | PA; 15DS; SP; OVM |
| VENCLEXTA | Preferred specialty | PA; SP; OVM |
| VENCLEXTA STARTING PACK | Preferred specialty | PA; SP; OVM |
| VIJOICE ORAL PACKET | Preferred specialty | PA; SP; QL |
| VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG | Preferred specialty | PA; SP; QL |
| VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG | Not covered | SP; QL |
| VITRAKVI ORAL CAPSULE | Preferred specialty | PA; 15DS; SP; OVM |
| VITRAKVI ORAL SOLUTION | Preferred specialty | PA; SP; OVM |
| VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG | Preferred specialty | PA; 15DS; SP; OVM |
| XALKORI | Not covered | SP |
| XOSPATA | Preferred specialty | PA; SP; OVM |
| yulithira | Preferred specialty | PA; 15DS; SP; OVM |
| ZELBORAF | Preferred specialty | PA; 15DS; SP; OVM |
| ZYDELIG | Preferred specialty | PA; SP; OVM |
| ZYKADIA | Not covered | SP |
| **Retinoids** | | |
| bexarotene external | Preferred specialty | PA; SP; OVM |
| bexarotene oral | Preferred specialty | PA; 15DS; SP; OVM |
| PANRETIN | Preferred brand | |
| tretinoin oral | Nonpreferred generic | |
| **Treatment Adjuncts** | | |
| mesna oral | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Antiparasitics** | | |
| **Anthelmintics** | | |
| albendazole oral | Nonpreferred generic | QL |
| BILTRICIDE | Nonpreferred brand | |
| EMVERM | Not covered | QL |
| ivermectin oral tablet 3 mg | Nonpreferred generic | QL |
| ivermectin oral tablet 6 mg | Not covered | QL |
| praziquantel oral | Nonpreferred generic | |
| **Antiprotozoals** | | |
| ARAKODA | Nonpreferred brand | QL |
| atovaquone | Nonpreferred generic | |
| atovaquone-proguanil hcl | Nonpreferred generic | |
| BENZNIDAZOLE | Preferred brand | QL |
| chloroquine phosphate oral | Nonpreferred generic | |
| COARTEM | Preferred brand | QL |
| hydroxychloroquine sulfate oral | Nonpreferred generic | |
| IMPAVIDO | Preferred brand | QL |
| KRINTAFEL | Preferred brand | QL |
| LAMPIT | Nonpreferred brand | QL |
| mefloquine hcl | Nonpreferred generic | |
| nitazoxanide oral | Nonpreferred generic | QL |
| pentamidine isethionate inhalation | Nonpreferred generic | |
| primaquine phosphate | Nonpreferred generic | |
| pyrimethamine oral | Preferred specialty | PA; SP |
| quinine sulfate | Nonpreferred generic | |
| SOVUNA | Not covered | |
| **Pediculicides/Scabicides** | | |
| CROTAN | Nonpreferred brand | |
| EURAX | Preferred brand | |
| malathion | Nonpreferred generic | |
| permethrin external | Nonpreferred generic | |
| PRURADIK | Nonpreferred brand | |
| spinosad | Nonpreferred generic | |
| **Antiparkinson Agents** | | |
| **Anticholinergics** | | |
| benztropine mesylate oral | Preferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| trihexyphenidyl hcl | Preferred generic | |
| **Antiparkinson Agents, Other** | | |
| amantadine hcl oral capsule | Nonpreferred generic | |
| amantadine hcl oral solution 50 mg/5ml | Nonpreferred generic | |
| amantadine hcl oral tablet | Nonpreferred generic | |
| carbidopa-levodopa-entacapone | Nonpreferred generic | |
| entacapone | Nonpreferred generic | |
| GOCOVRI | Not covered | QL |
| NOURIANZ | Nonpreferred specialty | PA; SP; QL |
| ONGENTYS | Nonpreferred brand | QL |
| TASMAR | Not covered | |
| tolcapone | Nonpreferred generic | |
| **Dopamine Agonists** | | |
| apomorphine hcl subcutaneous | Not covered | SP; QL |
| bromocriptine mesylate oral | Nonpreferred generic | |
| INBRIJA | Nonpreferred specialty | SP; QL |
| NEUPRO | Not covered | QL |
| ONAPGO | Not covered | SP; QL |
| pramipexole dihydrochloride | Preferred generic | |
| pramipexole dihydrochloride er | Not covered | QL |
| ropinirole hcl | Preferred generic | |
| ropinirole hcl er | Nonpreferred generic | |
| **Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors** | | |
| carbidopa oral | Nonpreferred generic | |
| CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE | Not covered | ABA; QL |
| carbidopa-levodopa er oral tablet extended release | Preferred generic | |
| carbidopa-levodopa oral tablet | Preferred generic | |
| carbidopa-levodopa oral tablet dispersible | Nonpreferred generic | |
| CREXONT | Nonpreferred brand | ST; QL |
| DHIVY | Not covered | QL |
| DUOPA | Not covered | SP; QL |
| RYTARY | Not covered | QL |
| VYALEV | Not covered | SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Monoamine Oxidase B (MAO-B) Inhibitors** | | |
| rasagiline mesylate oral | Nonpreferred generic | |
| selegiline hcl oral | Nonpreferred generic | |
| XADAGO | Nonpreferred brand | QL |
| ZELAPAR | Not covered | QL |
| **Antipsychotics** | | |
| **1st Generation/Typical** | | |
| chlorpromazine hcl oral tablet | Nonpreferred generic | |
| fluphenazine decanoate injection | Nonpreferred generic | |
| fluphenazine hcl oral | Preferred generic | |
| haloperidol decanoate intramuscular | Nonpreferred generic | |
| haloperidol lactate oral concentrate 2 mg/ml | Preferred generic | |
| haloperidol oral | Preferred generic | |
| loxapine succinate | Preferred generic | |
| molindone hcl | Nonpreferred generic | QL |
| pimozide | Nonpreferred generic | |
| thioridazine hcl oral | Preferred generic | |
| thiothixene | Nonpreferred generic | |
| trifluoperazine hcl | Preferred generic | |
| **2nd Generation/Atypical** | | |
| ABILIFY ASIMTUFII | Preferred brand | QL |
| ABILIFY MAINTENA | Preferred brand | |
| aripiprazole oral solution | Nonpreferred generic | |
| aripiprazole oral tablet | Preferred generic | |
| aripiprazole oral tablet dispersible | Nonpreferred generic | |
| ARISTADA | Preferred brand | QL |
| ARISTADA INITIO | Preferred brand | |
| asenapine maleate | Nonpreferred generic | QL |
| BYSANTI | Not covered | QL |
| BYSANTI TITRATION PACK A | Not covered | QL |
| BYSANTI TITRATION PACK B | Not covered | QL |
| BYSANTI TITRATION PACK C | Not covered | QL |
| CAPLYTA | Nonpreferred brand | ST; QL |
| ERZOFRI | Nonpreferred brand | QL |
| FANAPT | Nonpreferred brand | ST |
| FANAPT TITRATION PACK A | Nonpreferred brand | ST |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| FANAPT TITRATION PACK B | 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 | Preferred generic | |
| LYBALVI | Nonpreferred brand | ST; QL |
| NUPLAZID | Nonpreferred brand | PA; QL |
| olanzapine oral | Preferred generic | |
| OPIPZA | Not covered | QL |
| paliperidone er | Nonpreferred generic | QL |
| PERSERIS | Preferred brand | QL |
| quetiapine fumarate | Preferred generic | |
| quetiapine fumarate er | Preferred generic | QL |
| REXULTI | Nonpreferred brand | PA; QL |
| risperidone | Preferred generic | |
| risperidone microspheres er | Nonpreferred generic | |
| RYKINDO | Preferred brand | QL |
| SECUADO | Not covered | QL |
| UZEDY | Preferred brand | QL |
| VRAYLAR | Nonpreferred brand | ST; QL |
| ziprasidone hcl | Preferred generic | |
| ZYPREXA RELPREVV | Preferred brand | |
| **Antipsychotics, Other** | | |
| COBENFY | Not covered | QL |
| COBENFY STARTER PACK | Not covered | QL |
| **Treatment-Resistant** | | |
| clozapine oral tablet | Preferred generic | |
| clozapine oral tablet dispersible | Nonpreferred generic | |
| VERSACLOZ | Not covered | |
| **Antivirals** | | |
| 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) |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Anti-cytomegalovirus (CMV) Agents** | | |
| LIVTENCITY | Preferred specialty | PA; SP; QL |
| PREVYMIS ORAL | Nonpreferred brand | QL |
| valganciclovir hcl | Nonpreferred generic | |
| **Anti-hepatitis B (HBV) Agents** | | |
| adefovir dipivoxil | Preferred specialty | SP |
| BARACLUDE ORAL SOLUTION | Preferred specialty | SP |
| entecavir | Preferred specialty | SP |
| lamivudine oral tablet 100 mg | Nonpreferred generic | |
| VEMLIDY | Preferred specialty | SP; QL |
| **Anti-hepatitis C (HCV) Agents** | | |
| EPCLUSA | Preferred brand | PA; SP; QL |
| HARVONI ORAL PACKET | Nonpreferred specialty | PA; SP; QL |
| HARVONI ORAL TABLET | Not covered | SP; QL |
| LEDIPASVIR-SOFOSBUVIR | Not covered | ABA; SP; QL |
| MAVYRET | Nonpreferred specialty | PA; SP; QL |
| PEGASYS | Preferred specialty | SP; QL |
| ribavirin oral | Preferred specialty | SP |
| SOFOSBUVIR-VELPATASVIR | Preferred brand | PA; ABA; SP; QL |
| SOVALDI ORAL PACKET | Nonpreferred specialty | PA; SP; QL |
| SOVALDI ORAL TABLET | Not covered | SP; QL |
| VOSEVI | Nonpreferred specialty | PA; SP; QL |
| **Antiherpetic Agents** | | |
| acyclovir external cream | Not covered | |
| acyclovir external ointment | Nonpreferred generic | |
| acyclovir oral capsule | Nonpreferred generic | |
| acyclovir oral suspension 200 mg/5ml, 800 mg/20ml | Nonpreferred generic | |
| acyclovir oral tablet | Nonpreferred generic | |
| famciclovir oral | Nonpreferred generic | |
| penciclovir | Not covered | |
| SITAVIG BUCCAL TABLET 50 MG | Not covered | QL |
| valacyclovir hcl oral | Nonpreferred generic | |
| XERESE | Not covered | QL |
| **Anti-HIV Agents, Integrase Inhibitors (INSTI)** | | |
| BIKTARVY | Preferred brand | QL |
| DOVATO | Preferred brand | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| GENVOYA | Preferred brand | QL |
| ISENTRESS | Preferred brand | |
| ISENTRESS HD | Preferred brand | |
| JULUCA | Preferred brand | QL |
| STRIBILD | Not covered | QL |
| TIVICAY | Preferred brand | |
| TIVICAY PD | Preferred brand | QL |
| TYBOST ORAL TABLET 150 MG | Not covered | QL |
| **Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)** | | |
| DELSTRIGO | Preferred brand | QL |
| EDURANT PED | Preferred brand | QL |
| efavirenz | Nonpreferred generic | |
| efavirenz-emtricitab-tenofo df | Nonpreferred generic | |
| efavirenz-lamivudine-tenofovir | Nonpreferred generic | QL |
| emtricitab-rilpivir-tenofov df | Nonpreferred generic | QL |
| etravirine | Nonpreferred generic | |
| INTELENCE ORAL TABLET 25 MG | Not covered | |
| nevirapine | Nonpreferred generic | |
| nevirapine er | Nonpreferred generic | |
| PIFELTRO | Preferred brand | QL |
| rilpivirine hcl | Nonpreferred generic | QL |
| **Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)** | | |
| abacavir sulfate | Nonpreferred generic | |
| abacavir sulfate-lamivudine | Nonpreferred generic | |
| CIMDUO | Not covered | QL |
| DESCOVY ORAL TABLET 120-15 MG | Preferred brand | QL |
| DESCOVY ORAL TABLET 200-25 MG | Preferred brand | PV2; QL |
| emtricitabine | Nonpreferred generic | |
| emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg | Nonpreferred generic | QL |
| emtricitabine-tenofovir df oral tablet 200-300 mg | Nonpreferred generic | PV2; QL |
| EMTRIVA ORAL SOLUTION | Not covered | |
| lamivudine oral solution | Nonpreferred generic | |
| lamivudine oral tablet 150 mg, 300 mg | Nonpreferred generic | |
| lamivudine-zidovudine | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ODEFSEY | Preferred brand | QL |
| tenofovir disoproxil fumarate | Nonpreferred generic | |
| TRIUMEQ | Preferred brand | QL |
| TRIUMEQ PD | Preferred brand | QL |
| VIREAD ORAL POWDER | Preferred brand | |
| VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG | Preferred brand | |
| zidovudine | Nonpreferred generic | |
| **Anti-HIV Agents, Other** | | |
| IDVYNSO | Not covered | QL |
| maraviroc | Nonpreferred generic | |
| RUKOBIA | Preferred brand | QL |
| SELZENTRY ORAL SOLUTION | Preferred brand | |
| SUNLENCA ORAL | Preferred specialty | SP; QL |
| YEZTUGO ORAL | Nonpreferred specialty | SP; QL |
| **Anti-HIV Agents, Protease Inhibitors** | | |
| APTIVUS | Preferred brand | |
| atazanavir sulfate | Nonpreferred generic | |
| darunavir | Nonpreferred generic | |
| EVOTAZ | Preferred brand | QL |
| fosamprenavir calcium | Nonpreferred generic | |
| KALETRA ORAL SOLUTION | Nonpreferred brand | |
| lopinavir-ritonavir | Nonpreferred generic | |
| NORVIR ORAL PACKET | Preferred brand | |
| PREZCOBIX | Preferred brand | QL |
| PREZISTA ORAL SUSPENSION | Preferred brand | |
| PREZISTA ORAL TABLET 150 MG, 75 MG | Preferred brand | |
| REYATAZ ORAL PACKET | Not covered | |
| ritonavir | Nonpreferred generic | |
| SYMTUZA | Preferred brand | QL |
| VIRACEPT | Not covered | |
| **Anti-influenza Agents** | | |
| oseltamivir phosphate oral | Nonpreferred generic | QL |
| RELENZA DISKHALER | Preferred brand | QL |
| rimantadine hcl | Nonpreferred generic | |
| XOFLUZA (40 MG DOSE) | Preferred brand | QL |
| XOFLUZA (80 MG DOSE) | Preferred brand | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Anxiolytics** | | |
| **Anxiolytics, Other** | | |
| BUCAPSOL | Not covered | |
| buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg | Nonpreferred generic | |
| buspirone hcl oral tablet 12.5 mg, 2.5 mg | Not covered | |
| hydroxyzine hcl oral syrup 10 mg/5ml | Nonpreferred generic | |
| hydroxyzine hcl oral tablet | Nonpreferred generic | |
| hydroxyzine pamoate oral | Nonpreferred generic | |
| meprobamate | Nonpreferred generic | |
| **Benzodiazepines** | | |
| alprazolam er | Nonpreferred generic | |
| alprazolam intensol | Nonpreferred generic | |
| alprazolam oral | Nonpreferred generic | |
| alprazolam xr | Nonpreferred generic | |
| chlordiazepoxide hcl | Nonpreferred generic | |
| clonazepam oral | Nonpreferred generic | |
| clorazepate dipotassium | Nonpreferred generic | |
| diazepam intensol | Nonpreferred generic | |
| diazepam oral | Nonpreferred generic | |
| estazolam | Nonpreferred generic | QL |
| lorazepam intensol | Nonpreferred generic | |
| lorazepam oral concentrate 2 mg/ml | Nonpreferred generic | |
| lorazepam oral tablet | Nonpreferred generic | |
| LOREEV XR | Not covered | QL |
| midazolam hcl oral | Nonpreferred generic | |
| oxazepam | Nonpreferred generic | |
| quazepam | Not covered | QL |
| **Bipolar Agents** | | |
| **Mood Stabilizers** | | |
| divalproex sodium er | Preferred generic | |
| divalproex sodium oral | Preferred generic | |
| EQUETRO | Nonpreferred brand | |
| lithium | Nonpreferred generic | |
| lithium carbonate er | Preferred generic | |
| lithium carbonate oral | Preferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Blood Glucose Monitoring** | | |
| ACCU-CHEK AVIVA PLUS KIT W/DEVICE | Covered $0 | QL |
| ACCU-CHEK AVIVA PLUS TEST STRIPS | Preferred brand | QL |
| ACCU-CHEK GUIDE | Covered $0 | QL |
| ACCU-CHEK GUIDE KIT W/DEVICE | Covered $0 | QL |
| ACCU-CHEK GUIDE TEST STRIPS | Preferred brand | QL |
| ACCU-CHEK SMARTVIEW TEST STRIPS | Preferred brand | QL |
| ADVANTAGE SAFETY LANCETS 28G | Preferred brand | QL |
| ADVOCATE SAFETY LANCETS 21G | Preferred brand | QL |
| ADVOCATE SAFETY LANCETS 23G | Preferred brand | QL |
| ADVOCATE SAFETY LANCETS 28G | Preferred brand | QL |
| CARESENS LANCETS 30G | Preferred brand | QL |
| CEQUR SIMPL EXT WEAR INSERTER | 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 NEXT EZ KIT W/DEVICE | Covered $0 | QL |
| CONTOUR NEXT GEN MONITOR KIT W/DEVICE | Covered $0 | QL |
| CONTOUR NEXT ONE KIT W/DEVICE | 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 15 DAY SENSOR | Preferred brand | PA; QL |
| DEXCOM G7 RECEIVER | Covered $0 | PA; QL |
| DEXCOM G7 SENSOR | Preferred brand | PA; QL |
| DROPSAFE ACTI-LANCE 23G | Preferred brand | QL |
| DROPSAFE MEDLANCE LANCET 30G | Preferred brand | QL |
| FONDCIRCLE SINGLE USE LANCETS | Preferred brand | QL |
| FREESTYLE LIBRE 14 DAY READER | Preferred brand | PA; QL |
| FREESTYLE LIBRE 14 DAY SENSOR | Preferred brand | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| FREESTYLE LIBRE 2 PLUS SENSOR | Preferred brand | PA; QL |
| FREESTYLE LIBRE 2 READER | Preferred brand | PA; QL |
| FREESTYLE LIBRE 2 SENSOR | Preferred brand | PA; QL |
| FREESTYLE LIBRE 3 PLUS SENSOR | Preferred brand | PA; QL |
| FREESTYLE LIBRE 3 READER | Preferred brand | PA; QL |
| FREESTYLE LIBRE 3 SENSOR | Preferred brand | PA; QL |
| LANCETS | Preferred brand | QL |
| LANCETS 28G THIN | Preferred brand | QL |
| LANCETS SUPER THIN | Preferred brand | QL |
| MICROLET NEXT LANCETS | Preferred brand | QL |
| MOBILE LANCETS 30G | Preferred brand | QL |
| ONETOUCH DELICA SAFETY LANCING | Preferred brand | QL |
| PERFECT POINT SAFETY LANCETS | Preferred brand | QL |
| PRODIGY AUTOCODE BLOOD GLUCOSE DEVICE | Covered $0 | PA; QL |
| PRODIGY NO CODING BLOOD GLUC IN VITRO | Preferred brand | PA; QL |
| PRODIGY VOICE BLOOD GLUCOSE | Covered $0 | PA; QL |
| PURE COMFORT SAFETY LANCET 30G | Preferred brand | QL |
| SENSILANCE SAFETY LANCETS 21G | Preferred brand | QL |
| SENSILANCE SAFETY LANCETS 26G | Preferred brand | QL |
| SENSILANCE SAFETY LANCETS 28G | Preferred brand | QL |
| TECHLITE LANCETS 26G | Preferred brand | QL |
| ULTRA-CARE SAFETY LANCETS 30G | 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 LANCETS 30G | Preferred brand | QL |
| VIVAGUARD SAFETY LANCETS 28G | Preferred brand | QL |
| **Blood Glucose Regulators** | | |
| **Antidiabetic Agents** | | |
| acarbose oral | Nonpreferred 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| BRENZAVVY | Not covered | QL |
| BRYNOVIN | Not covered | QL |
| CYCLOSET | Not covered | QL |
| dapagliflozin base-metformin er | Nonpreferred generic | QL |
| dapagliflozin | Nonpreferred generic | QL |
| DAPAGLIFLOZIN-SAXAGLIPTIN | Not covered | QL |
| EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML, 5 MCG/0.02ML | Not covered | QL |
| glimepiride | Preferred generic | |
| glipizide er | Preferred generic | |
| glipizide ir | Preferred generic | |
| glipizide-metformin hcl | Preferred generic | |
| glyburide | Preferred generic | |
| glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg | Preferred generic | |
| glyburide-metformin | Preferred generic | |
| GLYXAMBI | Preferred brand | QL |
| INVOKAMET | Not covered | QL |
| INVOKAMET XR | Not covered | QL |
| INVOKANA | Not covered | QL |
| JANUMET XR | Not covered | QL |
| JARDIANCE | Preferred brand | QL |
| JENTADUETO | Preferred brand | QL |
| JENTADUETO XR | Preferred brand | QL |
| liraglutide | Nonpreferred generic | ST; QL |
| metformin hcl er | Preferred generic | |
| metformin hcl er (mod) | Not covered | |
| metformin hcl er (osm) | Not covered | |
| metformin hcl oral solution | Not covered | |
| metformin hcl oral tablet 1000 mg, 500 mg, 850 mg | Preferred generic | |
| metformin hcl oral tablet 625 mg, 750 mg | Not covered | |
| miglitol | Nonpreferred generic | |
| MOUNJARO | Preferred brand | ST; QL |
| nateglinide | Nonpreferred generic | |
| OZEMPIC | Preferred brand | ST; QL |
| pioglitazone hcl | Preferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| pioglitazone hcl-glimepiride | Nonpreferred generic | |
| pioglitazone hcl-metformin hcl | Nonpreferred generic | |
| repaglinide | Nonpreferred 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 |
| sitagliptin phos-metformin hcl | Nonpreferred generic | QL |
| sitagliptin phosphate | Nonpreferred generic | QL |
| SOLIQUA | Preferred brand | QL |
| STEGLATRO | Not covered | QL |
| STEGLUJAN | Not covered | QL |
| 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 ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG | Preferred brand | QL |
| XULTOPHY | Preferred brand | QL |
| ZITUVIMET | Not covered | |
| ZITUVIMET XR | Not covered | QL |
| ZITUVIO | Not covered | QL |
| **Glycemic Agents** | | |
| BAQSIMI ONE PACK | Preferred brand | QL |
| BAQSIMI TWO PACK | Preferred brand | QL |
| diazoxide oral | Nonpreferred generic | |
| glucagon emergency kit injection solution reconstituted 1 mg | Nonpreferred 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML | Preferred brand | QL |
| ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML | Preferred brand | QL |
| **Insulins** | | |
| ADMELOG | Not covered | |
| ADMELOG SOLOSTAR | Not covered | |
| AFREZZA | Not covered | |
| APIDRA SOLOSTAR | Not covered | |
| APIDRA VIAL | Not covered | |
| BASAGLAR KWIKPEN | Preferred generic | |
| FIASP | Preferred brand | |
| FIASP FLEXTOUCH | Preferred brand | |
| FIASP PENFILL | Preferred brand | |
| FIASP PUMPCART | Preferred brand | |
| HUMALOG | Not covered | |
| HUMALOG KWIKPEN | Not covered | |
| HUMALOG MIX 50/50 KWIKPEN | Not covered | |
| HUMALOG MIX 75/25 KWIKPEN | Not covered | |
| HUMALOG MIX 75/25 VIAL | Not covered | |
| HUMALOG U-100 JUNIOR KWIKPEN | Not covered | |
| HUMULIN 70/30 KWIKPEN | Not covered | |
| HUMULIN 70/30 VIAL | Not covered | |
| HUMULIN N KWIKPEN | Not covered | |
| HUMULIN N VIAL | Not covered | |
| HUMULIN R U-500 KWIKPEN | Preferred generic | |
| HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML | Preferred generic | |
| HUMULIN R VIAL | Not covered | |
| INSULIN ASP PROT & ASP FLEXPEN | Not covered | ABA |
| INSULIN ASPART | Not covered | ABA |
| INSULIN ASPART FLEXPEN | Not covered | ABA |
| INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML | Not covered | ABA |
| INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML | Not covered | ABA |
| INSULIN DEGLUDEC FLEXTOUCH | Not covered | ABA |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML | Not covered | ABA |
| INSULIN GLARGINE MAX SOLOSTAR | Not covered | ABA |
| INSULIN GLARGINE SOLOSTAR | Not covered | ABA |
| INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS | Not covered | ABA |
| INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS (Civica) | Preferred generic | |
| INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION | 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 generic | |
| LANTUS U-100 VIAL | Preferred generic | |
| LYUMJEV KWIKPEN | Not covered | |
| LYUMJEV VIAL | Not covered | |
| MERILOG | Not covered | |
| MERILOG SOLOSTAR | Not covered | |
| NOVOLIN 70/30 FLEXPEN | Preferred generic | |
| NOVOLIN 70/30 RELION | Not covered | |
| NOVOLIN 70/30 VIAL | Preferred generic | |
| NOVOLIN N FLEXPEN | Preferred generic | |
| NOVOLIN N RELION | Not covered | |
| NOVOLIN N VIAL | Preferred generic | |
| NOVOLIN R FLEXPEN | Preferred generic | |
| NOVOLIN R FLEXPEN RELION | Not covered | |
| NOVOLIN R RELION | Not covered | |
| NOVOLIN R VIAL | Preferred generic | |
| NOVOLOG 70/30 FLEXPEN RELION | Not covered | |
| NOVOLOG FLEXPEN | Preferred generic | |
| NOVOLOG FLEXPEN RELION | Not covered | |
| NOVOLOG MIX 70/30 FLEXPEN | Preferred generic | |
| NOVOLOG MIX 70/30 RELION | Not covered | |
| NOVOLOG MIX 70/30 VIAL | Preferred generic | |
| NOVOLOG PENFILL | Preferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| NOVOLOG RELION | Not covered | |
| NOVOLOG U-100 VIAL | Preferred generic | |
| REZVOGLAR KWIKPEN | Preferred generic | |
| SEMGLEE (YFGN) | Not covered | |
| TOUJEO MAX SOLOSTAR | Preferred generic | |
| TOUJEO SOLOSTAR | Preferred generic | |
| TRESIBA | Preferred generic | |
| TRESIBA FLEXTOUCH | Preferred generic | |
| **Blood Products and Modifiers** | | |
| EMPAVELI | Preferred specialty | PA; SP; QL |
| FABHALTA | Nonpreferred specialty | PA; SP; QL |
| VOYDEYA | Nonpreferred specialty | PA; SP; QL |
| **Anticoagulants** | | |
| dabigatran etexilate mesylate | Nonpreferred generic | QL |
| ELIQUIS | Preferred brand | QL |
| ELIQUIS (1.5 MG PACK) | Preferred brand | QL |
| ELIQUIS (2 MG PACK) | Preferred brand | QL |
| ELIQUIS DVT/PE STARTER PACK | Preferred brand | QL |
| enoxaparin sodium | Nonpreferred generic | |
| fondaparinux sodium | Nonpreferred generic | |
| FRAGMIN | Not covered | |
| heparin sodium (porcine) | Nonpreferred generic | |
| heparin sodium (porcine) +rfid | Nonpreferred generic | |
| heparin sodium (porcine) pf | Nonpreferred generic | |
| jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg | Preferred generic | |
| PRADAXA ORAL PACKET | Nonpreferred brand | QL |
| rivaroxaban | Nonpreferred generic | QL |
| SAVAYSA | Nonpreferred brand | QL |
| warfarin sodium oral | Preferred generic | |
| XARELTO | Preferred brand | QL |
| XARELTO STARTER PACK | Preferred brand | QL |
| ZONTIVITY | Nonpreferred brand | QL |
| **Blood Formation Modifiers** | | |
| ALVAIZ | Not covered | SP; QL |
| anagrelide hcl | Nonpreferred generic | |
| AQVESME | Preferred specialty | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ARANESP (ALBUMIN FREE) | Not covered | SP |
| ARMLUPEG | Not covered | SP |
| DOPTELET | Preferred specialty | PA; SP; QL |
| DOPTELET SPRINKLE | Preferred specialty | PA; SP; QL |
| eltrombopag olamine | Preferred specialty | PA; SP |
| EPOGEN | Not covered | SP |
| FILKRI | 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 specialty | SP; QL |
| NEULASTA ONPRO | Preferred specialty | SP; QL |
| NEUPOGEN | Not covered | SP |
| NIVESTYM | Preferred specialty | SP; QL |
| NYPOZI | Not covered | SP; QL |
| NYVEPRIA | Nonpreferred specialty | PA; SP; OVM |
| PROCRIT | Preferred specialty | SP |
| PYRUKYND | Preferred specialty | PA; SP; QL |
| PYRUKYND TAPER PACK | Preferred specialty | PA; SP; QL |
| RELEUKO | Not covered | SP; QL |
| RETACRIT | Preferred specialty | SP |
| ROLVEDON | Nonpreferred specialty | PA; SP; OVM |
| STIMUFEND | Nonpreferred specialty | PA; SP; OVM |
| TAVALISSE | Nonpreferred specialty | PA; SP; QL |
| UDENYCA | Nonpreferred specialty | PA; SP; OVM |
| VAFSEO | Nonpreferred specialty | SP; QL |
| WAYRILZ | Nonpreferred specialty | PA; SP; QL |
| XOLREMDI | Preferred specialty | PA; SP; QL |
| ZARXIO | Preferred specialty | SP |
| ZIEXTENZO | Preferred specialty | SP; QL |
| **Hemostasis Agents** | | |
| ADVATE | Preferred brand | |
| ADYNOVATE | Preferred brand | |
| AFSTYLA | Preferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ALHEMO | Nonpreferred brand | PA; QL |
| ALPHANATE | Preferred brand | |
| ALPHANINE SD | Preferred brand | |
| ALPROLIX | Preferred brand | |
| ALTUVIIIO | Preferred brand | |
| aminocaproic acid oral | Nonpreferred generic | |
| BENEFIX | Preferred brand | |
| COAGADEX | Preferred brand | |
| CORIFACT | Preferred brand | |
| ELOCTATE | Preferred brand | |
| ESPEROCT | Preferred brand | |
| FEIBA | Preferred brand | |
| HEMLIBRA | Preferred brand | PA; QL |
| HEMOFIL M | Preferred brand | |
| HUMATE-P | Preferred brand | |
| HYMPAVZI | Nonpreferred brand | PA; QL |
| IDELVION | Preferred brand | |
| IXINITY | Preferred brand | |
| JIVI | Preferred brand | |
| KOATE | Preferred brand | |
| KOATE-DVI | Preferred brand | |
| KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT | 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 | |
| tranexamic acid oral | Nonpreferred generic | QL |
| TRETTEN | Preferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| VONVENDI | Preferred brand | |
| WILATE | Preferred brand | |
| XYNTHA | Preferred brand | |
| XYNTHA SOLOFUSE | Preferred brand | |
| **Platelet Modifying Agents** | | |
| aspirin-dipyridamole er | Nonpreferred generic | |
| CABLIVI | Preferred specialty | PA; SP; QL |
| cilostazol | Nonpreferred generic | |
| clopidogrel bisulfate oral | Preferred generic | |
| dipyridamole oral | Nonpreferred generic | |
| prasugrel hcl | Preferred generic | QL |
| ticagrelor | Nonpreferred generic | QL |
| YOSPRALA | Not covered | |
| **Cardiovascular Agents - Drugs for Heart and Circulation Conditions** | | |
| **Cardiovascular Agents, Other** | | |
| BAXFENDY | Not covered | QL |
| **Cardiovascular Agents** | | |
| **Alpha-adrenergic Agonists** | | |
| clonidine | Nonpreferred generic | |
| CLONIDINE ER | Not covered | ABA |
| clonidine hcl oral | Preferred generic | |
| guanfacine hcl | Nonpreferred generic | |
| JAVADIN | Not covered | |
| methyldopa | Nonpreferred generic | |
| midodrine hcl | Nonpreferred generic | |
| NEXICLON XR | Not covered | |
| **Alpha-adrenergic Blocking Agents** | | |
| doxazosin mesylate oral | Nonpreferred generic | |
| phenoxybenzamine hcl oral | Nonpreferred generic | PA; QL |
| prazosin hcl oral | Nonpreferred generic | |
| **Angiotensin II Receptor Antagonists** | | |
| ARBLI | Not covered | QL |
| azilsartan medoxomil | Nonpreferred generic | ST; QL |
| candesartan cilexetil | Nonpreferred generic | |
| irbesartan | Preferred generic | |
| losartan potassium oral | Preferred generic | |

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

| Drug Name | Drug Tier | Notes |
|---|---|---|
| bisoprolol fumarate oral | Preferred generic | |
| carvedilol | Preferred generic | |
| carvedilol phosphate er | Not covered | QL |
| HEMANGEOL | Not covered | QL |
| INDERAL XL | Not covered | |
| INNOPRAN XL | Not covered | |
| KAPSPARGO SPRINKLE | Not covered | |
| labetalol hcl oral | Preferred generic | |
| LOPRESSOR ORAL SOLUTION | Not covered | QL |
| LOPRESSOR ORAL TABLET 12.5 MG | Not covered | |
| metoprolol succinate er | Preferred generic | |
| metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg | Preferred generic | |
| METOPROLOL TARTRATE ORAL TABLET 12.5 MG | Not covered | |
| nadolol oral | Preferred generic | |
| nebivolol hcl | Preferred generic | QL |
| pindolol | Preferred generic | |
| propranolol hcl er | Preferred generic | |
| propranolol hcl oral | Preferred generic | |
| timolol maleate oral | Nonpreferred generic | |
| **Calcium Channel Blocking Agents** | | |
| amlodipine besylate oral | Preferred generic | |
| CARDAMYST | Nonpreferred brand | PA; QL |
| cartia xt | Nonpreferred generic | |
| CONJUPRI | Not covered | |
| diltiazem hcl er | Nonpreferred generic | |
| diltiazem hcl er beads | Nonpreferred generic | |
| diltiazem hcl er coated beads | Nonpreferred generic | |
| diltiazem hcl oral | Nonpreferred generic | |
| dilt-xr | Nonpreferred generic | |
| felodipine er | Preferred generic | |
| isradipine | Nonpreferred generic | |
| KATERZIA | Not covered | QL |
| LEVAMLODIPINE MALEATE | Not covered | ABA |
| matzim la | Nonpreferred generic | |
| nicardipine hcl oral | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| nifedipine er | Nonpreferred generic | |
| nifedipine er osmotic release | Nonpreferred generic | |
| nifedipine oral | Nonpreferred generic | |
| nimodipine oral capsule | Nonpreferred generic | |
| NIMODIPINE ORAL SOLUTION | Nonpreferred brand | QL |
| nisoldipine er | Nonpreferred generic | |
| NORLIQVA | Not covered | QL |
| NYMALIZE | Not covered | QL |
| SDAMLO | Not covered | |
| tiadylt er | Nonpreferred generic | |
| verapamil hcl er | Nonpreferred generic | |
| verapamil hcl oral | Nonpreferred generic | |
| **Cardiovascular Agents, Other** | | |
| aliskiren fumarate | Nonpreferred generic | |
| amiloride-hydrochlorothiazide | Preferred generic | |
| amlodipine besylate-benazepril hcl | Preferred generic | |
| amlodipine besylate-valsartan | Preferred generic | |
| amlodipine-atorvastatin | Nonpreferred generic | QL |
| amlodipine-olmesartan | Preferred generic | |
| amlodipine-valsartan-hctz | Nonpreferred generic | |
| atenolol-chlorthalidone | Preferred generic | |
| ATTRUBY | Not covered | SP; QL |
| benazepril-hydrochlorothiazide | Preferred generic | |
| bisoprolol-hydrochlorothiazide | Preferred generic | |
| CAMZYOS | Preferred specialty | PA; SP; QL |
| candesartan cilexetil-hctz | Nonpreferred generic | |
| captopril-hydrochlorothiazide | Nonpreferred generic | |
| CORLANOR ORAL SOLUTION | Preferred brand | QL |
| digoxin oral solution | Nonpreferred generic | |
| digoxin oral tablet 125 mcg, 250 mcg | Nonpreferred generic | |
| digoxin oral tablet 62.5 mcg | Not covered | |
| droxidopa | Preferred specialty | SP; QL |
| EDARBYCLOR | Nonpreferred brand | ST; QL |
| enalapril-hydrochlorothiazide | Preferred generic | |
| ENTRESTO ORAL CAPSULE SPRINKLE | Nonpreferred brand | QL |
| fosinopril sodium-hctz | Preferred generic | |
| INPEFA | Not covered | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| irbesartan-hydrochlorothiazide | Preferred generic | |
| isosorb dinitrate-hydralazine | Nonpreferred generic | |
| ivabradine hcl | Nonpreferred generic | QL |
| lisinopril-hydrochlorothiazide | Preferred generic | |
| LODOCO | Not covered | QL |
| losartan potassium-hctz | Preferred generic | |
| metoprolol-hydrochlorothiazide | Preferred generic | |
| metyrosine | Nonpreferred generic | |
| MYQORZO | Preferred specialty | PA; SP; QL |
| olmesartan medoxomil-hctz | Preferred generic | |
| olmesartan-amlodipine-hctz | Nonpreferred generic | QL |
| pentoxifylline er | Nonpreferred generic | |
| PRESTALIA | Not covered | QL |
| quinapril-hydrochlorothiazide | Preferred generic | |
| ranolazine er | Nonpreferred generic | |
| sacubitril-valsartan | Nonpreferred generic | QL |
| spironolactone-hctz | Preferred generic | |
| telmisartan-amlodipine | Nonpreferred generic | |
| telmisartan-hctz | Nonpreferred generic | |
| trandolapril-verapamil hcl er | Nonpreferred generic | |
| triamterene-hctz | Preferred generic | |
| TRYVIO | Not covered | QL |
| valsartan-hydrochlorothiazide | Preferred generic | |
| VECAMYL | Not covered | QL |
| VERQUVO | Nonpreferred brand | PA; QL |
| VYNDAMAX | Preferred specialty | PA; SP; QL |
| VYNDAQEL ORAL CAPSULE 20 MG | Preferred specialty | PA; SP; QL |
| **Diuretics, Carbonic Anhydrase Inhibitors** | | |
| acetazolamide er | Nonpreferred generic | |
| acetazolamide oral | Nonpreferred generic | |
| dichlorphenamide | Preferred specialty | PA; SP; QL |
| methazolamide oral | Nonpreferred generic | |
| **Diuretics, Loop** | | |
| bumetanide oral | Preferred generic | |
| ENBUMYST | Nonpreferred brand | PA; QL |
| ethacrynic acid | Nonpreferred generic | |
| FUROSCIX | Nonpreferred specialty | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| furosemide oral | Preferred generic | |
| LASIX ONYU | Nonpreferred brand | PA; QL |
| SOAANZ | Not covered | |
| torsemide | Preferred generic | |
| **Diuretics, Potassium-sparing** | | |
| amiloride hcl oral | Preferred generic | |
| eplerenone | Preferred generic | |
| spironolactone oral suspension 25 mg/5ml | Not covered | |
| spironolactone oral tablet | Preferred generic | |
| triamterene oral | Nonpreferred generic | |
| **Diuretics, Thiazide** | | |
| chlorthalidone | Preferred generic | |
| DIURIL ORAL SUSPENSION 250 MG/5ML | Nonpreferred brand | |
| HEMICLOR | Not covered | QL |
| hydrochlorothiazide oral | Preferred generic | |
| indapamide | Preferred generic | |
| INZIRQO | Not covered | QL |
| metolazone | Preferred generic | |
| THALITONE | Not covered | |
| **Dyslipidemics, Fibric Acid Derivatives** | | |
| fenofibrate micronized oral capsule 130 mg, 43 mg | Nonpreferred generic | |
| fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg | Preferred generic | |
| fenofibrate oral capsule 134 mg, 200 mg, 67 mg | Preferred generic | |
| fenofibrate oral capsule 150 mg, 50 mg | Not covered | |
| fenofibrate oral tablet 120 mg, 40 mg | Not covered | |
| fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg | Preferred generic | |
| fenofibric acid oral capsule delayed release | Nonpreferred generic | |
| fenofibric acid oral tablet | Not covered | |
| gemfibrozil oral | Preferred generic | |
| **Dyslipidemics, HMG CoA Reductase Inhibitors** | | |
| ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG | Not covered | QL |
| ATORVALIQ | Not covered | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| atorvastatin calcium oral tablet 10 mg, 20 mg | Preferred generic | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| atorvastatin calcium oral tablet 40 mg, 80 mg | Preferred generic | QL |
| EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG | Not covered | |
| FLOLIPID | Not covered | |
| fluvastatin sodium | Not covered | QL |
| fluvastatin sodium er | Not covered | QL |
| lovastatin oral | Preferred generic | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| pitavastatin calcium | Not covered | QL |
| pravastatin sodium | Preferred generic | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| rosuvastatin calcium oral tablet 10 mg, 5 mg | Preferred generic | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| rosuvastatin calcium oral tablet 20 mg, 40 mg | Preferred generic | QL |
| simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg | Preferred generic | PV2; QL; AL (Min 40 Years and Max 75 Years) |
| simvastatin oral tablet 80 mg | Preferred generic | QL |
| ZYPITAMAG | Not covered | |
| **Dyslipidemics, Other** | | |
| cholestyramine light | Nonpreferred generic | |
| cholestyramine oral | Nonpreferred generic | |
| colesevelam hcl | Nonpreferred generic | |
| colestipol hcl | Nonpreferred generic | |
| ezetimibe | Preferred generic | QL |
| ezetimibe-simvastatin | Nonpreferred generic | QL |
| icosapent ethyl | Nonpreferred generic | QL |
| JUXTAPID | Not covered | SP; QL |
| LEROCHOL | Not covered | QL |
| NEXLETOL | Preferred brand | PA; QL |
| NEXLIZET | Preferred brand | PA; QL |
| niacin (antihyperlipidemic) | Not covered | |
| niacin er (antihyperlipidemic) | Nonpreferred generic | |
| niacor | Not covered | |
| omega-3-acid ethyl esters | Nonpreferred generic | QL |
| PRALUENT | Not covered | QL |
| prevalite | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| REDEMPLO | Preferred specialty | PA; SP; QL |
| REPATHA | Preferred brand | PA; QL |
| REPATHA SURECLICK | Preferred brand | PA; QL |
| TRYNGOLZA | Not covered | SP; QL |
| **Vasodilators, Direct-acting Arterial/Venous** | | |
| isosorbide dinitrate | Nonpreferred generic | |
| isosorbide mononitrate | Preferred generic | |
| isosorbide mononitrate er | Preferred generic | |
| nitro-bid | Nonpreferred generic | |
| NITRO-DUR | Not covered | |
| nitroglycerin rectal | Nonpreferred generic | QL |
| nitroglycerin sublingual | Nonpreferred generic | |
| nitroglycerin transdermal | Nonpreferred generic | |
| nitroglycerin translingual | Nonpreferred generic | |
| NITRO-TIME | Not covered | |
| **Vasodilators, Direct-acting Arterial** | | |
| hydralazine hcl oral | Nonpreferred generic | |
| minoxidil oral | Nonpreferred generic | |
| **Central Nervous System Agents** | | |
| **Attention Deficit Hyperactivity Disorder Agents, Amphetamines** | | |
| amphetamine er | Not covered | QL |
| amphetamine sulfate | Nonpreferred generic | QL |
| amphetamine-dextroamphetamine | Nonpreferred generic | QL |
| amphetamine-dextroamphetamine er | Nonpreferred generic | QL |
| amphet-dextroamphet 3-bead er | Nonpreferred generic | QL |
| ARYNTA | Not covered | QL |
| dextroamphetamine sulfate | Nonpreferred generic | QL |
| dextroamphetamine sulfate er | Nonpreferred generic | QL |
| DYANAVEL XR | Not covered | QL |
| lisdexamfetamine dimesylate | Nonpreferred generic | QL |
| methamphetamine hcl | Nonpreferred generic | QL |
| XELSTRYM | Not covered | QL |
| **Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines** | | |
| atomoxetine hcl oral capsule | Nonpreferred generic | QL |
| ATOMOXETINE HCL ORAL SOLUTION | Not covered | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ATONCY | Not covered | QL |
| AZSTARYS | Nonpreferred brand | PA; QL |
| clonidine hcl er | Nonpreferred generic | QL |
| COTEMPLA XR-ODT | Not covered | QL |
| dexmethylphenidate hcl | Nonpreferred generic | QL |
| dexmethylphenidate hcl er | Nonpreferred generic | QL |
| guanfacine hcl er | Nonpreferred generic | QL |
| JORNAY PM | Nonpreferred brand | PA; QL |
| methylphenidate | Nonpreferred generic | QL |
| METHYLPHENIDATE ER | Not covered | QL |
| methylphenidate hcl er | Nonpreferred generic | QL |
| methylphenidate hcl er (cd) | Nonpreferred generic | QL |
| methylphenidate hcl er (la) | Nonpreferred generic | QL |
| methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg | Nonpreferred generic | QL |
| METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG | Not covered | ABA; QL |
| methylphenidate hcl er (osm) oral tablet extended release 72 mg | Not covered | QL |
| methylphenidate hcl er (xr) | Not covered | QL |
| methylphenidate hcl er(diffus) | Nonpreferred generic | QL |
| methylphenidate hcl oral | Nonpreferred generic | QL |
| ONYDA XR | Not covered | QL |
| QELBREE | Nonpreferred brand | PA; QL |
| QUILLICHEW ER | Not covered | QL |
| QUILLIVANT XR | Not covered | QL |
| RELEXXII | Not covered | QL |
| **Central Nervous System, Other** | | |
| AUSTEDO | Preferred specialty | PA; SP; QL |
| AUSTEDO XR | Nonpreferred specialty | PA; SP; QL |
| AUSTEDO XR PATIENT TITRATION | Nonpreferred specialty | PA; SP; QL |
| caffeine citrate oral | Nonpreferred generic | |
| DAYBUE | Preferred specialty | PA; SP; QL |
| DAYBUE STIX | Not covered | SP; QL |
| gabapentin (once-daily) | Not covered | QL |
| HORIZANT | Not covered | QL |
| INGREZZA | Nonpreferred specialty | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| NUEDEXTA | Not covered | QL |
| RADICAVA ORS | Nonpreferred specialty | PA; SP; QL |
| RADICAVA ORS STARTER KIT | Nonpreferred specialty | PA; SP; QL |
| riluzole | Nonpreferred generic | |
| SKYCLARYS | Preferred specialty | PA; SP; QL |
| TEGLUTIK | Nonpreferred specialty | PA; SP; QL |
| tetrabenazine | Preferred specialty | SP; QL |
| TIGLUTIK | Nonpreferred specialty | PA; SP; QL |
| **Fibromyalgia Agents** | | |
| milnacipran hcl | Nonpreferred generic | PA; QL |
| pregabalin er | Not covered | QL |
| pregabalin oral | Preferred generic | QL |
| TONMYA | Not covered | |
| **Multiple Sclerosis Agents** | | |
| AVONEX PEN | Preferred specialty | SP; QL |
| AVONEX PREFILLED | Preferred specialty | SP; QL |
| BAFIERTAM | Preferred specialty | SP; QL |
| BETASERON | Preferred specialty | SP; QL |
| cladribine (10 tabs) | Preferred specialty | ST; SP; QL |
| cladribine (4 tabs) | Preferred specialty | ST; SP; QL |
| cladribine (5 tabs) | Preferred specialty | ST; SP; QL |
| cladribine (6 tabs) | Preferred specialty | ST; SP; QL |
| cladribine (7 tabs) | Preferred specialty | ST; SP; QL |
| cladribine (8 tabs) | Preferred specialty | ST; SP; QL |
| cladribine (9 tabs) | Preferred specialty | ST; SP; QL |
| dalfampridine er | Preferred specialty | SP; QL |
| dimethyl fumarate oral | Nonpreferred generic | SP; QL |
| dimethyl fumarate starter pack | Nonpreferred generic | SP; QL |
| fingolimod hcl | Nonpreferred generic | SP; QL |
| GILENYA ORAL CAPSULE 0.25 MG | Nonpreferred specialty | SP; QL |
| glatiramer acetate | Preferred specialty | SP; QL |
| glatopa | Preferred specialty | SP; QL |
| KESIMPTA | Preferred specialty | SP; QL |
| MAYZENT | Nonpreferred specialty | SP; QL |
| MAYZENT STARTER PACK | Nonpreferred specialty | SP; QL |
| PLEGRIDY | Not covered | SP; QL |
| PLEGRIDY STARTER PACK | Not covered | SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| PONVORY | Nonpreferred specialty | SP; QL |
| PONVORY STARTER PACK | Nonpreferred specialty | SP; QL |
| REBIF | Nonpreferred specialty | ST; SP; QL |
| REBIF REBIDOSE | Nonpreferred specialty | ST; SP; QL |
| REBIF REBIDOSE TITRATION PACK | Nonpreferred specialty | ST; SP; QL |
| REBIF TITRATION PACK | Nonpreferred specialty | ST; SP; QL |
| TASCENSO ODT | Nonpreferred specialty | PA; SP; QL |
| teriflunomide | Nonpreferred generic | SP; QL |
| VUMERITY | Preferred specialty | SP; QL |
| ZEPOSIA | Nonpreferred specialty | PA; SP; QL |
| ZEPOSIA 7-DAY STARTER PACK | Nonpreferred specialty | PA; SP; QL |
| ZEPOSIA STARTER KIT | Nonpreferred specialty | PA; SP; QL |
| **Cholestatic Pruritus Agent** | | |
| **Ileal Bile Acid Transporter Inhibitor** | | |
| BYLVAY | Preferred specialty | PA; SP; QL |
| BYLVAY (PELLETS) | Preferred specialty | PA; SP; QL |
| LIVMARLI | Preferred specialty | PA; SP; QL |
| LYNAVOY | Not covered | SP; QL |
| **Dental and Oral Agents** | | |
| cevimeline hcl | Nonpreferred generic | |
| chlorhexidine gluconate mouth/throat | Nonpreferred generic | |
| periogard | Nonpreferred generic | |
| pilocarpine hcl oral | Nonpreferred generic | |
| triamcinolone acetonide mouth/throat | Nonpreferred generic | |
| **Dermatological Agents** | | |
| ABSORICA LD | Not covered | QL |
| accutane | Nonpreferred generic | QL |
| acitretin | Nonpreferred generic | |
| adapalene external cream | Nonpreferred generic | |
| adapalene external gel | Nonpreferred generic | |
| ADAPALENE EXTERNAL PAD | Not covered | |
| ADAPALENE EXTERNAL SOLUTION | Not covered | |
| adapalene-benzoyl peroxide external gel 0.1-2.5 % | Nonpreferred generic | |
| adapalene-benzoyl peroxide external gel 0.3-2.5 % | Not covered | QL |
| ADBRY | Preferred specialty | PA; SP; QL |

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

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| dapsone external gel 5 % | Not covered | QL |
| dapsone external gel 7.5 % | Not covered | |
| DIFFERIN EXTERNAL LOTION 0.1 % | Not covered | |
| doxepin hcl external | Nonpreferred generic | PA; QL |
| doxycycline | Not covered | |
| DRYSOL | Preferred brand | |
| DUOBRII | Not covered | QL |
| DUPIXENT | Preferred specialty | PA; SP; QL |
| EBGLYSS | Preferred specialty | PA; SP; QL |
| EMROSI | Not covered | QL |
| ENSTILAR | Not covered | QL |
| EPIFOAM | Preferred brand | |
| EPSOLAY | Not covered | QL |
| ERY PAD 2% | Nonpreferred brand | |
| erythromycin external | Nonpreferred generic | |
| EUCRISA | Preferred brand | ST; QL |
| FABIOR EXTERNAL FOAM 0.1 % | Not covered | QL |
| FILSUVEZ | Preferred specialty | PA; SP; QL |
| FINACEA EXTERNAL FOAM | Not covered | QL |
| hydrocortisone ace-pramoxine external cream 2.5-1 % | Nonpreferred generic | |
| HYFTOR | Preferred specialty | SP; QL |
| imiquimod external cream 3.75 % | Not covered | QL |
| imiquimod external cream 5 % | Nonpreferred generic | QL |
| imiquimod pump | Not covered | QL |
| isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg | Nonpreferred generic | QL |
| isotretinoin oral capsule 25 mg, 35 mg | Not covered | QL |
| ivermectin external cream | Nonpreferred generic | ST; QL |
| LEQSELVI | Not covered | SP; QL |
| LITFULO | Nonpreferred specialty | PA; SP; QL |
| methoxsalen rapid | Nonpreferred generic | |
| metronidazole external | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| NEMLUVIO | Nonpreferred specialty | PA; SP; QL |
| neuac | Nonpreferred generic | |
| NORITATE | Not covered | |
| OPZELURA | Preferred brand | ST; QL |
| pimecrolimus | Nonpreferred generic | |
| podofilox external | Nonpreferred generic | |
| PRAMOSONE | Not covered | |
| QBREXZA | Not covered | QL |
| RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % | Not covered | |
| SANTYL | Preferred brand | |
| selenium sulfide external lotion | Nonpreferred generic | |
| SILIQ | Not covered | SP; QL |
| SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE | Not covered | SP; QL |
| sodium sulfacetamide wash | Nonpreferred generic | |
| SOFDRA | Not covered | QL |
| SORILUX | Not covered | |
| SOTYKTU | Nonpreferred specialty | PA; SP; QL |
| SPEVIGO SUBCUTANEOUS | Nonpreferred specialty | PA; SP; QL |
| sss 10-5 | Nonpreferred generic | |
| sulfacetamide sodium (acne) | Nonpreferred generic | |
| sulfacetamide sodium external | Nonpreferred generic | |
| sulfacetamide sodium-sulfur external cream 10-5 % | Nonpreferred generic | |
| sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 % | Nonpreferred generic | |
| sulfacetamide sodium-sulfur external suspension 8-4 % | Nonpreferred generic | |
| sulfacetamide sod-sulfur wash external liquid 9-4.5 % | Nonpreferred generic | |
| tacrolimus external | Nonpreferred generic | |
| TALTZ | Nonpreferred specialty | PA; SP; QL |
| tazarotene external cream | Nonpreferred generic | |
| TAZAROTENE EXTERNAL FOAM | Not covered | ABA; QL |
| tazarotene external gel | Nonpreferred generic | |
| tretinoin external cream | Nonpreferred generic | |
| tretinoin external gel 0.01 %, 0.025 % | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| tretinoin external gel 0.05 % | Not covered | |
| tretinoin microsphere | Not covered | |
| tretinoin microsphere pump | Not covered | |
| trilitas | Nonpreferred generic | |
| TWYNEO | Not covered | QL |
| VEREGEN | Nonpreferred brand | |
| VTAMA | Preferred brand | ST; QL |
| WINLEVI | Not covered | QL |
| WYNZORA | Not covered | QL |
| ZELSUVMI | Nonpreferred brand | PA; QL |
| zenatane | Nonpreferred generic | QL |
| ZILXI | Not covered | QL |
| ZORYVE EXTERNAL CREAM 0.05 %, 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 |
| **Electrolytes/Minerals/Metals/Vitamins** | | |
| **Electrolyte/Mineral Replacement** | | |
| ACCRUFER | Nonpreferred brand | PA; QL |
| AQUASTAT | Nonpreferred brand | |
| AQUASTAT SFR | Nonpreferred brand | |
| BD POSIFLUSH | Nonpreferred brand | |
| BD POSIFLUSH SAFESCRUB | Nonpreferred brand | |
| carglumic acid | Preferred specialty | PA; SP |
| EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ | Not covered | |
| effer-k oral tablet effervescent 25 meq | Nonpreferred generic | |
| GALZIN | Nonpreferred brand | PA; QL |
| iodine strong | Nonpreferred generic | |
| klor-con | Nonpreferred generic | |
| klor-con 10 | Nonpreferred generic | |
| klor-con m10 | Nonpreferred generic | |
| klor-con m15 | Nonpreferred generic | |
| klor-con m20 | Nonpreferred generic | |
| klor-con/ef oral tablet effervescent 25 meq | Nonpreferred generic | |
| K-PHOS | Nonpreferred brand | |
| K-PHOS NO 2 | Not covered | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ | Preferred brand | |
| levocarnitine oral solution | Nonpreferred generic | |
| levocarnitine oral tablet | Nonpreferred generic | |
| levocarnitine sf | Nonpreferred generic | |
| MONOJECT FLUSH SYRINGE | Nonpreferred brand | |
| MONOJECT SODIUM CHLORIDE FLUSH | Nonpreferred brand | |
| normal saline flush | Nonpreferred generic | |
| PHOSPHO-TRIN K500 | Nonpreferred brand | |
| POKONZA | Not covered | |
| potassium chloride crys er | Nonpreferred generic | |
| potassium chloride er | Nonpreferred generic | |
| potassium chloride oral packet 20 meq | Nonpreferred generic | |
| potassium chloride oral packet 40 meq | Not covered | |
| potassium chloride oral solution | Nonpreferred generic | |
| potassium citrate er | Nonpreferred generic | |
| saline flush | Nonpreferred generic | |
| sodium chloride flush solution 0.9 % intravenous | Nonpreferred generic | |
| SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS | Nonpreferred brand | |
| sodium fluoride oral | Nonpreferred generic | PV2; AL (Min 6 Months and Max 16 Years) |
| ZYCUBO | Preferred specialty | PA; SP; QL |
| **Electrolyte/Mineral/Metal Modifiers** | | |
| CHEMET | Preferred brand | |
| CUVRIOR | Not covered | SP; QL |
| deferasirox granules | Not covered | 15DS; SP |
| deferasirox oral packet | Not covered | 15DS; SP |
| deferasirox oral tablet | Preferred specialty | 15DS; SP |
| deferasirox oral tablet soluble | Preferred specialty | 15DS; SP |
| deferiprone | Preferred specialty | PA; SP; QL |
| FERRIPROX ORAL SOLUTION | Nonpreferred specialty | PA; SP; QL |
| FERRIPROX TWICE-A-DAY | Nonpreferred specialty | PA; SP; QL |
| KIONEX | Nonpreferred brand | |
| LOKELMA | Preferred brand | QL |
| sodium polystyrene sulfonate | Nonpreferred generic | |
| SPS (SODIUM POLYSTYRENE SULF) | Nonpreferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| tolvaptan | Preferred specialty | PA; SP; QL |
| tolvaptan (hyponatremia) | Preferred specialty | PA; SP; QL |
| trientine hcl | Preferred specialty | PA; SP; QL |
| VELTASSA | Preferred brand | QL |
| **Phosphate Binders** | | |
| AURYXIA | Not covered | |
| calcium acetate (phos binder) | Nonpreferred generic | |
| calcium acetate oral tablet 667 mg | Nonpreferred generic | |
| ferric citrate tablet 1 gm 210 mg(fe) oral | Nonpreferred generic | |
| FERRIC CITRATE TABLET 1 GM 210 MG(FE) ORAL | Not covered | ABA |
| FOSRENOL ORAL PACKET | Not covered | |
| lanthanum carbonate | Nonpreferred generic | |
| sevelamer carbonate | Nonpreferred generic | |
| sevelamer hcl | Nonpreferred generic | |
| VELPHORO | Not covered | |
| **Vitamins** | | |
| cyanocobalamin injection solution 1000 mcg/ml | Nonpreferred generic | |
| cyanocobalamin nasal | Not covered | |
| ergocalciferol oral capsule | Nonpreferred generic | |
| folate | Preventive | PV1 |
| FOLIC ACID ORAL SOLUTION | Not covered | ABA; QL |
| folic acid oral tablet 1 mg | Nonpreferred generic | |
| folic acid oral tablet 400 mcg, 800 mcg | Preventive | PV1 |
| ft folic acid | Preventive | PV1 |
| hydroxocobalamin acetate | Nonpreferred generic | |
| phytonadione injection solution 10 mg/ml | Nonpreferred generic | |
| phytonadione oral | Nonpreferred generic | |
| QUIOFIC | Not covered | QL |
| vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit | Nonpreferred generic | |
| vitamin k1 injection | Nonpreferred generic | |
| yl folic acid | Preventive | PV1 |
| **Gastrointestinal Agents** | | |
| **Antispasmodics, Gastrointestinal** | | |
| belladonna alkaloids-opium | Nonpreferred generic | |
| DERMACINRX DIGENYX | Not covered | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| dicyclomine hcl oral capsule | Nonpreferred generic | |
| dicyclomine hcl oral solution 10 mg/5ml | Nonpreferred generic | |
| dicyclomine hcl oral tablet 20 mg | Nonpreferred generic | |
| dicyclomine hcl oral tablet 40 mg | Not covered | |
| GLYCATE | Not covered | |
| glycopyrrolate oral solution 1 mg/5ml | Nonpreferred generic | |
| glycopyrrolate oral tablet 1 mg, 2 mg | Nonpreferred generic | |
| GLYCOPYRROLATE ORAL TABLET 1.5 MG | Not covered | |
| hyoscyamine sulfate er | Nonpreferred generic | |
| hyoscyamine sulfate oral | Nonpreferred generic | |
| hyoscyamine sulfate sl | Nonpreferred generic | |
| hyoscyamine sulfate sublingual | Nonpreferred generic | |
| hyosyne | Nonpreferred generic | |
| LEVBID | Not covered | |
| LEVSIN | Not covered | |
| LEVSIN/SL | Not covered | |
| methscopolamine bromide oral | Nonpreferred generic | |
| NULEV | Not covered | |
| OSCIMIN | Not covered | |
| **Gastrointestinal Agents, Other** | | |
| amoxicill-clarithro-lansopraz | Nonpreferred generic | |
| bis subcit-metronid-tetracyc | Not covered | |
| bismuth/metronidaz/tetracyclin | Not covered | |
| CHENODAL ORAL TABLET 250 MG | Preferred specialty | PA; SP |
| chlordiazepoxide-clidinium | Nonpreferred generic | |
| cromolyn sodium oral | Nonpreferred generic | |
| CTEXLI | Preferred specialty | PA; SP |
| diphenoxylate-atropine | Nonpreferred generic | |
| GATTEX | Nonpreferred specialty | PA; SP; QL |
| 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 | Not covered | QL |
| prucalopride succinate | Nonpreferred generic | ST; QL |
| RELISTOR | Not covered | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| RELTONE | Not covered | |
| REZDIFFRA | Preferred specialty | PA; 15DS; SP; QL |
| SEROSTIM | Nonpreferred specialty | PA; SP |
| SYMPROIC | Preferred brand | QL |
| TALICIA | Not covered | QL |
| TRULANCE | Not covered | QL |
| URSODIOL ORAL CAPSULE 200 MG, 400 MG | Not covered | |
| ursodiol oral capsule 300 mg | Nonpreferred generic | |
| ursodiol oral tablet | Nonpreferred generic | |
| VOQUEZNA | Not covered | QL |
| VOQUEZNA DUAL PAK | Not covered | QL |
| VOQUEZNA TRIPLE PAK | Not covered | QL |
| VOWST | Nonpreferred specialty | PA; SP; QL |
| XERMELO | Preferred specialty | PA; SP; OVM |
| **Histamine2 (H2) Receptor Antagonists** | | |
| cimetidine hcl | Nonpreferred generic | |
| cimetidine oral | Nonpreferred generic | |
| famotidine oral suspension reconstituted | Nonpreferred generic | |
| famotidine oral tablet 20 mg, 40 mg | Nonpreferred generic | |
| nizatidine | Nonpreferred generic | |
| RANITIDINE HCL | Not covered | |
| **Irritable Bowel Syndrome Agents** | | |
| alosetron hcl oral tablet 0.5 mg | Nonpreferred generic | QL |
| alosetron hcl oral tablet 1 mg | Not covered | QL |
| IBSRELA | Not covered | QL |
| LINZESS | Preferred brand | QL |
| lubiprostone | Nonpreferred generic | QL |
| VIBERZI | Not covered | QL |
| **Laxatives** | | |
| bisacodyl ec | Preventive | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| clearlax | Preventive | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| CLENPIQ | Nonpreferred brand | QL |
| constulose | Nonpreferred generic | |
| enulose | Nonpreferred generic | |

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

| Drug Name | Drug Tier | Notes |
|---|---|---|
| na sulfate-k sulfate-mg sulf | Nonpreferred generic | QL |
| peg 3350 | Preventive | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| peg 3350-kcl-na bicarb-nacl | Nonpreferred generic | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| peg-3350/electrolytes | Nonpreferred generic | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| peg-3350/electrolytes/ascorbat | Nonpreferred generic | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| peg-kcl-nacl-nasulf-na asc-c | Nonpreferred generic | PV2; QL; AL (Min 45 Years and Max 75 Years) |
| PLENVU | Nonpreferred brand | QL |
| polyethylene glycol 3350 oral | Preventive | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| 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 oral powder 17 gm/scoop | Preventive | PV1; QL; AL (Min 45 Years and Max 75 Years) |
| **Protectants** | | |
| misoprostol oral | Nonpreferred generic | |
| sucralfate oral | Nonpreferred generic | |
| **Proton Pump Inhibitors** | | |
| dexlansoprazole | Not covered | |
| esomeprazole magnesium | Nonpreferred generic | |
| KONVOMEP | Not covered | |
| lansoprazole oral capsule delayed release | Nonpreferred generic | QL |
| lansoprazole oral tablet delayed release dispersible | Not covered | |
| omeprazole oral capsule delayed release | Nonpreferred generic | QL |
| omeprazole-sodium bicarbonate oral capsule | Nonpreferred generic | QL |
| omeprazole-sodium bicarbonate oral packet | Not covered | QL |
| pantoprazole sodium oral packet | Not covered | |
| pantoprazole sodium oral tablet delayed release | Nonpreferred generic | QL |
| PRILOSEC | Not covered | |
| RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE | Not covered | ABA; QL |
| rabeprazole sodium oral tablet delayed release | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment** | | |
| betaine | Preferred specialty | SP |
| BUPHENYL ORAL POWDER | Not covered | |
| CERDELGA | Preferred specialty | PA; SP; QL |
| CHOLBAM | Preferred specialty | PA; SP; QL |
| CREON | Preferred brand | |
| CYSTAGON | Preferred specialty | SP |
| DUVYZAT | Nonpreferred specialty | PA; SP; QL |
| EVRYSDI | Preferred specialty | PA; SP; QL |
| GALAFOLD | Preferred specialty | PA; SP; QL |
| GLASSIA | Preferred specialty | PA; SP; QL |
| glycerol phenylbutyrate | Preferred specialty | PA; SP; QL |
| HARLIKU | Not covered | SP; QL |
| IMCIVREE | Preferred specialty | PA; SP; QL |
| KYGEVVI | Preferred specialty | PA; SP; QL |
| LOARGYS | Preferred specialty | PA; SP; QL |
| miglustat | Preferred specialty | PA; SP; QL |
| MYALEPT | Nonpreferred specialty | PA; SP; QL |
| nitisinone | Preferred specialty | PA; SP |
| NITYR | Not covered | SP |
| OLPRUVA (2 GM DOSE) | Nonpreferred specialty | PA; SP; QL |
| OLPRUVA (3 GM DOSE) | Nonpreferred specialty | PA; SP; QL |
| OLPRUVA (4 GM DOSE) | Nonpreferred specialty | PA; SP; QL |
| OLPRUVA (5 GM DOSE) | Nonpreferred specialty | PA; SP; QL |
| OLPRUVA (6 GM DOSE) | Nonpreferred specialty | PA; SP; QL |
| OLPRUVA (6.67 GM DOSE) | Nonpreferred specialty | PA; SP; QL |
| OPFOLDA | Nonpreferred specialty | SP; QL |
| ORFADIN ORAL SUSPENSION | Preferred specialty | PA; SP |
| PALYNZIQ | Preferred specialty | PA; SP; QL |
| PANCREAZE | Not covered | |
| PERTZYE | Not covered | |
| 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| PROCYSBI ORAL PACKET | Not covered | SP; QL |
| REVCOVI | Preferred specialty | PA; SP; QL |
| sapropterin dihydrochloride | Preferred specialty | PA; SP |
| SEPHIENCE | Nonpreferred specialty | PA; SP |
| sodium phenylbutyrate oral powder | Nonpreferred generic | |
| sodium phenylbutyrate oral tablet | Nonpreferred generic | QL |
| STRENSIQ | Preferred specialty | PA; SP; QL |
| SUCRAID | Nonpreferred specialty | PA; SP; QL |
| VIOKACE | Not covered | |
| VOXZOGO | Preferred specialty | PA; SP; QL |
| WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Nonpreferred specialty | PA; SP; QL |
| XURIDEN | Preferred specialty | PA; SP; QL |
| yargesa | Preferred specialty | PA; SP; QL |
| YUVIWEL | Not covered | SP; QL |
| zelvysia | Preferred specialty | PA; SP |
| ZENPEP | Preferred brand | |
| **Genitourinary Agents** | | |
| **Antispasmodics, Urinary** | | |
| darifenacin hydrobromide er | Not covered | QL |
| fesoterodine fumarate er | Nonpreferred generic | QL |
| flavoxate hcl | Nonpreferred generic | |
| GEMTESA | Not covered | QL |
| mirabegron er | Nonpreferred generic | PA; QL |
| oxybutynin chloride er | Preferred generic | |
| oxybutynin chloride oral | Preferred generic | |
| OXYTROL | Not covered | QL |
| solifenacin succinate | Preferred generic | QL |
| tolterodine tartrate | Nonpreferred generic | |
| tolterodine tartrate er | Nonpreferred generic | |
| trospium chloride | Nonpreferred generic | QL |
| trospium chloride er | Nonpreferred generic | QL |
| **Benign Prostatic Hypertrophy Agents** | | |
| alfuzosin hcl er | Nonpreferred generic | |
| CARDURA XL | Nonpreferred brand | |
| dutasteride oral | Nonpreferred generic | |
| dutasteride-tamsulosin hcl | Nonpreferred generic | QL |

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

| Drug Name | Drug Tier | Notes |
|---|---|---|
| clobetasol prop emollient base | Nonpreferred generic | |
| clobetasol propionate e | Nonpreferred generic | |
| clobetasol propionate emulsion | Nonpreferred generic | |
| CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 % | Not covered | ABA |
| clobetasol propionate external cream 0.05 % | Nonpreferred generic | |
| clobetasol propionate external foam | Nonpreferred generic | |
| clobetasol propionate external gel | Nonpreferred generic | |
| clobetasol propionate external liquid | Nonpreferred generic | |
| clobetasol propionate external lotion | Nonpreferred generic | |
| clobetasol propionate external ointment | Nonpreferred generic | |
| clobetasol propionate external shampoo | Nonpreferred generic | |
| clobetasol propionate external solution | Nonpreferred generic | |
| clocortolone pivalate | Not covered | |
| clodan | Nonpreferred generic | |
| CORDRAN | Not covered | |
| CORTISONE ACETATE ORAL | Not covered | |
| deflazacort | Preferred specialty | PA; SP |
| desonide external cream | Nonpreferred generic | |
| desonide external gel | Not covered | |
| desonide external lotion | Nonpreferred generic | |
| desonide external ointment | Nonpreferred generic | |
| desoximetasone external | Nonpreferred generic | |
| dexamethasone intensol | Preferred generic | |
| dexamethasone oral elixir | Preferred generic | |
| dexamethasone oral solution | Preferred generic | |
| dexamethasone oral tablet | Preferred generic | |
| dexamethasone oral tablet therapy pack | Nonpreferred generic | |
| DEXLYT | Not covered | |
| diflorasone diacetate | Not covered | |
| evesse | Nonpreferred generic | |
| fludrocortisone acetate oral | Nonpreferred generic | |
| fluocinolone acetonide body | Nonpreferred generic | |
| fluocinolone acetonide external | Nonpreferred generic | |
| fluocinolone acetonide scalp | Nonpreferred generic | |
| fluocinonide emulsified base | Nonpreferred generic | |
| fluocinonide external cream 0.05 % | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| fluocinonide external cream 0.1 % | Nonpreferred generic | QL |
| fluocinonide external gel | Nonpreferred generic | |
| fluocinonide external ointment | Nonpreferred generic | |
| fluocinonide external solution | Nonpreferred generic | |
| flurandrenolide | Not covered | |
| fluticasone propionate external | Nonpreferred generic | |
| halcinonide | Not covered | |
| halobetasol propionate external cream | Nonpreferred generic | |
| halobetasol propionate external foam | Not covered | |
| HALOBETASOL PROPIONATE EXTERNAL LOTION | Not covered | ABA |
| halobetasol propionate external ointment | Nonpreferred generic | |
| HEMADY | Not covered | |
| HIDEX 6-DAY | Not covered | |
| HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 % | Not covered | |
| hydrocortisone butyrate | Nonpreferred generic | |
| hydrocortisone external cream 1 %, 2.5 % | Nonpreferred generic | |
| hydrocortisone external lotion 2 % | Not covered | |
| hydrocortisone external lotion 2.5 % | Nonpreferred generic | |
| hydrocortisone external ointment 1 %, 2.5 % | Nonpreferred generic | |
| HYDROCORTISONE EXTERNAL SOLUTION | Not covered | |
| hydrocortisone oral | Preferred generic | |
| hydrocortisone sod suc (pf) | Nonpreferred generic | |
| hydrocortisone valerate | Nonpreferred generic | |
| HYDROXYM EXTERNAL CREAM | Not covered | |
| IMPOYZ | Not covered | |
| jaythari | Preferred specialty | PA; SP |
| KHINDIVI | Not covered | SP; QL |
| kymbee | Preferred specialty | PA; SP |
| MEDROL ORAL TABLET 2 MG | Nonpreferred brand | |
| methylprednisolone oral | Preferred generic | |
| MICORT HC | Not covered | |
| mometasone furoate external | Nonpreferred generic | |
| prednisolone oral solution | Preferred generic | |
| prednisolone oral tablet | Nonpreferred generic | |
| prednisolone sodium phosphate oral solution | Preferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| prednisolone sodium phosphate oral tablet dispersible | Not covered | |
| prednisone intensol | Preferred generic | |
| prednisone oral solution | Preferred generic | |
| prednisone oral tablet | Preferred generic | |
| PREDNISONE ORAL TABLET DELAYED RELEASE | Not covered | QL |
| prednisone oral tablet therapy pack | Preferred generic | |
| pyquvi | Preferred specialty | PA; SP |
| RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG | 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 | Nonpreferred generic | |
| triamcinolone acetonide external aerosol solution | Nonpreferred generic | QL |
| triamcinolone acetonide external cream | Nonpreferred generic | |
| triamcinolone acetonide external lotion | Nonpreferred generic | |
| triamcinolone acetonide external ointment | Nonpreferred generic | |
| triamcinolone in absorbase | Nonpreferred generic | |
| triderm | Nonpreferred generic | |
| ULTRAVATE | Not covered | |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)** | | |
| ACTHAR | Not covered | SP; QL |
| ACTHAR GEL | Not covered | SP; QL |
| cabergoline | Nonpreferred generic | |
| CHORIONIC GONADOTROPIN INTRAMUSCULAR | Not covered | SP; QL |
| CORTROPHIN | Not covered | SP; QL |
| CORTROPHIN GEL | Not covered | SP |
| CRENESSITY | Preferred specialty | PA; SP; QL |
| DESMODA | Not covered | SP |
| desmopressin ace spray refrig | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| desmopressin acetate injection | Nonpreferred generic | |
| desmopressin acetate oral | Nonpreferred generic | |
| desmopressin acetate pf | Nonpreferred generic | |
| desmopressin acetate spray | Nonpreferred generic | |
| EGRIFTA SV | Not covered | SP; QL |
| EGRIFTA WR | Not covered | SP; QL |
| FOLLISTIM AQ | Nonpreferred specialty | PA; SP; QL |
| GENOTROPIN | Preferred specialty | PA; SP |
| GENOTROPIN MINIQUICK | Preferred specialty | PA; SP |
| GONAL-F | Preferred specialty | PA; SP; QL |
| GONAL-F RFF REDIJECT | Preferred specialty | PA; SP; QL |
| GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT | Preferred 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 |
| NORDITROPIN FLEXPRO | Preferred specialty | PA; SP |
| NOVAREL | Not covered | SP; QL |
| NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML | Nonpreferred specialty | PA; SP |
| NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML | Nonpreferred specialty | PA; SP |
| OMNITROPE | Nonpreferred specialty | PA; SP |
| OVIDREL | Preferred specialty | PA; SP; QL |
| PREGNYL | Preferred specialty | PA; SP; QL |
| RECORLEV | Not covered | SP; QL |
| SKYTROFA | Nonpreferred specialty | PA; SP |
| SOGROYA | Nonpreferred specialty | PA; SP; QL |
| ZOMACTON | Nonpreferred specialty | PA; SP |
| **Selective Estrogen Receptor Modifying Agents** | | |
| clomid | Nonpreferred generic | QL |
| clomiphene citrate oral | Nonpreferred generic | QL |
| milophene | Nonpreferred generic | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)** | | |
| mifepristone oral tablet 300 mg | Preferred specialty | PA; SP; QL |
| **Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)** | | |
| **Androgens** | | |
| danazol oral | Nonpreferred generic | |
| INTRAROSA | Not covered | |
| JATENZO | Not covered | QL |
| KYZATREX | Not covered | QL |
| METHITEST | Nonpreferred brand | QL |
| methyltestosterone oral | Not covered | QL |
| NATESTO | Not covered | QL |
| TESTOSTERONE CYPIONATE INJECTION | Not covered | |
| testosterone cypionate intramuscular | Nonpreferred generic | |
| testosterone enanthate intramuscular | Nonpreferred generic | |
| testosterone transdermal gel | Nonpreferred generic | PA; QL |
| testosterone transdermal solution | Not covered | QL |
| TLANDO | Not covered | QL |
| UNDECATREX ORAL CAPSULE 200 MG | Not covered | ABA; QL |
| XYOSTED | Not covered | QL |
| **Estrogens** | | |
| abigale | Nonpreferred generic | |
| abigale lo | Nonpreferred generic | |
| afirmelle | Preferred generic | PV2 |
| ALORA | Preferred brand | |
| altavera | Preferred generic | PV2 |
| alyacen 1/35 | Preferred generic | PV2 |
| alyacen 7/7/7 | Preferred generic | PV2 |
| amethyst | Preferred generic | PV2 |
| ANGELIQ | Nonpreferred brand | |
| ANNOVERA | Nonpreferred brand | QL |
| apri | Preferred generic | PV2 |
| aranelle | Preferred generic | PV2 |
| ashlyna | Preferred generic | PV2; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| aubra eq | Preferred generic | PV2 |
| aurovela 1.5/30 | Preferred generic | PV2 |
| aurovela 1/20 | Preferred generic | PV2 |
| aurovela 24 fe | Preferred generic | PV2 |
| aurovela fe 1.5/30 | Preferred generic | PV2 |
| aurovela fe 1/20 | Preferred generic | PV2 |
| AVERI | Nonpreferred brand | |
| aviane | Preferred generic | PV2 |
| ayuna | Preferred generic | PV2 |
| azurette | Preferred generic | PV2 |
| balziva | Preferred generic | PV2 |
| BIJUVA | Not covered | QL |
| blisovi 24 fe | Preferred generic | PV2 |
| blisovi fe 1.5/30 | Preferred generic | PV2 |
| blisovi fe 1/20 | Preferred generic | PV2 |
| briellyn | Preferred generic | PV2 |
| camrese | Preferred generic | PV2; QL |
| camrese lo | Preferred generic | PV2; QL |
| charlotte 24 fe | Preferred generic | PV2 |
| chateal eq | Preferred generic | PV2 |
| CLIMARA | Nonpreferred brand | |
| CLIMARA PRO | Nonpreferred brand | |
| COMBIPATCH | Nonpreferred brand | |
| COVARYX | Not covered | |
| COVARYX HS | Not covered | |
| cryselle | Preferred generic | PV2 |
| cryselle-28 | Preferred generic | PV2 |
| cyred eq | Preferred generic | PV2 |
| dasetta 1/35 (28) | Preferred generic | PV2 |
| dasetta 7/7/7 | Preferred generic | PV2 |
| daysee | Preferred generic | PV2; QL |
| delyla | Preferred generic | PV2 |
| DEPO-ESTRADIOL | Nonpreferred brand | |
| desogestrel-ethinyl estradiol | Preferred generic | PV2 |
| dolishale | Preferred generic | PV2 |
| dotti | Nonpreferred generic | |
| drospiren-eth estrad-levomefol | Preferred generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| drospirenone-ethinyl estradiol | Preferred generic | PV2 |
| DUAVEE | Nonpreferred brand | |
| EEMT | Not covered | |
| EEMT HS | Not covered | |
| ELESTRIN | Nonpreferred brand | |
| elinest | Preferred generic | PV2 |
| eluryng | Preferred generic | PV2; QL |
| enilloring | Preferred generic | PV2; QL |
| enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg | Preferred generic | PV2 |
| enskyce | Preferred generic | PV2 |
| est estrogens-methyltest | Nonpreferred generic | |
| est estrogens-methyltest ds | Nonpreferred generic | |
| est estrogens-methyltest hs | Nonpreferred generic | |
| estarylla | Preferred generic | PV2 |
| estradiol oral | Nonpreferred generic | |
| estradiol transdermal | Nonpreferred generic | |
| estradiol vaginal | Nonpreferred generic | |
| estradiol valerate intramuscular | Nonpreferred generic | |
| estradiol-norethindrone acet | Nonpreferred generic | |
| ESTRATEST H.S. | Not covered | |
| ESTRING | Preferred brand | |
| estrogens conjugated | Nonpreferred generic | |
| ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg | Preferred generic | PV2 |
| etonogestrel-ethinyl estradiol | Preferred generic | PV2; QL |
| EVAMIST | Nonpreferred brand | |
| falmina | Preferred generic | PV2 |
| feirza 1.5/30 | Preferred generic | PV2 |
| feirza 1/20 | Preferred generic | PV2 |
| FEMLYV | Nonpreferred brand | QL |
| FEMRING | Not covered | |
| finzala | Preferred generic | PV2 |
| fyavolv | Nonpreferred generic | |
| galbriela | Preferred generic | PV2 |
| gemmily | Preferred generic | PV2 |
| hailey 1.5/30 | Preferred generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| hailey 24 fe | Preferred generic | PV2 |
| hailey fe 1.5/30 | Preferred generic | PV2 |
| hailey fe 1/20 | Preferred generic | PV2 |
| haloette vaginal ring 0.12-0.015 mg/24hr | Preferred generic | PV2; QL |
| iclevia | Preferred generic | PV2; QL |
| IMVEXXY MAINTENANCE PACK | Nonpreferred brand | |
| IMVEXXY STARTER PACK | Nonpreferred brand | |
| introvale | Preferred generic | PV2; QL |
| isibloom | Preferred generic | PV2 |
| jaimiess | Preferred generic | PV2; QL |
| jasmiel | Preferred generic | PV2 |
| jinteli | Nonpreferred generic | |
| jolessa | Preferred generic | PV2; QL |
| joyeaux | Preferred generic | PV2 |
| juleber | Preferred generic | PV2 |
| junel 1.5/30 | Preferred generic | PV2 |
| junel 1/20 | Preferred generic | PV2 |
| junel fe 1.5/30 | Preferred generic | PV2 |
| junel fe 1/20 | Preferred generic | PV2 |
| junel fe 24 | Preferred generic | PV2 |
| kaitlib fe | Preferred generic | PV2 |
| kalliga | Preferred generic | PV2 |
| kariva | Preferred generic | PV2 |
| kelnor 1/35 | Preferred generic | PV2 |
| kurvelo | Preferred generic | PV2 |
| larin 1.5/30 | Preferred generic | PV2 |
| larin 1/20 | Preferred generic | PV2 |
| larin 24 fe | Preferred generic | PV2 |
| larin fe 1.5/30 | Preferred generic | PV2 |
| larin fe 1/20 | Preferred generic | PV2 |
| leena oral tablet 0.5/1/0.5-35 mg-mcg | Preferred generic | PV2 |
| lessina | Preferred generic | PV2 |
| levonest | Preferred generic | PV2 |
| levonorgest-eth est & eth est oral tablet 42-21-21-7 days | Preferred generic | PV2; QL |
| levonorgest-eth estrad 91-day | Preferred generic | PV2; QL |
| levonorgest-eth estradiol-iron | Preferred generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| levonorgestrel-ethinyl estrad | Preferred generic | PV2 |
| levonorg-eth estrad triphasic | Preferred generic | PV2 |
| levora 0.15/30 (28) | Preferred generic | PV2 |
| LO LOESTRIN FE | Nonpreferred brand | |
| lojaimiess | Preferred generic | PV2; QL |
| loryna | Preferred generic | PV2 |
| low-ogestrel | Preferred generic | PV2 |
| lo-zumandimine | Preferred generic | PV2 |
| luizza 1.5/30 | Preferred generic | PV2 |
| luizza 1/20 | Preferred generic | PV2 |
| lutera | Preferred generic | PV2 |
| lyllana | Nonpreferred generic | |
| marlissa | Preferred generic | PV2 |
| MENOSTAR | Not covered | |
| mibelas 24 fe | Preferred generic | PV2 |
| microgestin 1.5/30 | Preferred generic | PV2 |
| microgestin 1/20 | Preferred generic | PV2 |
| microgestin fe 1.5/30 | Preferred generic | PV2 |
| microgestin fe 1/20 | Preferred generic | PV2 |
| mili | Preferred generic | PV2 |
| mimvey | Nonpreferred generic | |
| MINIVELLE | Nonpreferred brand | |
| minzoya | Preferred generic | PV2 |
| mono-linyah | Preferred generic | PV2 |
| MYFEMBREE | Nonpreferred brand | PA; QL |
| NATAZIA | Nonpreferred brand | |
| necon 0.5/35 (28) | Preferred generic | PV2 |
| NEXTSTELLIS | Nonpreferred brand | |
| nikki | Preferred generic | PV2 |
| norelgestromin-eth estradiol | Preferred generic | PV2; QL |
| norethin ace-eth estrad-fe | Preferred generic | PV2 |
| norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg | Preferred generic | PV2 |
| norethindrone acet-ethinyl est | Preferred generic | PV2 |
| norethindrone-eth estradiol | Nonpreferred generic | |
| norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg | Preferred generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg | Preferred generic | PV2 |
| norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg | Preferred generic | PV2 |
| norgestimate-ethinyl estradiol triphasic | Preferred generic | PV2 |
| nortrel 0.5/35 (28) | Preferred generic | PV2 |
| nortrel 1/35 (21) | Preferred generic | PV2 |
| nortrel 1/35 (28) | Preferred generic | PV2 |
| nortrel 7/7/7 | Preferred generic | PV2 |
| nylia 1/35 | Preferred generic | PV2 |
| nylia 7/7/7 | Preferred generic | PV2 |
| ocella oral tablet 3-0.03 mg | Preferred generic | PV2 |
| ORIAHNN | Not covered | QL |
| philith | Preferred generic | PV2 |
| pimtrea | Preferred generic | PV2 |
| portia-28 | Preferred generic | PV2 |
| PREMARIN VAGINAL | Preferred brand | |
| PREMPHASE | Preferred brand | |
| PREMPRO | Preferred brand | |
| reclipsen | Preferred generic | PV2 |
| rivelsa | Preferred generic | PV2; QL |
| rosyrah | Preferred generic | PV2; QL |
| setlakin | Preferred generic | PV2; QL |
| simliya | Preferred generic | PV2 |
| simpesse | Preferred generic | PV2; QL |
| sprintec 28 | Preferred generic | PV2 |
| sronyx | Preferred generic | PV2 |
| syeda | Preferred generic | PV2 |
| tarina 24 fe | Preferred generic | PV2 |
| tarina fe 1/20 eq | Preferred generic | PV2 |
| taysofy | Preferred generic | PV2 |
| tilia fe | Preferred generic | PV2 |
| tri-estarylla | Preferred generic | PV2 |
| tri-legest fe | Preferred generic | PV2 |
| tri-linyah | Preferred generic | PV2 |
| tri-lo-estarylla | Preferred generic | PV2 |
| tri-lo-marzia | Preferred generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| tri-lo-mili | Preferred generic | PV2 |
| tri-lo-sprintec | Preferred generic | PV2 |
| tri-mili | Preferred generic | PV2 |
| tri-sprintec | Preferred generic | PV2 |
| tri-vylibra | Preferred generic | PV2 |
| tri-vylibra lo | Preferred generic | PV2 |
| turqoz | Preferred generic | PV2 |
| TWIRLA | Not covered | QL |
| TYBLUME | Nonpreferred brand | |
| tydemy | Preferred generic | PV2 |
| valtya 1/35 | Preferred generic | PV2 |
| valtya 1/50 | Preferred generic | PV2 |
| velivet | Preferred generic | PV2 |
| vestura | Preferred generic | PV2 |
| vienva | Preferred generic | PV2 |
| viorele | Preferred generic | PV2 |
| volnea | Preferred generic | PV2 |
| vyfemla | Preferred generic | PV2 |
| vylibra | Preferred generic | PV2 |
| wera | Preferred generic | PV2 |
| wymzya fe | Preferred generic | PV2 |
| xarah fe | Preferred generic | PV2 |
| xelria fe | Preferred generic | PV2 |
| xulane | Preferred generic | PV2; QL |
| yuvafem | Nonpreferred generic | |
| zafemy | Preferred generic | PV2; QL |
| zovia 1/35 (28) | Preferred generic | PV2 |
| zumandimine | Preferred generic | PV2 |
| **Progestins** | | |
| aftera | Preventive | PV1; QL |
| camila | Preferred generic | PV2 |
| CRINONE | Not covered | |
| deblitane | Preferred generic | PV2 |
| DEPO-SUBQ PROVERA 104 | Preferred brand | |
| econtra one-step | Preventive | PV1; QL |
| ELLA | Nonpreferred brand | PV2; QL |
| emzahh | Preferred generic | PV2 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| errin | Preferred generic | PV2 |
| gallifrey | Nonpreferred generic | |
| heather | Preferred generic | PV2 |
| her style | Preventive | PV1; QL |
| incassia | Preferred generic | PV2 |
| jencycla | Preferred generic | PV2 |
| levonorgestrel | Preventive | PV1; QL |
| lyleq | Preferred generic | PV2 |
| lyza | Preferred generic | PV2 |
| medroxyprogesterone acetate intramuscular | Preferred generic | PV2 |
| medroxyprogesterone acetate oral | Nonpreferred generic | |
| megestrol acetate oral | Nonpreferred generic | |
| meleya | Preferred generic | PV2 |
| my choice | Preventive | PV1; QL |
| my way | Preventive | PV1; QL |
| new day | Preventive | PV1; QL |
| nora-be | Preferred generic | PV2 |
| norethindrone acetate oral | Nonpreferred generic | |
| norethindrone oral | Preferred generic | PV2 |
| norlyroc | Preferred generic | PV2 |
| opcicon one-step | Preventive | PV1; QL |
| option 2 | Preventive | PV1; QL |
| orquidea | Preferred generic | PV2 |
| progesterone intramuscular | Nonpreferred generic | |
| progesterone oral | Nonpreferred generic | |
| progesterone vaginal | Not covered | |
| react oral tablet 1.5 mg | Preventive | PV1; QL |
| sharobel | Preferred generic | PV2 |
| shewise | Preventive | PV1; QL |
| SLYND | Nonpreferred brand | QL |
| take action | Preventive | PV1; QL |
| **Selective Estrogen Receptor Modifying Agents** | | |
| OSPHENA | Nonpreferred brand | |
| raloxifene hcl | Nonpreferred generic | PV3; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)** | | |
| ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG | Nonpreferred brand | |
| AMERITHROID | Not covered | |
| ARMOUR THYROID | Nonpreferred brand | |
| ERMEZA ORAL SOLUTION 150 MCG/5ML | Not covered | |
| EVEXITHROID | Nonpreferred brand | |
| levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg | Preferred generic | |
| LEVOTHYROXINE SODIUM ORAL CAPSULE | Not covered | ABA |
| levothyroxine sodium oral tablet | Preferred generic | |
| levoxyl | Preferred generic | |
| liomny | Preferred generic | |
| liothyronine sodium oral | Preferred generic | |
| NIVA THYROID | Nonpreferred brand | |
| np thyroid | Preferred generic | |
| RENTHYROID | Nonpreferred brand | |
| THYQUIDITY | Not covered | |
| thyroid oral | Preferred generic | |
| TIROSINT | Nonpreferred brand | |
| TIROSINT-SOL | Nonpreferred brand | |
| unithroid | Preferred generic | |
| **Hormonal Agents, Suppressant (Adrenal)** | | |
| LYSODREN | Preferred brand | QL |
| **Hormonal Agents, Suppressant (Pituitary)** | | |
| BYNFEZIA PEN | Nonpreferred specialty | PA; SP; QL |
| cetrorelix acetate | Not covered | SP |
| ganirelix acetate | Not covered | SP |
| leuprolide acetate injection | Preferred specialty | SP |
| LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG | Preferred specialty | SP |
| LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG | Preferred specialty | SP |
| LUPRON DEPOT-PED (1-MONTH) | Preferred specialty | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| LUPRON DEPOT-PED (3-MONTH) | Preferred specialty | SP |
| LUPRON DEPOT-PED (6-MONTH) | Preferred specialty | SP |
| MYCAPSSA | Not covered | SP; QL |
| octreotide acetate injection | Preferred specialty | SP |
| octreotide acetate subcutaneous | Preferred specialty | SP |
| ORILISSA | Preferred brand | PA; QL |
| PALSONIFY | Not covered | SP; QL |
| SIGNIFOR | Preferred specialty | PA; SP; QL |
| SOMAVERT | Preferred specialty | PA; SP |
| SYNAREL | Not covered | |
| **Hormonal Agents, Suppressant (Thyroid)** | | |
| **Antithyroid Agents** | | |
| methimazole oral | Nonpreferred generic | |
| propylthiouracil oral | Nonpreferred generic | |
| **Immunological Agents** | | |
| **Angioedema Agents** | | |
| ANDEMBRY | Preferred specialty | PA; SP; QL |
| BERINERT | Not covered | SP |
| DAWNZERA | Not covered | SP; QL |
| EKTERLY | Not covered | SP; QL |
| HAEGARDA | Preferred specialty | PA; SP; QL |
| icatibant acetate | Preferred specialty | PA; SP; QL |
| ORLADEYO | Preferred specialty | PA; SP; QL |
| RUCONEST | Nonpreferred specialty | PA; SP; QL |
| TAKHZYRO | Preferred specialty | PA; SP; QL |
| **Immune Suppressants** | | |
| ABRILADA (1 PEN) | Not covered | SP; QL |
| ABRILADA (2 PEN) | Not covered | SP; QL |
| ABRILADA (2 SYRINGE) | Not covered | SP; QL |
| ADALIMUMAB-AACF (2 PEN) | Not covered | SP; QL |
| ADALIMUMAB-AACF (2 SYRINGE) | Not covered | SP; QL |
| ADALIMUMAB-AACF (CD/UC/HS STRT) | Not covered | SP; QL |
| ADALIMUMAB-AACF (PS/UV STARTER) | Not covered | SP; QL |
| ADALIMUMAB-AATY (1 PEN) | Not covered | SP; QL |
| ADALIMUMAB-AATY (2 PEN) | Not covered | SP; QL |
| ADALIMUMAB-AATY (2 SYRINGE) | Not covered | SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML | Not covered | SP |
| ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | Not covered | SP |
| ADALIMUMAB-BWWD | 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 |
| azathioprine oral | Nonpreferred generic | |
| CIMZIA (1 SYRINGE) | Nonpreferred specialty | PA; SP; QL |
| CIMZIA (2 SYRINGE) | Nonpreferred specialty | PA; SP; QL |
| CIMZIA-STARTER | Nonpreferred specialty | PA; SP; QL |
| cyclosporine modified | Preferred specialty | SP |
| cyclosporine oral | Preferred specialty | SP |
| CYLTEZO (2 PEN) | Not covered | SP |
| CYLTEZO (2 SYRINGE) | Not covered | SP |
| CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | Not covered | SP |
| CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML | Not covered | SP |
| ENBREL | Preferred specialty | PA; SP; QL |
| ENBREL MINI | Preferred specialty | PA; SP; QL |
| ENBREL SURECLICK | Preferred specialty | PA; SP; QL |
| ENVARSUS XR | Nonpreferred specialty | SP |
| everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg | Preferred specialty | SP |
| gengraf | Preferred specialty | SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 |
| IMULDOSA SUBCUTANEOUS | Not covered | SP; QL |
| JYLAMVO | Not covered | SP |
| KINERET | Nonpreferred specialty | PA; SP; QL |
| LUPKYNIS | Not covered | SP; QL |
| methotrexate sodium (pf) | Nonpreferred generic | |
| methotrexate sodium injection solution | Nonpreferred generic | |
| methotrexate sodium oral | Nonpreferred generic | |
| mycophenolate mofetil oral | Preferred specialty | SP |
| mycophenolate sodium | Preferred specialty | SP |
| mycophenolic acid | Preferred specialty | SP |
| MYHIBBIN | Not covered | SP; QL |
| OLUMIANT | Nonpreferred specialty | PA; SP; QL |
| OMVOH (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 |
| OTULFI SUBCUTANEOUS | Not covered | SP |
| PROGRAF ORAL PACKET | Nonpreferred specialty | SP |
| RASUVO | Not covered | SP; QL |
| REZUROCK | Preferred specialty | PA; SP; OVM |
| RHAPSIDO | Not covered | SP; QL |
| SIMLANDI (1 PEN) | Preferred specialty | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML | Preferred specialty | PA; SP; QL |
| SIMLANDI (2 PEN) | Preferred specialty | PA; SP; QL |
| SIMLANDI (2 SYRINGE) | Preferred specialty | PA; SP; QL |
| SIMPONI | Preferred specialty | PA; SP; QL |
| sirolimus oral | Preferred specialty | SP |
| SKYRIZI PEN | Not covered | SP; QL |
| SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Not covered | SP; QL |
| STARJEMZA SUBCUTANEOUS | Not covered | SP |
| STEQEYMA SUBCUTANEOUS | Not covered | SP; QL |
| tacrolimus er | Preferred specialty | SP |
| tacrolimus oral | Preferred specialty | SP |
| tofacitinib citrate er | Preferred specialty | PA; SP; QL |
| tofacitinib citrate oral | Preferred specialty | PA; SP; QL |
| TREXALL | Preferred brand | |
| USTEKINUMAB-AAUZ | Not covered | SP |
| XATMEP | Not covered | SP |
| YESINTEK SUBCUTANEOUS | Preferred specialty | PA; SP; QL |
| YUFLYMA (1 PEN) | Not covered | SP; QL |
| YUFLYMA (2 PEN) | Not covered | SP; QL |
| YUFLYMA (2 SYRINGE) | Not covered | SP; QL |
| YUFLYMA-CD/UC/HS STARTER | Not covered | SP; QL |
| YUSIMRY | Not covered | SP |
| ZYMFENTRA (1 PEN) | Not covered | SP; QL |
| ZYMFENTRA (2 PEN) | Not covered | SP; QL |
| ZYMFENTRA (2 SYRINGE) | Not covered | SP; QL |
| **Immunoglobulins** | | |
| CUTAQUIG | Nonpreferred specialty | PA; SP |
| CUVITRU | Not covered | SP |
| GAMMAGARD | Preferred specialty | PA; SP |
| GAMMAGARD ERC | Preferred specialty | PA; SP |
| GAMMAKED | Nonpreferred specialty | PA; SP |
| GAMUNEX-C | Not covered | SP |
| HIZENTRA | Preferred specialty | PA; SP |
| HYQVIA | Nonpreferred specialty | PA; SP |
| XEMBIFY | Nonpreferred specialty | PA; SP |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Immunomodulators** | | |
| ACTEMRA ACTPEN | Not covered | SP; QL |
| ACTEMRA SUBCUTANEOUS | Not covered | SP; QL |
| ACTIMMUNE | Preferred specialty | SP |
| ARCALYST | Nonpreferred specialty | PA; SP; QL |
| AURANOFIN | Nonpreferred brand | ABA |
| AVTOZMA SUBCUTANEOUS | Not covered | SP |
| BENLYSTA SUBCUTANEOUS | Preferred specialty | PA; SP; QL |
| BEYFORTUS | Preventive | PV1; QL |
| ENFLONSIA | Preventive | PV1; QL |
| ENSPRYNG | Preferred specialty | PA; SP; QL |
| ENTYVIO PEN | Nonpreferred specialty | PA; SP; QL |
| ICOTYDE | Not covered | SP; QL |
| KEVZARA | Nonpreferred specialty | PA; SP; QL |
| leflunomide oral | Nonpreferred generic | |
| OTEZLA | Preferred specialty | PA; SP; QL |
| OTEZLA XR | Preferred specialty | PA; SP; QL |
| OTEZLA/OTEZLA XR INITIATION PK | Preferred specialty | PA; SP; QL |
| PYZCHIVA SUBCUTANEOUS | Not covered | SP |
| RIDAURA | Nonpreferred brand | |
| RINVOQ | Not covered | SP; QL |
| RINVOQ LQ | Not covered | SP; QL |
| SAPHNELO PEN | Not covered | SP; QL |
| SAPHNELO SUBCUTANEOUS | Not covered | SP; QL |
| SELARSDI SUBCUTANEOUS | Not covered | SP |
| STELARA SUBCUTANEOUS | Not covered | SP; QL |
| TREMFYA ONE-PRESS | Preferred specialty | PA; SP; QL |
| TREMFYA PEN | Preferred specialty | PA; SP; QL |
| TREMFYA SUBCUTANEOUS | Preferred specialty | PA; SP; QL |
| TREMFYA-CD/UC INDUCTION | Preferred specialty | PA; SP; QL |
| TYENNE SUBCUTANEOUS | Preferred 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Preferred specialty | PA; SP; QL |
| XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Preferred specialty | PA; SP; QL |
| **Immunosuppressants** | | |
| JOENJA | Preferred specialty | PA; SP; QL |
| **Vaccines** | | |
| ABRYSVO | Preventive | PV1; QL |
| ACTHIB | Preventive | PV1; QL |
| ADACEL | Preventive | PV1; QL |
| AFLURIA INTRAMUSCULAR SUSPENSION | Preventive | PV1; QL |
| AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML | Preventive | PV1; QL |
| AREXVY | Preventive | PV1; QL |
| BEXSERO | Preventive | PV1; QL |
| BOOSTRIX | Preventive | PV1; QL |
| CAPVAXIVE | Preventive | PV1; QL |
| COMIRNATY | Preventive | PV1; QL |
| COMIRNATY 5-11 YEARS | 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 |
| FLUCELVAX INTRAMUSCULAR SUSPENSION | Preventive | PV1; QL |
| FLULAVAL | Preventive | PV1; QL |
| FLUMIST | Preventive | PV1; QL |
| FLUZONE HIGH-DOSE | Preventive | PV1; QL |
| FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE | Preventive | PV1; QL |
| GARDASIL 9 | Preventive | PV1; QL; AL (Min 9 Years and Max 45 Years) |
| HAVRIX | Preventive | PV1; QL |
| HEPLISAV-B | Preventive | PV1; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| HIBERIX | Preventive | PV1; QL |
| INFANRIX | Preventive | PV1; QL |
| IPOL | Preventive | PV1; QL |
| JYNNEOS | Preventive | PV1; QL |
| KINRIX | Preventive | PV1; QL |
| MENQUADFI | Preventive | PV1; QL |
| MENVEO | Preventive | PV1; QL |
| M-M-R II | Preventive | PV1; QL |
| MNEXSPIKE | Preventive | PV1; QL |
| MRESVIA | Preventive | PV1; QL |
| NUVAXOVID COVID-19 VACCINE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5 MCG/0.5ML | Preventive | PV1; QL |
| PEDIARIX | Preventive | PV1; QL |
| PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML | Preventive | PV1; QL |
| PENBRAYA | Preventive | PV1; QL |
| PENMENVY | Preventive | PV1; QL |
| PENTACEL | Preventive | PV1; QL |
| PNEUMOVAX 23 | 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 |
| SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML | Preventive | PV1; QL |
| SPIKEVAX | Preventive | PV1; QL |
| SPIKEVAX 6M-11Y | 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 |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| VAXELIS INTRAMUSCULAR SUSPENSION | Preventive | PV1; QL |
| VAXNEUVANCE | Preventive | PV1; QL |
| **Inflammatory Bowel Disease Agents** | | |
| **Aminosalicylates** | | |
| balsalazide disodium | Nonpreferred generic | |
| DIPENTUM | Nonpreferred brand | |
| mesalamine er oral capsule 0.375 gm | Nonpreferred generic | |
| mesalamine er oral capsule extended release 500 mg | Nonpreferred generic | |
| mesalamine oral capsule delayed release 400 mg | Nonpreferred generic | |
| mesalamine oral tablet delayed release 1.2 gm | Nonpreferred generic | QL |
| mesalamine oral tablet delayed release 800 mg | Nonpreferred generic | |
| mesalamine rectal | Nonpreferred generic | |
| PENTASA | Preferred brand | |
| SFROWASA RECTAL ENEMA 4 GM/60ML | Not covered | |
| **Glucocorticoids** | | |
| ANALPRAM HC EXTERNAL CREAM 2.5-1 % | Not covered | |
| ANALPRAM HC EXTERNAL LOTION | Not covered | |
| ANUCORT-HC | Not covered | |
| ANUSOL-HC RECTAL | Not covered | |
| budesonide er | Nonpreferred generic | QL |
| budesonide oral | Nonpreferred generic | |
| budesonide rectal | Not covered | |
| CORTIFOAM | Nonpreferred brand | |
| EOHILIA | Nonpreferred specialty | PA; SP; QL |
| HEMMOREX-HC | Not covered | |
| hydrocortisone (perianal) | Nonpreferred generic | |
| hydrocortisone ace-pramoxine external cream 1-1 % | Nonpreferred generic | |
| hydrocortisone acetate rectal | Nonpreferred generic | |
| hydrocortisone rectal | Nonpreferred generic | |
| hydrocort-pramoxine (perianal) | Nonpreferred generic | |
| lidocaine-hydrocort (perianal) | Nonpreferred generic | |
| LIDOCORT | Not covered | |
| PROCTOCORT RECTAL | Not covered | |
| PROCTOFOAM HC | Preferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| procto-med hc | Nonpreferred generic | |
| TARPEYO | Nonpreferred specialty | PA; SP; QL |
| **Sulfonamides** | | |
| sulfasalazine oral | Preferred generic | |
| **Metabolic Bone Disease Agents** | | |
| alendronate sodium | Preferred generic | QL |
| BINOSTO | Not covered | QL |
| BONSITY | Not covered | SP; QL |
| calcitonin (salmon) | Nonpreferred generic | |
| calcitriol oral | Nonpreferred generic | |
| cinacalcet hcl | Preferred specialty | SP |
| doxercalciferol oral | Nonpreferred generic | |
| FOSAMAX PLUS D | Not covered | QL |
| ibandronate sodium oral | Preferred generic | QL |
| paricalcitol oral | Nonpreferred generic | |
| RAYALDEE | Not covered | QL |
| risedronate sodium | Nonpreferred generic | QL |
| teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous | Preferred specialty | PA; SP; QL |
| TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS | Not covered | SP; QL |
| TYMLOS | Preferred specialty | PA; SP; QL |
| **Miscellaneous Therapeutic Agents** | | |
| AEROCHAMBER HOLDING CHAMBER | Preferred brand | QL |
| AEROCHAMBER MINI CHAMBER | Preferred brand | QL |
| AEROCHAMBER MV | Preferred brand | QL |
| AEROCHAMBER PLS FLOVU MTHPIECE | Preferred brand | QL |
| AEROCHAMBER PLUS FLO-VU 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 |
| AEROCHAMBER2GO ANTI-STATIC | Preferred brand | QL |
| AQNEURSA | Preferred specialty | PA; SP; QL |
| BD AUTOSHIELD DUO PEN NEEDLES | Preferred brand | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| 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 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 | Nonpreferred generic | |
| DOJOLVI | Preferred specialty | PA; SP |
| DUREX EXTRA SENSITIVE THIN | Preventive | PV1; QL |
| DUREX TROPICAL | Preventive | PV1; QL |
| EASIVENT | Nonpreferred brand | QL |
| FC2 FEMALE CONDOM | Preventive | PV1; QL |
| FEMCAP | Nonpreferred brand | PV2; QL |
| FIRDAPSE | Preferred specialty | PA; SP; QL |
| FLEXICHAMBER | Nonpreferred brand | QL |
| GRASTEK | Not covered | QL |
| IWILFIN | Preferred specialty | PA; 15DS; SP; OVM |
| KERENDIA | Preferred brand | PA; QL |
| LASIX ONYU REUSABLE UNIT/CHARG | Nonpreferred brand | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| l-glutamine oral packet | Nonpreferred generic | PA; QL |
| LYNKUET | Not covered | QL |
| methylergonovine maleate oral | Nonpreferred generic | PA; QL |
| MICROCHAMBER DEVICE | Nonpreferred brand | QL |
| MIPLYFFA | Not covered | SP; QL |
| 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 LIBRE INTRO | Preferred brand | QL |
| OMNIPOD 5 LIBRE PODS | Preferred brand | QL |
| OMNIPOD DASH INTRO KIT | Preferred brand | QL |
| OMNIPOD DASH PDM (GEN 4) | Preferred brand | |
| OMNIPOD DASH PODS | Preferred brand | QL |
| OPTICHAMBER DIAMOND | Preferred brand | QL |
| OPTICHAMBER DIAMOND-LG MASK | Preferred brand | QL |
| OPTICHAMBER DIAMOND-MD MASK | Preferred brand | QL |
| OPTICHAMBER DIAMOND-SM MASK | Preferred brand | QL |
| PALFORZIA ORAL PACKET 300 MG | Preferred specialty | PA; SP; QL |
| PHEXX | Nonpreferred brand | PV2; QL |
| PHEXXI VAGINAL GEL 1.8-1-0.4 % | Nonpreferred brand | PV2; QL |
| POCKET SPACER | Nonpreferred brand | QL |
| PRO COMFORT SPACER ADULT | Nonpreferred brand | QL |
| PRO COMFORT SPACER CHILD | Nonpreferred brand | QL |
| PRO COMFORT SPACER INFANT | Nonpreferred brand | QL |
| PROCARE SPACER/ADULT MASK | Nonpreferred brand | QL |
| PROCARE SPACER/CHILD MASK | Nonpreferred brand | QL |
| PURE COMFORT SPACER CHAMBER | Nonpreferred brand | QL |
| RADIOGARDASE | Preferred brand | |
| RAGWITEK | Not covered | QL |
| RYPLAZIM | Nonpreferred specialty | PA; SP; QL |
| SOHONOS | Preferred specialty | PA; SP; QL |
| sterile water for irrigation | Nonpreferred generic | |
| TAVNEOS | Nonpreferred specialty | PA; SP; QL |
| TRUE COVER | Preventive | PV1; QL |
| TWIIST REFILL KIT | Preferred brand | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| TWIIST REFILL KIT/INFUSION SET | Preferred brand | QL |
| TWIIST STARTER KIT | Preferred brand | QL |
| VEOZAH | Nonpreferred brand | PA; QL |
| V-GO 20 | Preferred brand | QL |
| V-GO 30 | Preferred brand | QL |
| V-GO 40 | Preferred brand | QL |
| VISTOGARD | Preferred specialty | SP; QL |
| VORTEX VALVE CHAMBER-PEDI MASK | Nonpreferred brand | QL |
| VORTEX VALVED HOLDING CHAMBER | Nonpreferred brand | QL |
| VYKAT XR | Preferred specialty | PA; SP; QL |
| water for irrigation, sterile | Nonpreferred generic | |
| WIDE-SEAL DIAPHRAGM 60 | Nonpreferred brand | PV2; QL |
| WIDE-SEAL DIAPHRAGM 65 | Nonpreferred brand | PV2; QL |
| WIDE-SEAL DIAPHRAGM 70 | Nonpreferred brand | PV2; QL |
| WIDE-SEAL DIAPHRAGM 75 | Nonpreferred brand | PV2; QL |
| WIDE-SEAL DIAPHRAGM 80 | Nonpreferred brand | PV2; QL |
| WIDE-SEAL DIAPHRAGM 85 | Nonpreferred brand | PV2; QL |
| WIDE-SEAL DIAPHRAGM 90 | Nonpreferred brand | PV2; QL |
| WIDE-SEAL DIAPHRAGM 95 | Nonpreferred brand | PV2; QL |
| XPHOZAH | Preferred brand | PA; QL |
| YORVIPATH | Preferred specialty | PA; SP; QL |
| ZILBRYSQ | Nonpreferred specialty | PA; SP; QL |
| ZOKINVY | Preferred specialty | PA; SP; QL |
| **Ophthalmic Agents** | | |
| **Aminoglycosides** | | |
| gentamicin sulfate ophthalmic | Nonpreferred generic | |
| neomycin-polymyxin-gramicidin | Nonpreferred generic | |
| TOBRADEX | Nonpreferred brand | |
| TOBRADEX ST | Nonpreferred brand | |
| tobramycin ophthalmic | Nonpreferred generic | |
| tobramycin-dexamethasone | Nonpreferred generic | |
| TOBREX | Nonpreferred brand | |
| **Antibacterials, Other** | | |
| bacitracin ophthalmic ointment 500 unit/gm | Nonpreferred generic | |
| bacitracin-polymyxin b | Nonpreferred generic | |
| bacitra-neomycin-polymyxin-hc | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| neomycin-bacitracin zn-polymyx | Nonpreferred generic | |
| neomycin-polymyxin-dexameth | Nonpreferred generic | |
| neomycin-polymyxin-hc ophthalmic | Nonpreferred generic | |
| NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 % | Not covered | |
| polymyxin b-trimethoprim | Nonpreferred generic | |
| XDEMVY | Preferred brand | PA; QL |
| **Anti-cytomegalovirus (CMV) Agents** | | |
| ZIRGAN | Preferred brand | |
| **Antifungals** | | |
| NATACYN | Preferred brand | QL |
| **Antiherpetic Agents** | | |
| trifluridine | Nonpreferred generic | |
| **Macrolides** | | |
| AZASITE | Nonpreferred brand | |
| erythromycin ophthalmic | Nonpreferred generic | |
| **Ophthalmic Agents, Other** | | |
| atropine sulfate ophthalmic solution 1 % | Nonpreferred generic | |
| CEQUA | Nonpreferred brand | QL |
| CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % | Nonpreferred brand | |
| cyclopentolate hcl ophthalmic | Nonpreferred generic | |
| cyclosporine (pf) | Nonpreferred generic | |
| CYSTADROPS | Not covered | SP; QL |
| CYSTARAN | Preferred specialty | PA; SP; QL |
| HOMATROPAIRE | Not covered | |
| loteprednol-tobramycin | Nonpreferred generic | |
| MIEBO | Preferred brand | QL |
| OXERVATE | Preferred specialty | PA; SP; QL |
| RESTASIS MULTIDOSE | Not covered | |
| sulfacetamide-prednisolone | Nonpreferred generic | |
| tropicamide ophthalmic | Nonpreferred generic | |
| TRYPTYR | Preferred brand | QL |
| TYRVAYA | Not covered | QL |
| VERKAZIA | Not covered | QL |
| VEVYE | Not covered | QL |
| XIIDRA | Preferred brand | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| **Ophthalmic Anti-allergy Agents** | | |
| ALOCRIL OPHTHALMIC SOLUTION 2 % | Nonpreferred brand | |
| azelastine hcl ophthalmic | Nonpreferred generic | |
| bepotastine besilate | Nonpreferred generic | |
| cromolyn sodium ophthalmic | Nonpreferred generic | |
| CYCLOMYDRIL | Nonpreferred brand | |
| epinastine hcl | Nonpreferred generic | |
| olopatadine hcl ophthalmic solution 0.2 % | Nonpreferred generic | |
| phenylephrine hcl ophthalmic | Nonpreferred generic | |
| UPNEEQ | Not covered | QL |
| ZERVIATE | Not covered | |
| **Ophthalmic Antiglaucoma Agents** | | |
| apraclonidine hcl | Nonpreferred generic | |
| betaxolol hcl ophthalmic | Nonpreferred generic | |
| BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % | Nonpreferred brand | |
| brimonidine tartrate ophthalmic | Nonpreferred generic | |
| brimonidine tartrate-timolol | Nonpreferred generic | |
| brinzolamide | Nonpreferred generic | |
| carteolol hcl | Preferred generic | |
| dorzolamide hcl ophthalmic | Preferred generic | |
| dorzolamide hcl-timolol mal | Preferred generic | |
| dorzolamide hcl-timolol mal pf | Preferred generic | |
| IOPIDINE | Not covered | |
| levobunolol hcl | Preferred generic | |
| OMLONTI | Not covered | |
| PHOSPHOLINE IODIDE | Not covered | |
| pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 % | Nonpreferred generic | |
| RHOPRESSA | Nonpreferred brand | ST; QL |
| ROCKLATAN | Nonpreferred 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 | Nonpreferred generic | |
| timolol maleate ophthalmic solution | Preferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| timolol maleate pf | Not covered | |
| **Ophthalmic Anti-inflammatories** | | |
| ACUVAIL | Not covered | |
| bromfenac sodium (once-daily) | Nonpreferred generic | |
| bromfenac sodium ophthalmic solution 0.07 % | Nonpreferred generic | |
| bromfenac sodium ophthalmic solution 0.075 % | Not covered | QL |
| BYQLOVI | Not covered | |
| CLOBETASOL PROPIONATE OPHTHALMIC | Not covered | |
| dexamethasone sodium phosphate ophthalmic | Nonpreferred generic | |
| diclofenac sodium ophthalmic | Nonpreferred generic | |
| difluprednate | Nonpreferred generic | |
| EYSUVIS | Not covered | QL |
| FLAREX | Not covered | |
| fluorometholone | Nonpreferred generic | |
| flurbiprofen sodium | Nonpreferred generic | |
| FML FORTE | Nonpreferred brand | |
| ILEVRO | Not covered | |
| INVELTYS | Not covered | QL |
| ketorolac tromethamine ophthalmic | Nonpreferred generic | |
| LOTEMAX OPHTHALMIC OINTMENT | Nonpreferred brand | |
| LOTEMAX SM | Not covered | QL |
| loteprednol etabonate | Nonpreferred generic | |
| MAXIDEX | Nonpreferred brand | |
| NEVANAC | Not covered | |
| PRED MILD | Nonpreferred brand | |
| prednisolone acetate ophthalmic | Nonpreferred generic | |
| PREDNISOLONE ACETATE P-F | Nonpreferred brand | |
| prednisolone sodium phosphate ophthalmic | Nonpreferred generic | |
| **Ophthalmic Prostaglandin and Prostamide Analogs** | | |
| bimatoprost ophthalmic | Nonpreferred generic | |
| IYUZEH | Not covered | QL |
| latanoprost ophthalmic | Preferred generic | |
| tafluprost (pf) | Nonpreferred generic | |
| travoprost (bak free) | Nonpreferred generic | |
| VYZULTA | Not covered | |
| XELPROS | Nonpreferred brand | PA; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| ZOLYMBUS | Not covered | |
| **Quinolones** | | |
| BESIFLOXACIN HCL | Not covered | |
| BESIVANCE | Nonpreferred brand | |
| CILOXAN | Nonpreferred brand | |
| ciprofloxacin hcl ophthalmic | Nonpreferred generic | |
| gatifloxacin ophthalmic | Nonpreferred generic | |
| levofloxacin ophthalmic | Nonpreferred generic | |
| moxifloxacin hcl (2x day) | Nonpreferred generic | |
| moxifloxacin hcl ophthalmic | Nonpreferred generic | |
| ofloxacin ophthalmic | Nonpreferred generic | |
| **Sulfonamides** | | |
| sulfacetamide sodium ophthalmic | Nonpreferred generic | |
| sulfacetamide sodium ophthalmic ointment 10 % | Nonpreferred generic | |
| **Otic Agents** | | |
| acetic acid otic | Nonpreferred generic | |
| ciprofloxacin hcl otic | Nonpreferred generic | |
| ciprofloxacin-dexamethasone | Nonpreferred generic | |
| CIPROFLOXACIN-FLUOCINOLONE PF | Nonpreferred brand | |
| ciprofloxacin-hydrocortisone | Nonpreferred generic | |
| CORTISPORIN-TC | Nonpreferred brand | |
| fluocinolone acetonide otic | Nonpreferred generic | |
| hydrocortisone-acetic acid | Nonpreferred generic | |
| neomycin-polymyxin-hc otic | Nonpreferred generic | |
| ofloxacin otic | Nonpreferred generic | |
| OTOVEL | Nonpreferred brand | |
| XTORO | Not covered | QL |
| **Respiratory Tract/Pulmonary Agents** | | |
| **Antihistamines** | | |
| azelastine hcl nasal | Nonpreferred generic | QL |
| carbinoxamine maleate | Not covered | |
| clemastine fumarate oral syrup | Not covered | |
| clemastine fumarate oral tablet | Nonpreferred generic | |
| CORPHENA | Not covered | |
| cyproheptadine hcl oral syrup 2 mg/5ml | Nonpreferred generic | |
| cyproheptadine hcl oral tablet | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| diphenhydramine hcl oral elixir | Nonpreferred generic | |
| olopatadine hcl nasal | Not covered | QL |
| RYCLORA | Not covered | |
| ryvent | Not covered | |
| **Anti-inflammatories, Inhaled Corticosteroids** | | |
| ADVAIR HFA | Preferred brand | QL |
| ALVESCO | Not covered | QL |
| ARNUITY ELLIPTA | Not covered | QL |
| ASMANEX (120 METERED DOSES) | Preferred brand | QL |
| ASMANEX (30 METERED DOSES) | Preferred brand | QL |
| ASMANEX (60 METERED DOSES) | Preferred brand | QL |
| ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT | Preferred brand | QL |
| BECLOMETHASONE DIPROP HFA | Not covered | |
| BEVESPI AEROSPHERE | Not covered | QL |
| BREO ELLIPTA | Preferred brand | QL |
| breyna | Not covered | QL |
| budesonide inhalation | Preferred generic | |
| budesonide-formoterol fumarate | Not covered | QL |
| DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT | Not covered | QL |
| DULERA INHALATION AEROSOL 50-5 MCG/ACT | Not covered | |
| flunisolide nasal | Nonpreferred generic | QL |
| FLUTICASONE FUROATE ELLIPTA | Not covered | ABA; QL |
| FLUTICASONE FUROATE-VILANTEROL | Not covered | ABA; QL |
| FLUTICASONE PROPIONATE DISKUS | Nonpreferred brand | ABA; QL; AL (Max 5 Years) |
| FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT | Nonpreferred brand | ABA; QL; AL (Max 5 Years) |
| fluticasone propionate hfa inhalation aerosol 44 mcg/act | Nonpreferred generic | QL; AL (Max 5 Years) |
| fluticasone propionate nasal | Nonpreferred 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 | Nonpreferred generic | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT | Nonpreferred brand | ABA; QL |
| OMNARIS | Not covered | QL |
| PULMICORT FLEXHALER | Preferred brand | QL |
| QNASL | Not covered | QL |
| QNASL CHILDRENS | Not covered | QL |
| QVAR REDIHALER | Not covered | QL |
| SYMBICORT | Nonpreferred generic | QL |
| wixela inhub | Nonpreferred generic | QL |
| XHANCE | Not covered | QL |
| **Antileukotrienes** | | |
| montelukast sodium oral | Preferred generic | QL |
| zafirlukast | Nonpreferred generic | QL |
| zileuton er | Nonpreferred generic | QL |
| ZYFLO ORAL TABLET 600 MG | Not covered | QL |
| **Bronchodilators, Anticholinergic** | | |
| INCRUSE ELLIPTA | Not covered | QL |
| ipratropium bromide hfa | Nonpreferred generic | QL |
| ipratropium bromide inhalation | Nonpreferred generic | |
| ipratropium bromide nasal | Nonpreferred generic | QL |
| SPIRIVA RESPIMAT | Preferred brand | QL |
| tiotropium bromide | Nonpreferred generic | QL |
| TUDORZA PRESSAIR | Not covered | QL |
| UMECLIDINIUM ELLIPTA | Not covered | ABA; QL |
| YUPELRI | Preferred brand | QL |
| **Bronchodilators, Sympathomimetic** | | |
| albuterol sulfate hfa | Nonpreferred 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 | Nonpreferred generic | |
| albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation | Nonpreferred generic | |
| ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION | Nonpreferred brand | |
| albuterol sulfate oral | Nonpreferred generic | |
| arformoterol tartrate | Nonpreferred generic | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| AUVI-Q | Nonpreferred brand | QL |
| epinephrine injection solution auto-injector | Nonpreferred generic | QL |
| formoterol fumarate inhalation | Nonpreferred generic | QL |
| levalbuterol hcl inhalation | Nonpreferred generic | |
| LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT | Nonpreferred brand | ABA; QL |
| NEFFY 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 | Nonpreferred generic | |
| XOPENEX HFA | Nonpreferred brand | QL |
| **Cystic Fibrosis Agents** | | |
| ALYFTREK | Preferred specialty | PA; SP |
| BRONCHITOL | Not covered | SP; QL |
| BRONCHITOL TOLERANCE TEST | Not covered | SP; QL |
| CAYSTON | Nonpreferred specialty | PA; SP; QL |
| KALYDECO | Preferred specialty | PA; SP; QL |
| ORKAMBI | Preferred specialty | PA; SP; QL |
| PULMOZYME | Preferred specialty | PA; SP |
| SYMDEKO | Preferred specialty | PA; SP; QL |
| TOBI PODHALER | Not covered | SP; QL |
| tobramycin inhalation | Preferred specialty | SP; QL |
| TRIKAFTA | Preferred specialty | PA; SP; QL |
| **Mast Cell Stabilizers** | | |
| cromolyn sodium inhalation | Nonpreferred generic | |
| **Phosphodiesterase Inhibitors, Airways Disease** | | |
| elixophyllin | Nonpreferred generic | |
| OHTUVAYRE | Not covered | SP; QL |
| roflumilast | Nonpreferred generic | QL |
| THEO-24 | Not covered | |
| theophylline er | Nonpreferred generic | |
| theophylline oral | Nonpreferred generic | |
| **Pulmonary Antihypertensives** | | |
| ADEMPAS | Preferred specialty | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| alyq | Preferred specialty | PA; SP; QL |
| ambrisentan | Preferred specialty | PA; SP; QL |
| bosentan oral tablet | Preferred specialty | PA; SP; QL |
| bosentan oral tablet soluble | Not covered | SP; QL |
| macitentan | Preferred specialty | PA; SP; QL |
| OPSYNVI | Nonpreferred specialty | PA; SP; QL |
| ORENITRAM | Nonpreferred specialty | PA; SP; QL |
| ORENITRAM MONTH 1 | Nonpreferred specialty | PA; SP; QL |
| ORENITRAM MONTH 2 | Nonpreferred specialty | PA; SP; QL |
| ORENITRAM MONTH 3 | Nonpreferred specialty | PA; SP; QL |
| REMODULIN | Nonpreferred specialty | SP |
| sildenafil citrate oral suspension reconstituted | Nonpreferred generic | PA; QL |
| sildenafil citrate oral tablet 20 mg | Nonpreferred generic | PA; QL |
| tadalafil (pah) | Preferred specialty | PA; SP; QL |
| TADLIQ | Nonpreferred specialty | PA; SP; QL |
| treprostinil | Preferred specialty | SP |
| TYVASO | Preferred specialty | PA; SP; QL |
| TYVASO DPI MAINTENANCE KIT | Preferred specialty | PA; SP; QL |
| TYVASO DPI TITRATION KIT | Preferred specialty | PA; SP; QL |
| TYVASO REFILL KIT | Preferred specialty | PA; SP; QL |
| TYVASO STARTER KIT | Preferred specialty | PA; SP; QL |
| UPTRAVI ORAL | Nonpreferred specialty | PA; SP; QL |
| UPTRAVI TITRATION | Nonpreferred specialty | PA; SP; QL |
| VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML | Nonpreferred specialty | PA; SP; QL |
| WINREVAIR | Nonpreferred specialty | PA; SP; QL |
| YUTREPIA | Not covered | SP; QL |
| **Pulmonary Fibrosis Agents** | | |
| JASCAYD | Nonpreferred specialty | PA; SP; QL |
| nintedanib esylate | Preferred specialty | PA; SP; QL |
| pirfenidone | Preferred specialty | SP; QL |
| **Respiratory Tract Agents, Other** | | |
| acetylcysteine inhalation | Nonpreferred generic | |
| AIRSUPRA | Preferred brand | QL |
| ANORO ELLIPTA | Preferred brand | QL |
| azelastine-fluticasone | Not covered | QL |
| BREZTRI AEROSPHERE | Preferred brand | QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| BRINSUPRI | Preferred specialty | PA; SP; QL |
| COMBIVENT RESPIMAT | Preferred brand | QL |
| DUAKLIR PRESSAIR | Not covered | QL |
| FASENRA PEN | Preferred specialty | PA; SP; QL |
| HYPERSAL | Not covered | |
| ipratropium-albuterol | Nonpreferred generic | |
| mometasone furoate nasal | Nonpreferred generic | QL |
| NEBUSAL | Not covered | |
| NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Preferred specialty | PA; SP; QL |
| NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE | Preferred specialty | PA; SP; QL |
| ORALAIR | Not covered | QL |
| potassium iodide (expectorant) | Nonpreferred generic | |
| PULMOSAL | Not covered | |
| RYALTRIS | Not covered | QL |
| sodium chloride inhalation | Nonpreferred generic | |
| SSKI | Nonpreferred brand | |
| STIOLTO RESPIMAT | Preferred brand | QL |
| TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR | Preferred specialty | PA; SP; QL |
| TRELEGY ELLIPTA | Preferred brand | QL |
| UMECLIDINIUM-VILANTEROL | Not covered | ABA; QL |
| **Skeletal Muscle Relaxants** | | |
| ATMEKSI | Not covered | |
| baclofen oral solution 10 mg/5ml, 5 mg/5ml | Not covered | QL |
| baclofen oral suspension | Not covered | QL |
| baclofen oral tablet | Nonpreferred generic | |
| carisoprodol oral | Not covered | |
| chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg | Not covered | |
| chlorzoxazone oral tablet 500 mg | Nonpreferred generic | |
| cyclobenzaprine hcl er | Not covered | QL |
| cyclobenzaprine hcl oral tablet 10 mg, 5 mg | Nonpreferred generic | |
| cyclobenzaprine hcl oral tablet 7.5 mg | Not covered | |
| dantrolene sodium oral | Nonpreferred generic | |
| metaxalone oral tablet 400 mg, 800 mg | Nonpreferred generic | |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| metaxalone oral tablet 640 mg | Not covered | |
| methocarbamol oral tablet 1000 mg | Not covered | |
| methocarbamol oral tablet 500 mg, 750 mg | Nonpreferred generic | |
| NORGESIC | Not covered | QL |
| NORGESIC FORTE | Not covered | |
| ONTRALFY | Not covered | |
| orphenadrine citrate er | Nonpreferred generic | |
| orphenadrine-aspirin-caffeine | Nonpreferred generic | PA; QL |
| ORPHENGESIC FORTE | Not covered | |
| tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg | Nonpreferred generic | |
| tizanidine hcl oral capsule 8 mg | Not covered | |
| tizanidine hcl oral tablet | Nonpreferred generic | |
| ZANAFLEX ORAL CAPSULE 8 MG | Not covered | |
| **Sleep Disorder Agents** | | |
| **GABA Receptor Modulators** | | |
| EDLUAR | Not covered | QL |
| eszopiclone | Nonpreferred generic | QL |
| flurazepam hcl | Nonpreferred generic | QL |
| temazepam | Nonpreferred generic | QL |
| triazolam | Nonpreferred generic | QL |
| zaleplon | Nonpreferred generic | QL |
| zolpidem tartrate er | Nonpreferred generic | QL |
| ZOLPIDEM TARTRATE ORAL CAPSULE | Not covered | QL |
| zolpidem tartrate oral tablet | Nonpreferred generic | QL |
| zolpidem tartrate sublingual | Not covered | QL |
| **Sleep Disorders, Other** | | |
| BELSOMRA | Not covered | QL |
| DAYVIGO | Not covered | QL |
| doxepin hcl oral tablet | Not covered | QL |
| HETLIOZ LQ | Not covered | SP; QL |
| QUVIVIQ | Not covered | QL |
| ramelteon | Nonpreferred generic | QL |
| tasimelteon | Preferred specialty | PA; SP; QL |
| **Wakefulness Promoting Agents** | | |
| armodafinil | Nonpreferred generic | QL |
| LUMRYZ | Nonpreferred specialty | PA; SP; QL |

| Drug Name | Drug Tier | Notes |
|---|---|---|
| LUMRYZ STARTER PACK | Nonpreferred specialty | PA; SP; QL |
| modafinil oral | Nonpreferred generic | QL |
| sodium oxybate | Preferred specialty | PA; SP; QL |
| SUNOSI | Nonpreferred brand | PA; QL |
| WAKIX | Nonpreferred specialty | PA; SP; QL |
| XYWAV | Not covered | SP; QL |

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Detroit, MI 48226
Phone: 888-605-6461, TTY: 711
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Email: CivilRights@bcbsm.com

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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
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