Blue Cross Blue Shield Blue Care Network of Michigan

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Your 2026 Blue Cross Blue Shield of Michigan Custom Select Drug List

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

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

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Blue Cross Blue Shield of Michigan Custom Select Drug List

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

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

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

About this drug list

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

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

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

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

Nonformulary (not covered) drugs

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

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

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

Specialty drugs

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

Preventive drug coverage

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

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

New generics

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

Brand-for-generic substitution

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

Prescription coverage

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

Vaccines

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

Reading your drug list

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

Tier information

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

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

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

continued

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

Drug list information

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

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

How to fill a prescription

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

- **Specialty drugs**
  - Local retail pharmacy
    - Walgreens is our preferred specialty pharmacy. Find a location at **walgreens.com/pharmacy/**.*
    - You can use any retail pharmacy in your applicable network.
  - Limited-distribution specialty drugs
    - Pharmacy options vary based on the drug. Refer to the **Specialty Drug Program Pharmacy Benefit Member Guide**, and search for the drug you take.
  - Home delivery
    - Walgreens Specialty Pharmacy**
    - Website: **WalgreensSpecialtyRx.com***
    - Phone: 1-866-515-1355
- **All other drugs**
  - Local retail pharmacy — More than 2,300 retail pharmacies in Michigan and 65,000 retail pharmacies outside of Michigan accept your member ID card.
  - Mail order
    - Optum Home Delivery***
    - Phone: 1-855-811-2223

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

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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 *Blue Cross,* then *Custom Select Drug List*.

Quantity limits

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

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

How to request authorization

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

To request coverage of a drug:

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

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

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

Doctors can request authorization one of four ways:

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

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	Generic	
COMBOGESIC ORAL	Not covered	
COXANTO	Not covered	QL
DICLOFENAC PATCH 1.3%	Not covered	ABA; QL
diclofenac potassium oral capsule	Not covered	QL
diclofenac potassium oral tablet 25 mg	Not covered	
diclofenac potassium oral tablet 50 mg	Generic	
diclofenac sodium er	Generic	
diclofenac sodium external solution 1.5 %	Generic	
diclofenac sodium external solution 2 %	Not covered	QL
diclofenac sodium oral	Generic	
diclofenac-misoprostol	Not covered	
diflunisal oral	Generic	
DOLOBID	Not covered	
ELYXYB	Not covered	
etodolac	Generic	
etodolac er	Generic	
fenoprofen calcium oral capsule 200 mg	Not covered	QL
fenoprofen calcium oral capsule 400 mg	Generic	QL
FENOPRON	Not covered	
FLECTOR	Not covered	QL
flurbiprofen oral	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	Generic	
ibuprofen oral tablet 300 mg	Not covered	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Generic	
ibuprofen-famotidine	Not covered	QL
indomethacin er	Generic	
indomethacin oral capsule	Generic	
indomethacin oral suspension	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	Not covered	QL
indomethacin rectal suppository 50 mg	Generic	QL
ketoprofen er	Generic	
ketoprofen oral capsule 25 mg	Generic	PA; QL
ketoprofen oral capsule 50 mg	Generic	
ketoprofen oral capsule 75 mg	Not covered	
ketorolac tromethamine +rfid	Generic	
ketorolac tromethamine injection	Generic	
ketorolac tromethamine intramuscular solution 60 mg/2ml	Generic	
ketorolac tromethamine oral	Generic	QL
LICART	Not covered	QL
meclofenamate sodium oral	Generic	
mefenamic acid oral	Generic	
meloxicam oral capsule	Not covered	QL
MELOXICAM ORAL SUSPENSION	Not covered	ABA
meloxicam oral tablet	Generic	
mm aspirin	Preventive	PV1
nabumetone oral	Generic	
naproxen dr	Generic	
naproxen oral suspension	Generic	
naproxen oral tablet	Generic	
naproxen oral tablet delayed release	Generic	
naproxen sodium er	Not covered	
naproxen sodium oral tablet 275 mg, 550 mg	Generic	

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

Drug Name	Drug Tier	Notes
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	Generic	QL
NUCYNTA ER	Nonpreferred brand	PA; QL
OXYCONTIN	Not covered	QL
oxymorphone hcl er	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	Generic	
tramadol hcl er	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	Generic	
ALLZITAL	Not covered	
apap-caff-dihydrocodeine	Generic	
ascomp-codeine	Generic	
bac (butalbital-acetamin-caff)	Generic	
butalbital-acetaminophen oral capsule	Not covered	
butalbital-acetaminophen oral tablet 50-300 mg	Not covered	
butalbital-acetaminophen oral tablet 50-325 mg	Generic	
butalbital-apap-caff-cod	Generic	
butalbital-apap-caffeine oral capsule	Generic	
BUTALBITAL-APAP-CAFFEINE ORAL SOLUTION	Not covered	
butalbital-apap-caffeine oral tablet	Generic	
butalbital-asa-caff-codeine	Generic	
butalbital-aspirin-caffeine	Generic	
butorphanol tartrate nasal	Generic	
codeine sulfate	Generic	
endocet	Generic	

Drug Name	Drug Tier	Notes
hydrocodone-acetaminophen oral solution 10-300 mg/15ml, 10-325 mg/15ml, 7.5-325 mg/15ml	Generic	
hydrocodone-acetaminophen oral tablet	Generic	
hydrocodone-ibuprofen	Generic	
hydromorphone hcl oral	Generic	
hydromorphone hcl rectal	Generic	
meperidine hcl oral solution	Generic	
meperidine hcl oral tablet	Not covered	
morphine sulfate (concentrate) oral solution 100 mg/5ml	Generic	
morphine sulfate oral	Generic	
morphine sulfate rectal	Generic	
nalbuphine hcl injection	Generic	
NALOCET	Not covered	
oxycodone hcl oral capsule	Generic	QL
oxycodone hcl oral concentrate	Generic	QL
oxycodone hcl oral solution	Generic	QL
oxycodone hcl oral tablet	Generic	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	Not covered	ABA
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION	Not covered	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	Not covered	
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	Generic	
oxymorphone hcl	Generic	QL
pentazocine-naloxone hcl	Generic	
PROLATE	Not covered	
ROXYBOND	Not covered	
TAPENTADOL HCL ORAL SOLUTION	Not covered	
tapentadol hcl oral tablet	Generic	PA; QL
TENCON	Not covered	
tramadol hcl oral tablet 100 mg	Generic	
tramadol hcl oral tablet 25 mg, 75 mg	Not covered	
tramadol hcl oral tablet 50 mg	Generic	

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

Drug Name	Drug Tier	Notes
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Preferred brand	QL
ZURNAI	Nonpreferred brand	QL
Smoking Cessation Agents		
bupropion hcl er (smoking det)	Generic	PV2; QL; AL (Min 18 Years)
ft nicotine	Preventive	PV1; QL; AL (Min 18 Years)
ft nicotine mini	Preventive	PV1; QL; AL (Min 18 Years)
goodsense nicotine mouth/throat gum	Preventive	PV1; QL; AL (Min 18 Years)
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	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate (starter)	Generic	PV2; QL; AL (Min 18 Years)
varenicline tartrate(continue)	Generic	PV2; QL; AL (Min 18 Years)
Antibacterials		
Aminoglycosides		
ARIKAYCE	Preferred brand specialty	PA; SP; QL
gentamicin sulfate external	Generic	
HUMATIN	Nonpreferred brand	
neomycin sulfate oral	Generic	
Antibacterials, Other		
BLUJEPA	Not covered	QL
CLEOCIN VAGINAL SUPPOSITORY	Nonpreferred brand	
clindamycin hcl oral	Generic	
clindamycin palmitate hcl	Generic	
clindamycin phosphate vaginal	Generic	

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

Drug Name	Drug Tier	Notes
cefaclor er	Generic	
cefadroxil	Generic	
cefdinir	Generic	
cefixime oral capsule	Generic	
cefixime oral suspension reconstituted	Generic	
CEFIXIME ORAL TABLET	Not covered	
cefpodoxime proxetil	Generic	
cefprozil	Generic	
cefuroxime axetil	Generic	
cephalexin	Generic	
Beta-lactam, Penicillins		
amoxicillin	Generic	
amoxicillin-potassium clavulanate	Generic	
amoxicillin-potassium clavulanate er	Generic	
ampicillin	Generic	
AUGMENTIN	Nonpreferred brand	
dicloxacillin sodium	Generic	
penicillin v potassium	Generic	
PIVYA	Nonpreferred brand	QL
Macrolides		
azithromycin oral	Generic	
clarithromycin er	Generic	
clarithromycin oral	Generic	
DIFICID ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	QL
E.E.S. 400	Not covered	
erythromycin base oral	Generic	
erythromycin ethylsuccinate oral suspension reconstituted	Generic	
erythromycin oral	Generic	
fidaxomicin	Generic	QL
Quinolones		
BAXDELA ORAL	Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
ciprofloxacin hcl oral	Generic	

Drug Name	Drug Tier	Notes
levofloxacin oral	Generic	
moxifloxacin hcl oral	Generic	
ofloxacin oral	Generic	
Sulfonamides		
sulfadiazine oral	Generic	
sulfamethoxazole-trimethoprim oral	Generic	
sulfatrim pediatric	Generic	
Tetracyclines		
demeclocycline hcl	Generic	
DORYX MPC	Not covered	
doxycycline hyclate oral capsule 50 mg, 100 mg	Generic	
doxycycline hyclate oral tablet 100 mg, 20 mg	Generic	
doxycycline hyclate oral tablet 150 mg	Not covered	QL
doxycycline hyclate oral tablet 50 mg	Not covered	
doxycycline hyclate oral tablet 75 mg	Generic	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Not covered	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	Not covered	ABA
doxycycline monohydrate oral capsule 100 mg, 50 mg	Generic	
doxycycline monohydrate oral capsule 150 mg	Generic	ST
doxycycline monohydrate oral capsule 75 mg	Not covered	
doxycycline monohydrate oral suspension reconstituted	Generic	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Generic	
doxycycline monohydrate oral tablet 150 mg	Generic	
minocycline hcl er	Not covered	
minocycline hcl oral	Generic	
NUZYRA ORAL	Nonpreferred brand	QL
SEYSARA	Not covered	
tetracycline hcl oral capsule	Generic	
TETRACYCLINE HCL ORAL TABLET	Not covered	
Anticonvulsants		
Anticonvulsants, Other		
brivaracetam oral	Generic	PA; QL

Drug Name	Drug Tier	Notes
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	Generic	
levetiracetam oral solution	Generic	
levetiracetam oral tablet	Generic	
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE	Not covered	ABA; QL
roweepra	Generic	
SPRITAM	Not covered	QL
Calcium Channel Modifying Agents		
ethosuximide oral	Generic	
methsuximide	Generic	
ZONISADE	Nonpreferred brand	PA; QL
zonisamide oral	Generic	
Gamma-aminobutyric Acid (GABA) Augmenting Agents		
clobazam oral suspension 2.5 mg/ml	Generic	QL
clobazam oral tablet	Generic	QL
DIACOMIT	Nonpreferred specialty	PA; SP; QL
diazepam rectal	Generic	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	Generic	
gabapentin oral capsule 200 mg	Not covered	
gabapentin oral solution	Generic	
gabapentin oral tablet 600 mg, 800 mg	Generic	
GABARONE	Not covered	
NAYZILAM	Preferred brand	QL
phenobarbital oral	Generic	
primidone oral	Generic	
RELGAABI ORAL CAPSULE 200 MG	Not covered	
SYMPAZAN	Not covered	QL
tiagabine hcl	Generic	
valproic acid oral	Generic	
VALTOCO 10 MG DOSE	Preferred brand	QL

Drug Name	Drug Tier	Notes
VALTOCO 15 MG DOSE	Preferred brand	QL
VALTOCO 20 MG DOSE	Preferred brand	QL
VALTOCO 5 MG DOSE	Preferred brand	QL
vigabatrin	Generic specialty	PA; SP; QL
VIGAFYDE	Not covered	SP; QL
XCOPRI	Nonpreferred brand	PA; QL
ZTALMY	Preferred brand specialty	PA; SP; QL
Glutamate Reducing Agents		
felbamate	Generic	
LAMICTAL XR ORAL KIT	Nonpreferred brand	
lamotrigine er	Generic	
lamotrigine oral kit	Generic	
lamotrigine oral tablet	Generic	
lamotrigine oral tablet chewable	Generic	
lamotrigine oral tablet dispersible	Generic	
lamotrigine starter kit-blue	Generic	
lamotrigine starter kit-green	Generic	
lamotrigine starter kit-orange	Generic	
perampanel	Generic	QL
SUBVENITE ORAL SUSPENSION	Not covered	
subvenite oral tablet	Generic	
subvenite starter kit-blue	Generic	
subvenite starter kit-green	Generic	
subvenite starter kit-orange	Generic	
topiramate er oral capsule er 24 hour sprinkle	Generic	PA; QL
topiramate er oral capsule extended release 24 hour	Not covered	QL
topiramate oral capsule sprinkle	Generic	
topiramate oral solution 25 mg/ml	Generic	PA; QL
topiramate oral tablet	Generic	
Sodium Channel Agents		
carbamazepine er	Generic	
carbamazepine oral	Generic	
DILANTIN ORAL CAPSULE 30 MG	Preferred brand	
eslicarbazepine acetate	Not covered	QL

Drug Name	Drug Tier	Notes
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	Generic	
lacosamide oral tablet	Generic	QL
MOTPOLY XR	Not covered	QL
oxcarbazepine er	Not covered	QL
oxcarbazepine oral suspension	Generic	
oxcarbazepine oral tablet	Generic	
phenytek	Generic	
phenytoin infatabs	Generic	
phenytoin oral suspension 125 mg/5ml	Generic	
phenytoin oral tablet chewable	Generic	
phenytoin sodium extended	Generic	
rufinamide oral suspension 40 mg/ml	Generic	
rufinamide oral tablet	Generic	PA; QL
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	Generic	
donepezil hcl oral tablet 23 mg	Not covered	QL
donepezil hcl oral tablet dispersible	Generic	
galantamine hydrobromide	Generic	
galantamine hydrobromide er	Generic	
rivastigmine	Generic	
rivastigmine tartrate	Generic	
ZUNVEYL	Not covered	
N-methyl-D-aspartate (NMDA) Receptor Antagonist		
memantine hcl er	Generic	QL
memantine hcl oral solution	Generic	
memantine hcl oral tablet 10 mg, 5 mg	Generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Generic	QL

Drug Name	Drug Tier	Notes
Antidepressants		
Antidepressants, Other		
APLENZIN	Not covered	
AUVELITY	Nonpreferred brand	ST; QL
AUVELITY TITRATION PACK	Nonpreferred brand	ST; QL
bupropion hcl er (sr)	Generic	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	Generic	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Not covered	ABA; QL
bupropion hcl oral	Generic	
chlordiazepoxide-amitriptyline	Generic	
EXXUA	Not covered	QL
EXXUA TITRATION PACK	Not covered	QL
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	Not covered	QL
mirtazapine oral	Generic	
olanzapine-fluoxetine hcl	Generic	
perphenazine-amitriptyline	Generic	
ZURZUVAE	Nonpreferred brand	PA; QL
Monoamine Oxidase Inhibitors		
EMSAM	Nonpreferred brand	PA; QL
MARPLAN	Not covered	
phenelzine sulfate oral	Generic	
tranylcypromine sulfate	Generic	
SSRI/SNRI (Selective Serotonin Reuptake Inhibitors/Serotonin and Norepinephrine Reuptake Inhibitors)		
citalopram hydrobromide oral capsule	Not covered	QL
citalopram hydrobromide oral solution	Generic	
citalopram hydrobromide oral tablet	Generic	
DESVENLAFAXINE ER	Not covered	
desvenlafaxine succinate er	Generic	
DRIZALMA SPRINKLE	Not covered	QL
duloxetine hcl oral capsule delayed release particles 120 mg, 40 mg, 80 mg, 90 mg	Not covered	

Drug Name	Drug Tier	Notes
duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg	Generic	
ESCITALOPRAM OXALATE ORAL CAPSULE	Not covered	
escitalopram oxalate oral solution	Generic	
escitalopram oxalate oral tablet	Generic	
FETZIMA	Not covered	QL
FETZIMA TITRATION	Not covered	QL
fluoxetine hcl (pmdd)	Generic	
fluoxetine hcl oral	Generic	
fluvoxamine maleate	Generic	
fluvoxamine maleate er	Generic	
nefazodone hcl	Generic	
paroxetine hcl er	Generic	
paroxetine hcl oral suspension	Generic	
paroxetine hcl oral tablet	Generic	
paroxetine mesylate	Not covered	QL
RALDESY	Not covered	
sertraline hcl oral capsule	Not covered	QL
sertraline hcl oral concentrate	Generic	
sertraline hcl oral tablet	Generic	
trazodone hcl oral	Generic	
TRINTELLIX	Nonpreferred brand	ST; QL
VENLAFAXINE BESYLATE ER	Not covered	QL
venlafaxine hcl	Generic	
venlafaxine hcl er oral capsule extended release 24 hour	Generic	
venlafaxine hcl er oral tablet extended release 24 hour	Not covered	
vilazodone hcl	Generic	
Tricyclics		
amitriptyline hcl oral	Generic	
amoxapine	Generic	
clomipramine hcl oral	Generic	
desipramine hcl oral	Generic	
doxepin hcl oral capsule	Generic	
doxepin hcl oral concentrate	Generic	

Drug Name	Drug Tier	Notes
imipramine hcl oral	Generic	
imipramine pamoate	Generic	
nortriptyline hcl oral	Generic	
protriptyline hcl	Generic	
trimipramine maleate oral	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	Generic	
perphenazine oral	Generic	
prochlorperazine	Generic	
prochlorperazine maleate oral	Generic	
promethazine hcl oral	Generic	
promethazine hcl rectal	Generic	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Nonpreferred brand	
scopolamine	Generic	
trimethobenzamide hcl oral	Generic	
Emetogenic Therapy Adjuncts		
AKYNZEO	Nonpreferred brand	PA; OVM
ANZEMET	Not covered	
aprepitant	Generic	QL
dronabinol oral capsule	Generic	
DRONABINOL ORAL SOLUTION	Not covered	ABA
EMEND ORAL	Preferred brand	QL
granisetron hcl oral	Generic	QL
NEREUS	Not covered	QL
ondansetron hcl oral solution 4 mg/5ml	Generic	
ondansetron hcl oral tablet	Generic	QL
ondansetron odt oral tablet dispersible 16 mg	Not covered	QL
ondansetron odt oral tablet dispersible 4 mg, 8 mg	Generic	QL
SANCUSO	Not covered	

Drug Name	Drug Tier	Notes
SYNDROS	Not covered	
VARUBI (180 MG DOSE)	Nonpreferred brand	PA; OVM
Antifungals		
BREXAFEMME ORAL TABLET 150 MG	Not covered	QL
ciclodan	Generic	
ciclopirox external	Generic	
ciclopirox olamine external	Generic	
clotrimazole external	Generic	
clotrimazole mouth/throat	Generic	
clotrimazole-betamethasone	Generic	
CRESEMBA ORAL	Preferred brand	QL
econazole nitrate external cream	Generic	
ECONAZOLE NITRATE EXTERNAL FOAM	Not covered	ABA; QL
ECOZA	Not covered	QL
ERTACZO	Not covered	
EXELDERM	Not covered	
fluconazole oral	Generic	
flucytosine oral	Generic	
griseofulvin microsize oral	Generic	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Generic	
griseofulvin ultramicrosize oral tablet 165 mg	Not covered	
GYNAZOLE-1	Nonpreferred brand	
itraconazole oral	Generic	
JUBLIA	Not covered	QL
ketoconazole external	Generic	
ketoconazole oral	Generic	
ketodan	Generic	
klayesta	Generic	
LULICONAZOLE	Nonpreferred brand	PA; ABA; QL
LUZU	Not covered	QL
miconazole 3 vaginal suppository	Generic	
MICONAZOLE-ZINC OXIDE-PETROLAT	Not covered	ABA; QL
naftifine hcl external cream	Generic	QL
naftifine hcl external gel	Not covered	QL
NOXAFIL	Not covered	QL

Drug Name	Drug Tier	Notes
nyamyc external powder 100000 unit/gm	Generic	
nystatin external	Generic	
nystatin mouth/throat suspension 100000 unit/ml	Generic	
nystatin oral	Generic	
nystatin-triamcinolone	Generic	
nystop	Generic	
ORAVIG	Not covered	QL
oxiconazole nitrate	Generic	PA; QL
OXISTAT	Not covered	QL
posaconazole oral	Generic	QL
SULCONAZOLE NITRATE	Nonpreferred brand	ABA
tavaborole	Not covered	QL
terbinafine hcl oral	Generic	
terconazole	Generic	
TOLSURA	Not covered	
VIVJOA	Not covered	QL
voriconazole oral	Generic	
VUSION	Not covered	QL
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	Generic	
allopurinol oral tablet 200 mg	Not covered	
colchicine oral capsule	Not covered	
colchicine oral tablet	Generic	
colchicine-probenecid	Generic	
febuxostat	Generic	QL
GLOPERBA	Not covered	QL
probenecid	Generic	
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

Drug Name	Drug Tier	Notes
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	Generic	QL
dihydroergotamine mesylate nasal	Not covered	QL
ERGOMAR	Not covered	QL
ergotamine-caffeine	Generic	QL
MIGERGOT	Not covered	QL
TRUDHESA	Not covered	QL
Serotonin (5-HT) Receptor Agonists		
almotriptan malate	Not covered	QL
eletriptan hydrobromide	Generic	QL
frovatriptan succinate	Generic	ST; QL
IMITREX STATDOSE REFILL	Nonpreferred brand	QL
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML	Nonpreferred brand	QL
naratriptan hcl	Generic	QL
ONZETRA XSAIL	Not covered	QL
REYVOW ORAL TABLET 100 MG, 50 MG	Nonpreferred brand	PA; QL
rizatriptan benzoate	Generic	QL
sumatriptan nasal	Generic	QL
sumatriptan succinate oral	Generic	QL
sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 6 mg/0.5ml	Generic	QL
sumatriptan succinate subcutaneous	Generic	QL
sumatriptan-naproxen sodium	Not covered	QL
TOSYMRA	Not covered	QL
ZEMBRACE SYMTOUCH	Not covered	QL
ZOLMITRIPTAN NASAL SOLUTION 2.5 MG	Not covered	ABA; QL
zolmitriptan nasal solution 5 mg	Not covered	QL
zolmitriptan oral	Generic	QL
ZOMIG NASAL SOLUTION 2.5 MG	Not covered	QL

Drug Name	Drug Tier	Notes
Antimyasthenic Agents		
Parasympathomimetics		
pyridostigmine bromide er oral tablet extended release	Generic	
pyridostigmine bromide oral solution	Generic	
pyridostigmine bromide oral tablet 30 mg	Not covered	
pyridostigmine bromide oral tablet 60 mg	Generic	
VYVGART HYTRULO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Nonpreferred specialty	PA; SP; QL
Antimycobacterials		
Antimycobacterials, Other		
dapsone oral	Generic	
rifabutin	Generic	
Antituberculars		
cycloserine oral	Generic	
ethambutol hcl oral	Generic	
isoniazid oral	Generic	
PRETOMANID	Preferred brand	QL
PRIFTIN	Not covered	
pyrazinamide oral	Generic	
rifampin oral	Generic	
SIRTURO	Preferred brand	PA; QL
Antineoplastics		
Alkylating Agents		
cyclophosphamide oral capsule	Generic	
CYCLOPHOSPHAMIDE ORAL TABLET	Nonpreferred brand	ABA
LEUKERAN	Nonpreferred brand	
lomustine	Generic	
MATULANE	Preferred brand specialty	SP
MYLERAN	Nonpreferred brand	
temozolomide	Generic specialty	SP
VALCHLOR	Nonpreferred specialty	PA; SP; OVM
Antiandrogens		
abiraterone acetate oral tablet 500 mg	Not covered	SP
abiraterone acetate tablet 250 mg oral (Civica)	Generic specialty	SP

Drug Name	Drug Tier	Notes
abiraterone acetate tablet 250 mg oral	Not covered	SP
abirtega	Generic specialty	SP
bicalutamide	Generic	
ERLEADA	Nonpreferred specialty	PA; SP; OVM
EULEXIN	Nonpreferred specialty	PA; 15DS; SP; OVM
nilutamide	Generic	PA; OVM
NUBEQA	Nonpreferred specialty	PA; 15DS; SP; OVM
ORGOVYX	Nonpreferred specialty	PA; SP; OVM
XTANDI	Preferred brand specialty	PA; 15DS; SP; OVM
YONSA	Not covered	SP
Antiangiogenic Agents		
lenalidomide	Generic specialty	SP; QL
pomalidomide	Generic specialty	PA; SP; OVM
THALOMID	Preferred brand specialty	SP
Antiestrogens/Modifiers		
CLIGAVYX	Not covered	
fulvestrant	Generic	
INLURIYO	Preferred brand specialty	PA; 15DS; SP; OVM
ORSERDU	Preferred brand specialty	PA; 15DS; SP; OVM
SOLTAMOX	Nonpreferred brand	
tamoxifen citrate oral	Generic	PV3; QL
toremifene citrate	Generic	
VEPPANU	Not covered	SP
Antimetabolites		
capecitabine	Generic specialty	SP
DROXIA	Nonpreferred brand	PA
GEMCITABINE HCL-NACL	Not covered	
hydroxyurea oral	Generic	
mercaptopurine oral suspension	Generic specialty	SP
mercaptopurine oral tablet	Generic	
SIKLOS	Not covered	
TABLOID	Nonpreferred brand	
XROMI	Not covered	QL

Drug Name	Drug Tier	Notes
Antineoplastics, Other		
AKEEGA	Preferred brand specialty	PA; 15DS; SP; OVM
BESREMI	Preferred brand specialty	PA; 15DS; SP; OVM
COPIKTRA	Preferred brand specialty	PA; SP; OVM
diclofenac sodium external gel 3 %	Generic	PA; QL
FLUOROURACIL EXTERNAL CREAM 0.5 %	Not covered	ABA; QL
fluorouracil external cream 5 %	Generic	
fluorouracil external solution	Generic	
INREBIC	Nonpreferred specialty	PA; 15DS; SP; OVM
KISQALI (200 MG DOSE)	Preferred brand specialty	PA; SP; OVM
KISQALI (400 MG DOSE)	Preferred brand specialty	PA; SP; OVM
KISQALI (600 MG DOSE)	Preferred brand specialty	PA; SP; OVM
KLISYRI (250 MG)	Nonpreferred brand	PA; QL
KLISYRI (350 MG)	Nonpreferred brand	PA; QL
KOMZIFTI	Preferred brand specialty	PA; 15DS; SP; OVM
KRAZATI	Preferred brand specialty	PA; 15DS; SP; OVM
lederle leucovorin	Generic	PA; QL
leucovorin calcium oral	Generic	PA; QL
LIFYORLI (125 MG DOSE)	Nonpreferred specialty	PA; SP; OVM
LIFYORLI (150 MG DOSE)	Nonpreferred specialty	PA; SP; OVM
LONSURF	Preferred brand specialty	PA; SP; OVM
LUMAKRAS	Preferred brand specialty	PA; 15DS; SP; OVM
MODEYSO	Preferred brand specialty	PA; 15DS; SP; OVM
NINLARO	Preferred brand specialty	PA; SP; OVM
OJJAARA	Preferred brand specialty	PA; SP; OVM

Drug Name	Drug Tier	Notes
ONUREG	Preferred brand specialty	PA; SP; OVM
PIQRAY	Preferred brand specialty	PA; SP; OVM
REVUFORJ	Preferred brand specialty	PA; 15DS; SP; OVM
TOLAK	Not covered	QL
VERZENIO	Preferred brand specialty	PA; 15DS; SP; OVM
VONJO	Preferred brand specialty	PA; SP; OVM
WELIREG	Preferred brand specialty	PA; 15DS; SP; OVM
XPOVIO (100 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (40 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (40 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (60 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (60 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (80 MG ONCE WEEKLY)	Preferred brand specialty	PA; SP; OVM
XPOVIO (80 MG TWICE WEEKLY)	Preferred brand specialty	PA; SP; OVM
ZOLINZA	Preferred brand specialty	PA; 15DS; SP; OVM
Aromatase Inhibitors, 3rd Generation		
anastrozole oral	Generic	PV3; QL
exemestane	Generic	PV3; QL
letrozole oral	Generic	
Enzyme Inhibitors		
BALVERSA	Preferred brand specialty	PA; 15DS; SP; OVM
etoposide oral	Generic	
HYCAMTIN ORAL	Preferred brand specialty	SP

Drug Name	Drug Tier	Notes
LYTGOBI (12 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; OVM
LYTGOBI (16 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; OVM
LYTGOBI (20 MG DAILY DOSE)	Preferred brand specialty	PA; 15DS; SP; OVM
OJEMDA ORAL SUSPENSION RECONSTITUTED	Preferred brand specialty	PA; 15DS; SP; OVM
OJEMDA ORAL TABLET	Preferred brand specialty	PA; SP; OVM
PEMAZYRE	Preferred brand specialty	PA; SP; OVM
RUBRACA	Not covered	SP
TALZENNA	Preferred brand specialty	PA; 15DS; SP; OVM
VORANIGO	Preferred brand specialty	PA; 15DS; SP; OVM
ZEJULA	Preferred brand specialty	PA; SP; OVM
Molecular Target Inhibitors		
ALECENSA	Preferred brand specialty	PA; SP; OVM
ALUNBRIG	Preferred brand specialty	PA; SP; OVM
AUGTYRO	Nonpreferred specialty	PA; 15DS; SP; OVM
AVMAPKI FAKZYNJA CO-PACK	Preferred brand specialty	PA; SP; OVM
AYVAKIT	Preferred brand specialty	PA; 15DS; SP; OVM
BOSULIF ORAL CAPSULE	Preferred brand specialty	PA; SP; OVM
bosutinib	Generic specialty	PA; 15DS; SP; OVM
BRAFTOVI	Preferred brand specialty	PA; SP; OVM
BRUKINSA	Nonpreferred specialty	PA; 15DS; SP; OVM
CABOMETYX	Preferred brand specialty	PA; 15DS; SP; OVM
CALQUENCE	Preferred brand specialty	PA; 15DS; SP; OVM

Drug Name	Drug Tier	Notes
CAPRELSA	Preferred brand specialty	PA; 15DS; SP; OVM
COMETRIQ	Preferred brand specialty	PA; SP; OVM
COTELLIC	Preferred brand specialty	PA; SP; OVM
DANZITEN	Not covered	SP
dasatinib	Generic specialty	PA; 15DS; SP; OVM
DAURISMO	Preferred brand specialty	PA; 15DS; SP; OVM
ENSACOVE	Preferred brand specialty	PA; SP; OVM
ERIVEDGE	Preferred brand specialty	PA; 15DS; SP; OVM
erlotinib hcl	Generic specialty	PA; 15DS; SP; OVM
everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg	Generic specialty	PA; 15DS; SP; OVM
everolimus oral tablet soluble	Generic specialty	PA; 15DS; SP; OVM
FOTIVDA	Preferred brand specialty	PA; SP; OVM
FRUZAQLA	Preferred brand specialty	PA; SP; OVM
GAVRETO	Preferred brand specialty	PA; 15DS; SP; OVM
gefitinib	Generic specialty	PA; SP; OVM
GILOTRIF	Preferred brand specialty	PA; SP; OVM
GOMEKLI	Preferred brand specialty	PA; SP; OVM
HERNEXEOS	Preferred brand specialty	PA; 15DS; SP; OVM
HYRNUO	Preferred brand specialty	PA; SP; OVM
IBRANCE	Preferred brand specialty	PA; SP; OVM
IBTROZI	Nonpreferred specialty	PA; 15DS; SP; OVM
ICLUSIG	Preferred brand specialty	PA; 15DS; SP; OVM
IDHIFA	Preferred brand specialty	PA; SP; OVM

Drug Name	Drug Tier	Notes
imatinib mesylate oral	Generic specialty	SP
IMBRUVICA ORAL CAPSULE	Preferred brand specialty	PA; 15DS; SP; OVM
IMBRUVICA ORAL SUSPENSION	Preferred brand specialty	PA; SP; OVM
IMBRUVICA ORAL TABLET 140 MG, 280 MG	Not covered	SP
IMBRUVICA ORAL TABLET 420 MG	Preferred brand specialty	PA; SP; OVM
IMKELDI	Not covered	SP
INLYTA	Preferred brand specialty	PA; 15DS; SP; OVM
INQOVI	Preferred brand specialty	PA; SP; OVM
ITOVEBI	Preferred brand specialty	PA; 15DS; SP; OVM
JAKAFI	Preferred brand specialty	PA; 15DS; SP; OVM
JAKAFI XR	Not covered	SP
JAYPIRCA	Preferred brand specialty	PA; 15DS; SP; OVM
KOSELUGO	Preferred brand specialty	PA; SP; OVM
lapatinib ditosylate	Generic specialty	PA; SP; OVM
LAZCLUZE	Preferred brand specialty	PA; 15DS; SP; OVM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	Preferred brand specialty	PA; 15DS; SP; OVM
LORBRENA	Preferred brand specialty	PA; 15DS; SP; OVM
LYNPARZA	Preferred brand specialty	PA; SP; OVM
MEKINIST	Preferred brand specialty	PA; SP; OVM
MEKTOVI	Preferred brand specialty	PA; SP; OVM
NERLYNX	Preferred brand specialty	PA; 15DS; SP; OVM
NILOTINIB D-TARTRATE	Not covered	SP

Drug Name	Drug Tier	Notes
nilotinib hcl	Generic specialty	PA; 15DS; SP; OVM
ODOMZO	Preferred brand specialty	PA; 15DS; SP; OVM
OGSIVEO	Preferred brand specialty	PA; 15DS; SP; OVM
pazopanib hcl	Generic specialty	PA; 15DS; SP; OVM
PHYRAGO	Not covered	15DS; SP
QINLOCK	Preferred brand specialty	PA; SP; OVM
RETEVMO	Preferred brand specialty	PA; 15DS; SP; OVM
REZLIDHIA	Preferred brand specialty	PA; 15DS; SP; OVM
ROMVIMZA	Preferred brand specialty	PA; SP; OVM
ROZLYTREK ORAL CAPSULE	Preferred brand specialty	PA; 15DS; SP; OVM
ROZLYTREK ORAL PACKET	Nonpreferred specialty	PA; SP; OVM
RYDAPT	Preferred brand specialty	PA; SP; OVM
SCEMBLIX	Preferred brand specialty	PA; SP; OVM
sorafenib tosylate	Generic specialty	PA; 15DS; SP; OVM
STIVARGA	Preferred brand specialty	PA; SP; OVM
sunitinib malate	Generic specialty	PA; 15DS; SP; OVM
TABRECTA	Preferred brand specialty	PA; 15DS; SP; OVM
TAFINLAR	Preferred brand specialty	PA; SP; OVM
TAGRISSO	Preferred brand specialty	PA; 15DS; SP; OVM
TEPMETKO	Preferred brand specialty	PA; 15DS; SP; OVM
TIBSOVO	Preferred brand specialty	PA; 15DS; SP; OVM
torpenz	Generic specialty	PA; 15DS; SP; OVM
TRUQAP	Preferred brand specialty	PA; SP; OVM

Drug Name	Drug Tier	Notes
TUKYSA	Preferred brand specialty	PA; SP; OVM
TURALIO	Preferred brand specialty	PA; SP; OVM
VANFLYTA	Preferred brand specialty	PA; 15DS; SP; OVM
VENCLEXTA	Preferred brand specialty	PA; SP; OVM
VENCLEXTA STARTING PACK	Preferred brand specialty	PA; SP; OVM
VIJOICE ORAL PACKET	Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG	Preferred brand specialty	PA; SP; QL
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG	Not covered	SP; QL
VITRAKVI ORAL CAPSULE	Preferred brand specialty	PA; 15DS; SP; OVM
VITRAKVI ORAL SOLUTION	Preferred brand specialty	PA; SP; OVM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG	Preferred brand specialty	PA; 15DS; SP; OVM
XALKORI	Not covered	SP
XOSPATA	Preferred brand specialty	PA; SP; OVM
yulithira	Generic specialty	PA; 15DS; SP; OVM
ZELBORAF	Preferred brand specialty	PA; 15DS; SP; OVM
ZYDELIG	Preferred brand specialty	PA; SP; OVM
ZYKADIA	Not covered	SP
Retinoids		
bexarotene external	Generic specialty	PA; SP; OVM
bexarotene oral	Generic specialty	PA; 15DS; SP; OVM
PANRETIN	Preferred brand	
tretinoin oral	Generic	
Treatment Adjuncts		
mesna oral	Generic	

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

Drug Name	Drug Tier	Notes
trihexyphenidyl hcl	Generic	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	Generic	
amantadine hcl oral solution 50 mg/5ml	Generic	
amantadine hcl oral tablet	Generic	
carbidopa-levodopa-entacapone	Generic	
entacapone	Generic	
GOCOVRI	Not covered	QL
NOURIANZ	Nonpreferred specialty	PA; SP; QL
ONGENTYS	Nonpreferred brand	QL
TASMAR	Not covered	
tolcapone	Generic	
Dopamine Agonists		
apomorphine hcl subcutaneous	Not covered	SP; QL
bromocriptine mesylate oral	Generic	
INBRIJA	Nonpreferred specialty	SP; QL
NEUPRO	Not covered	QL
ONAPGO	Not covered	SP; QL
pramipexole dihydrochloride	Generic	
pramipexole dihydrochloride er	Not covered	QL
ropinirole hcl	Generic	
ropinirole hcl er	Generic	
Dopamine Precursors/L-Amino Acid Decarboxylase Inhibitors		
carbidopa oral	Generic	
CARBIDOPA-LEVODOPA ER ORAL CAPSULE EXTENDED RELEASE	Not covered	ABA; QL
carbidopa-levodopa er oral tablet extended release	Generic	
carbidopa-levodopa oral tablet	Generic	
carbidopa-levodopa oral tablet dispersible	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	Generic	
selegiline hcl oral	Generic	
XADAGO	Nonpreferred brand	QL
ZELAPAR	Not covered	QL
Antipsychotics		
1st Generation/Typical		
chlorpromazine hcl oral tablet	Generic	
fluphenazine decanoate injection	Generic	
fluphenazine hcl oral	Generic	
haloperidol decanoate intramuscular	Generic	
haloperidol lactate oral concentrate 2 mg/ml	Generic	
haloperidol oral	Generic	
loxapine succinate	Generic	
molindone hcl	Generic	QL
pimozide	Generic	
thioridazine hcl oral	Generic	
thiothixene	Generic	
trifluoperazine hcl	Generic	
2nd Generation/Atypical		
ABILIFY ASIMTUFII	Preferred brand	QL
ABILIFY MAINTENA	Preferred brand	
aripiprazole oral solution	Generic	
aripiprazole oral tablet	Generic	
aripiprazole oral tablet dispersible	Generic	
ARISTADA	Preferred brand	QL
ARISTADA INITIO	Preferred brand	
asenapine maleate	Generic	QL
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	Generic	
LYBALVI	Nonpreferred brand	ST; QL
NUPLAZID	Nonpreferred brand	PA; QL
olanzapine oral	Generic	
OPIPZA	Not covered	QL
paliperidone er	Generic	QL
PERSERIS	Preferred brand	QL
quetiapine fumarate	Generic	
quetiapine fumarate er	Generic	QL
REXULTI	Nonpreferred brand	PA; QL
risperidone	Generic	
risperidone microspheres er	Generic	
RYKINDO	Preferred brand	QL
SECUADO	Not covered	QL
UZEDY	Preferred brand	QL
VRAYLAR	Nonpreferred brand	ST; QL
ziprasidone hcl	Generic	
ZYPREXA RELPREVV	Preferred brand	
Antipsychotics, Other		
COBENFY	Not covered	QL
COBENFY STARTER PACK	Not covered	QL
Treatment-Resistant		
clozapine oral tablet	Generic	
clozapine oral tablet dispersible	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 brand specialty	PA; SP; QL
PREVYMIS ORAL	Nonpreferred brand	QL
valganciclovir hcl	Generic	
Anti-hepatitis B (HBV) Agents		
adefovir dipivoxil	Generic specialty	SP
BARACLUDE ORAL SOLUTION	Preferred brand specialty	SP
entecavir	Generic specialty	SP
lamivudine oral tablet 100 mg	Generic	
VEMLIDY	Preferred brand specialty	SP; QL
Anti-hepatitis C (HCV) Agents		
EPCLUSA	Preferred brand	PA; SP; QL
HARVONI ORAL PACKET	Nonpreferred specialty	PA; SP; QL
HARVONI ORAL TABLET	Not covered	SP; QL
LEDIPASVIR-SOFOSBUVIR	Not covered	ABA; SP; QL
MAVYRET	Nonpreferred specialty	PA; SP; QL
PEGASYS	Preferred brand specialty	SP; QL
ribavirin oral	Generic specialty	SP
SOFOSBUVIR-VELPATASVIR	Preferred brand	PA; ABA; SP; QL
SOVALDI ORAL PACKET	Nonpreferred specialty	PA; SP; QL
SOVALDI ORAL TABLET	Not covered	SP; QL
VOSEVI	Nonpreferred specialty	PA; SP; QL
Antiherpetic Agents		
acyclovir external cream	Not covered	
acyclovir external ointment	Generic	
acyclovir oral capsule	Generic	
acyclovir oral suspension 200 mg/5ml, 800 mg/20ml	Generic	
acyclovir oral tablet	Generic	
famciclovir oral	Generic	
penciclovir	Not covered	
SITAVIG BUCCAL TABLET 50 MG	Not covered	QL
valacyclovir hcl oral	Generic	

Drug Name	Drug Tier	Notes
XERESE	Not covered	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	Preferred brand	QL
DOVATO	Preferred brand	QL
GENVOYA	Preferred brand	QL
ISENTRESS	Preferred brand	
ISENTRESS HD	Preferred brand	
JULUCA	Preferred brand	QL
STRIBILD	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	Generic	
efavirenz-emtricitab-tenofo df	Generic	
efavirenz-lamivudine-tenofovir	Generic	QL
emtricitab-rilpivir-tenofov df	Generic	QL
etravirine	Generic	
INTELENCE ORAL TABLET 25 MG	Not covered	
nevirapine	Generic	
nevirapine er	Generic	
PIFELTRO	Preferred brand	QL
rilpivirine hcl	Generic	QL
Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)		
abacavir sulfate	Generic	
abacavir sulfate-lamivudine	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	Generic	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg	Generic	QL

Drug Name	Drug Tier	Notes
emtricitabine-tenofovir df oral tablet 200-300 mg	Generic	PV2; QL
EMTRIVA ORAL SOLUTION	Not covered	
lamivudine oral solution	Generic	
lamivudine oral tablet 150 mg, 300 mg	Generic	
lamivudine-zidovudine	Generic	
ODEFSEY	Preferred brand	QL
tenofovir disoproxil fumarate	Generic	
TRIUMEQ	Preferred brand	QL
TRIUMEQ PD	Preferred brand	QL
VIREAD ORAL POWDER	Preferred brand	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	Preferred brand	
zidovudine	Generic	
Anti-HIV Agents, Other		
IDVYNSO	Not covered	QL
maraviroc	Generic	
RUKOBIA	Preferred brand	QL
SELZENTRY ORAL SOLUTION	Preferred brand	
SUNLENCA ORAL	Preferred brand specialty	SP; QL
YEZTUGO ORAL	Nonpreferred specialty	SP; QL
Anti-HIV Agents, Protease Inhibitors		
APTIVUS	Preferred brand	
atazanavir sulfate	Generic	
darunavir	Generic	
EVOTAZ	Preferred brand	QL
fosamprenavir calcium	Generic	
KALETRA ORAL SOLUTION	Nonpreferred brand	
lopinavir-ritonavir	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	Generic	
SYMTUZA	Preferred brand	QL

Drug Name	Drug Tier	Notes
VIRACEPT	Not covered	
Anti-influenza Agents		
oseltamivir phosphate oral	Generic	QL
RELENZA DISKHALER	Preferred brand	QL
rimantadine hcl	Generic	
XOFLUZA (40 MG DOSE)	Preferred brand	QL
XOFLUZA (80 MG DOSE)	Preferred brand	QL
Anxiolytics		
Anxiolytics, Other		
BUCAPSOL	Not covered	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	Generic	
buspirone hcl oral tablet 12.5 mg, 2.5 mg	Not covered	
hydroxyzine hcl oral syrup 10 mg/5ml	Generic	
hydroxyzine hcl oral tablet	Generic	
hydroxyzine pamoate oral	Generic	
meprobamate	Generic	
Benzodiazepines		
alprazolam er	Generic	
alprazolam intensol	Generic	
alprazolam oral	Generic	
alprazolam xr	Generic	
chlordiazepoxide hcl	Generic	
clonazepam oral	Generic	
clorazepate dipotassium	Generic	
diazepam intensol	Generic	
diazepam oral	Generic	
estazolam	Generic	QL
lorazepam intensol	Generic	
lorazepam oral concentrate 2 mg/ml	Generic	
lorazepam oral tablet	Generic	
LOREEV XR	Not covered	QL
midazolam hcl oral	Generic	
oxazepam	Generic	
quazepam	Not covered	QL

Drug Name	Drug Tier	Notes
Bipolar Agents		
Mood Stabilizers		
divalproex sodium er	Generic	
divalproex sodium oral	Generic	
EQUETRO	Nonpreferred brand	
lithium	Generic	
lithium carbonate er	Generic	
lithium carbonate oral	Generic	
Blood Glucose Monitoring		
ACCU-CHEK AVIVA PLUS 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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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	Generic	
ALOGLIPTIN BENZOATE	Not covered	ABA; QL
ALOGLIPTIN-METFORMIN HCL	Not covered	ABA; QL
ALOGLIPTIN-PIOGLITAZONE	Not covered	ABA; QL
BEXAGLIFLOZIN	Not covered	ABA; QL
BRENZAVVY	Not covered	QL
BRYNOVIN	Not covered	QL
CYCLOSET	Not covered	QL
dapaglifloz base-metformin er	Generic	QL
dapagliflozin	Generic	QL
DAPAGLIFLOZIN-SAXAGLIPTIN	Not covered	QL
EXENATIDE SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML, 5 MCG/0.02ML	Not covered	QL
glimepiride	Generic	
glipizide er	Generic	
glipizide ir	Generic	
glipizide-metformin hcl	Generic	
glyburide	Generic	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	Generic	
glyburide-metformin	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	Generic	ST; QL

Drug Name	Drug Tier	Notes
metformin hcl er	Generic	
metformin hcl er (mod)	Not covered	
metformin hcl er (osm)	Not covered	
metformin hcl oral solution	Not covered	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Generic	
metformin hcl oral tablet 625 mg, 750 mg	Not covered	
miglitol	Generic	
MOUNJARO	Preferred brand	ST; QL
nateglinide	Generic	
OZEMPIC	Preferred brand	ST; QL
pioglitazone hcl	Generic	
pioglitazone hcl-glimepiride	Generic	
pioglitazone hcl-metformin hcl	Generic	
repaglinide	Generic	
RYBELSUS	Preferred brand	ST; QL
saxagliptin hcl	Not covered	QL
saxagliptin-metformin er	Not covered	
SEGLUROMET	Not covered	QL
SITAGLIPT BASE-METFORM HCL ER	Not covered	ABA; QL
SITAGLIPTIN	Not covered	ABA; QL
SITAGLIPTIN BASE-METFORMIN HCL	Not covered	ABA
sitagliptin phos-metformin hcl	Generic	QL
sitagliptin phosphate	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	

Drug Name	Drug Tier	Notes
ZITUVIMET XR	Not covered	QL
ZITUVIO	Not covered	QL
Glycemic Agents		
BAQSIMI ONE PACK	Preferred brand	QL
BAQSIMI TWO PACK	Preferred brand	QL
diazoxide oral	Generic	
glucagon emergency kit injection solution reconstituted 1 mg	Generic	
GLUCAGON EMERGENCY KIT	Not covered	
GVOKE HYPOPEN 1-PACK	Preferred brand	QL
GVOKE HYPOPEN 2-PACK	Preferred brand	QL
GVOKE KIT	Preferred brand	QL
GVOKE PFS	Preferred brand	QL
ZEGALOGUE 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 brand	
FIASP	Preferred brand	
FIASP FLEXTOUCH	Preferred brand	
FIASP PENFILL	Preferred brand	
FIASP PUMPCART	Preferred brand	
HUMALOG	Not covered	
HUMALOG KWIKPEN	Not covered	
HUMALOG MIX 50/50 KWIKPEN	Not covered	
HUMALOG MIX 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	

Drug Name	Drug Tier	Notes
HUMULIN N KWIKPEN	Not covered	
HUMULIN N VIAL	Not covered	
HUMULIN R U-500 KWIKPEN	Preferred brand	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML	Preferred brand	
HUMULIN R VIAL	Not covered	
INSULIN ASP PROT & ASP FLEXPEN	Not covered	ABA
INSULIN ASPART	Not covered	ABA
INSULIN ASPART FLEXPEN	Not covered	ABA
INSULIN ASPART PENFILL 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
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 brand	
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 brand	
LANTUS U-100 VIAL	Preferred brand	
LYUMJEV KWIKPEN	Not covered	
LYUMJEV VIAL	Not covered	
MERILOG	Not covered	
MERILOG SOLOSTAR	Not covered	
NOVOLIN 70/30 FLEXPEN	Preferred brand	
NOVOLIN 70/30 RELION	Not covered	

Drug Name	Drug Tier	Notes
NOVOLIN 70/30 VIAL	Preferred brand	
NOVOLIN N FLEXPEN	Preferred brand	
NOVOLIN N RELION	Not covered	
NOVOLIN N VIAL	Preferred brand	
NOVOLIN R FLEXPEN	Preferred brand	
NOVOLIN R FLEXPEN RELION	Not covered	
NOVOLIN R RELION	Not covered	
NOVOLIN R VIAL	Preferred brand	
NOVOLOG 70/30 FLEXPEN RELION	Not covered	
NOVOLOG FLEXPEN	Preferred brand	
NOVOLOG FLEXPEN RELION	Not covered	
NOVOLOG MIX 70/30 FLEXPEN	Preferred brand	
NOVOLOG MIX 70/30 RELION	Not covered	
NOVOLOG MIX 70/30 VIAL	Preferred brand	
NOVOLOG PENFILL	Preferred brand	
NOVOLOG RELION	Not covered	
NOVOLOG U-100 VIAL	Preferred brand	
REZVOGLAR KWIKPEN	Preferred brand	
SEMGLEE (YFGN)	Not covered	
TOUJEO MAX SOLOSTAR	Preferred brand	
TOUJEO SOLOSTAR	Preferred brand	
TRESIBA	Preferred brand	
TRESIBA FLEXTOUCH	Preferred brand	
Blood Products and Modifiers		
EMPAVELI	Preferred brand specialty	PA; SP; QL
FABHALTA	Nonpreferred specialty	PA; SP; QL
VOYDEYA	Nonpreferred specialty	PA; SP; QL
Anticoagulants		
dabigatran etexilate mesylate	Generic	QL
ELIQUIS	Preferred brand	QL
ELIQUIS (1.5 MG PACK)	Preferred brand	QL
ELIQUIS (2 MG PACK)	Preferred brand	QL
ELIQUIS DVT/PE STARTER PACK	Preferred brand	QL
enoxaparin sodium	Generic	
fondaparinux sodium	Generic	

Drug Name	Drug Tier	Notes
FRAGMIN	Not covered	
heparin sodium (porcine)	Generic	
heparin sodium (porcine) +rfid	Generic	
heparin sodium (porcine) pf	Generic	
jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	Generic	
PRADAXA ORAL PACKET	Nonpreferred brand	QL
rivaroxaban	Generic	QL
SAVAYSA	Nonpreferred brand	QL
warfarin sodium oral	Generic	
XARELTO	Preferred brand	QL
XARELTO STARTER PACK	Preferred brand	QL
ZONTIVITY	Nonpreferred brand	QL
Blood Formation Modifiers		
ALVAIZ	Not covered	SP; QL
anagrelide hcl	Generic	
AQVESME	Preferred brand specialty	PA; SP; QL
ARANESP (ALBUMIN FREE)	Not covered	SP
ARMLUPEG	Not covered	SP
DOPTELET	Preferred brand specialty	PA; SP; QL
DOPTELET SPRINKLE	Preferred brand specialty	PA; SP; QL
eltrombopag olamine	Generic 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 brand specialty	SP; QL
NEULASTA ONPRO	Preferred brand specialty	SP; QL

Drug Name	Drug Tier	Notes
NEUPOGEN	Not covered	SP
NIVESTYM	Preferred brand specialty	SP; QL
NYPOZI	Not covered	SP; QL
NYVEPRIA	Nonpreferred specialty	PA; SP; OVM
PROCRIT	Preferred brand specialty	SP
PYRUKYND	Preferred brand specialty	PA; SP; QL
PYRUKYND TAPER PACK	Preferred brand specialty	PA; SP; QL
RELEUKO	Not covered	SP; QL
RETACRIT	Preferred brand specialty	SP
ROLVEDON	Nonpreferred specialty	PA; SP; OVM
STIMUFEND	Nonpreferred specialty	PA; SP; OVM
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 brand specialty	PA; SP; QL
ZARXIO	Preferred brand specialty	SP
ZIEXTENZO	Preferred brand specialty	SP; QL
Hemostasis Agents		
ADVATE	Preferred brand	
ADYNOVATE	Preferred brand	
AFSTYLA	Preferred brand	
ALHEMO	Nonpreferred brand	PA; QL
ALPHANATE	Preferred brand	
ALPHANINE SD	Preferred brand	
ALPROLIX	Preferred brand	
ALTUVIIIO	Preferred brand	
aminocaproic acid oral	Generic	
BENEFIX	Preferred brand	
COAGADEX	Preferred brand	

Drug Name	Drug Tier	Notes
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	Generic	QL
TRETTEN	Preferred brand	
VONVENDI	Preferred brand	
WILATE	Preferred brand	
XYNTHA	Preferred brand	
XYNTHA SOLOFUSE	Preferred brand	
Platelet Modifying Agents		
aspirin-dipyridamole er	Generic	

Drug Name	Drug Tier	Notes
CABLIVI	Preferred brand specialty	PA; SP; QL
cilostazol	Generic	
clopidogrel bisulfate oral	Generic	
dipyridamole oral	Generic	
prasugrel hcl	Generic	QL
ticagrelor	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	Generic	
CLONIDINE ER	Not covered	ABA
clonidine hcl oral	Generic	
guanfacine hcl	Generic	
JAVADIN	Not covered	
methyldopa	Generic	
midodrine hcl	Generic	
NEXICLON XR	Not covered	
Alpha-adrenergic Blocking Agents		
doxazosin mesylate oral	Generic	
phenoxybenzamine hcl oral	Generic	PA; QL
prazosin hcl oral	Generic	
Angiotensin II Receptor Antagonists		
ARBLI	Not covered	QL
azilsartan medoxomil	Generic	ST; QL
candesartan cilexetil	Generic	
irbesartan	Generic	
losartan potassium oral	Generic	
olmesartan medoxomil oral	Generic	
telmisartan	Generic	
valsartan oral solution	Not covered	
valsartan oral tablet	Generic	

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

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

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

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

Drug Name	Drug Tier	Notes
Diuretics, Loop		
bumetanide oral	Generic	
ENBUMYST	Nonpreferred brand	PA; QL
ethacrynic acid	Generic	
FUROSCIX	Nonpreferred specialty	PA; SP; QL
furosemide oral	Generic	
LASIX ONYU	Nonpreferred brand	PA; QL
SOAANZ	Not covered	
torsemide	Generic	
Diuretics, Potassium-sparing		
amiloride hcl oral	Generic	
eplerenone	Generic	
spironolactone oral suspension 25 mg/5ml	Not covered	
spironolactone oral tablet	Generic	
triamterene oral	Generic	
Diuretics, Thiazide		
chlorthalidone	Generic	
DIURIL ORAL SUSPENSION 250 MG/5ML	Nonpreferred brand	
HEMICLOR	Not covered	QL
hydrochlorothiazide oral	Generic	
indapamide	Generic	
INZIRQO	Not covered	QL
metolazone	Generic	
THALITONE	Not covered	
Dyslipidemics, Fibric Acid Derivatives		
fenofibrate micronized oral capsule 130 mg, 43 mg	Generic	
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	Generic	
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	Generic	
fenofibrate oral capsule 150 mg, 50 mg	Not covered	
fenofibrate oral tablet 120 mg, 40 mg	Not covered	
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	Generic	
fenofibric acid oral capsule delayed release	Generic	
fenofibric acid oral tablet	Not covered	

Drug Name	Drug Tier	Notes
gemfibrozil oral	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	
atorvastatin calcium oral tablet 10 mg, 20 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
atorvastatin calcium oral tablet 40 mg, 80 mg	Generic	QL
EZALLOR SPRINKLE 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	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
pitavastatin calcium	Not covered	QL
pravastatin sodium	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 10 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
rosuvastatin calcium oral tablet 20 mg, 40 mg	Generic	QL
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	Generic	PV2; QL; AL (Min 40 Years and Max 75 Years)
simvastatin oral tablet 80 mg	Generic	QL
ZYPITAMAG	Not covered	
Dyslipidemics, Other		
cholestyramine light	Generic	
cholestyramine oral	Generic	
colesevelam hcl	Generic	
colestipol hcl	Generic	
ezetimibe	Generic	QL
ezetimibe-simvastatin	Generic	QL
icosapent ethyl	Generic	QL
JUXTAPID	Not covered	SP; QL
LEROCHOL	Not covered	QL
NEXLETOL	Preferred brand	PA; QL
NEXLIZET	Preferred brand	PA; QL

Drug Name	Drug Tier	Notes
niacin (antihyperlipidemic)	Not covered	
niacin er (antihyperlipidemic)	Generic	
niacor	Not covered	
omega-3-acid ethyl esters	Generic	QL
PRALUENT	Not covered	QL
prevalite	Generic	
REDEMPLO	Preferred brand 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	Generic	
isosorbide mononitrate	Generic	
isosorbide mononitrate er	Generic	
nitro-bid	Generic	
NITRO-DUR	Not covered	
nitroglycerin rectal	Generic	QL
nitroglycerin sublingual	Generic	
nitroglycerin transdermal	Generic	
nitroglycerin translingual	Generic	
NITRO-TIME	Not covered	
Vasodilators, Direct-acting Arterial		
hydralazine hcl oral	Generic	
minoxidil oral	Generic	
Central Nervous System Agents		
Attention Deficit Hyperactivity Disorder Agents, Amphetamines		
amphetamine er	Not covered	QL
amphetamine sulfate	Generic	QL
amphetamine-dextroamphetamine	Generic	QL
amphetamine-dextroamphetamine er	Generic	QL
amphet-dextroamphet 3-bead er	Generic	QL
ARYNTA	Not covered	QL
dextroamphetamine sulfate	Generic	QL
dextroamphetamine sulfate er	Generic	QL

Drug Name	Drug Tier	Notes
DYANAVEL XR	Not covered	QL
lisdexamfetamine dimesylate	Generic	QL
methamphetamine hcl	Generic	QL
XELSTRYM	Not covered	QL
Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines		
atomoxetine hcl oral capsule	Generic	QL
ATOMOXETINE HCL ORAL SOLUTION	Not covered	QL
ATONCY	Not covered	QL
AZSTARYS	Nonpreferred brand	PA; QL
clonidine hcl er	Generic	QL
COTEMPLA XR-ODT	Not covered	QL
dexmethylphenidate hcl	Generic	QL
dexmethylphenidate hcl er	Generic	QL
guanfacine hcl er	Generic	QL
JORNAY PM	Nonpreferred brand	PA; QL
methylphenidate	Generic	QL
METHYLPHENIDATE ER	Not covered	QL
methylphenidate hcl er	Generic	QL
methylphenidate hcl er (cd)	Generic	QL
methylphenidate hcl er (la)	Generic	QL
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg	Generic	QL
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	Not covered	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)	Generic	QL
methylphenidate hcl oral	Generic	QL
ONYDA XR	Not covered	QL
QELBREE	Nonpreferred brand	PA; QL
QUILLICHEW ER	Not covered	QL
QUILLIVANT XR	Not covered	QL
RELEXXII	Not covered	QL

Drug Name	Drug Tier	Notes
Central Nervous System, Other		
AUSTEDO	Preferred brand specialty	PA; SP; QL
AUSTEDO XR	Nonpreferred specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	Nonpreferred specialty	PA; SP; QL
caffeine citrate oral	Generic	
DAYBUE	Preferred brand specialty	PA; SP; QL
DAYBUE STIX	Not covered	SP; QL
gabapentin (once-daily)	Not covered	QL
HORIZANT	Not covered	QL
INGREZZA	Nonpreferred specialty	PA; SP; QL
NUEDEXTA	Not covered	QL
RADICAVA ORS	Nonpreferred specialty	PA; SP; QL
RADICAVA ORS STARTER KIT	Nonpreferred specialty	PA; SP; QL
riluzole	Generic	
SKYCLARYS	Preferred brand specialty	PA; SP; QL
TEGLUTIK	Nonpreferred specialty	PA; SP; QL
tetrabenazine	Generic specialty	SP; QL
TIGLUTIK	Nonpreferred specialty	PA; SP; QL
Fibromyalgia Agents		
milnacipran hcl	Generic	PA; QL
pregabalin er	Not covered	QL
pregabalin oral	Generic	QL
TONMYA	Not covered	
Multiple Sclerosis Agents		
AVONEX PEN	Preferred brand specialty	SP; QL
AVONEX PREFILLED	Preferred brand specialty	SP; QL
BAFIERTAM	Preferred brand specialty	SP; QL
BETASERON	Preferred brand specialty	SP; QL
cladribine (10 tabs)	Generic specialty	ST; SP; QL
cladribine (4 tabs)	Generic specialty	ST; SP; QL

Drug Name	Drug Tier	Notes
cladribine (5 tabs)	Generic specialty	ST; SP; QL
cladribine (6 tabs)	Generic specialty	ST; SP; QL
cladribine (7 tabs)	Generic specialty	ST; SP; QL
cladribine (8 tabs)	Generic specialty	ST; SP; QL
cladribine (9 tabs)	Generic specialty	ST; SP; QL
dalfampridine er	Generic specialty	SP; QL
dimethyl fumarate oral	Generic	SP; QL
dimethyl fumarate starter pack	Generic	SP; QL
fingolimod hcl	Generic	SP; QL
GILENYA ORAL CAPSULE 0.25 MG	Nonpreferred specialty	SP; QL
glatiramer acetate	Generic specialty	SP; QL
glatopa	Generic specialty	SP; QL
KESIMPTA	Preferred brand specialty	SP; QL
MAYZENT	Nonpreferred specialty	SP; QL
MAYZENT STARTER PACK	Nonpreferred specialty	SP; QL
PLEGRIDY	Not covered	SP; QL
PLEGRIDY STARTER PACK	Not covered	SP; QL
PONVORY	Nonpreferred specialty	SP; QL
PONVORY STARTER PACK	Nonpreferred specialty	SP; QL
REBIF	Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE	Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE TITRATION PACK	Nonpreferred specialty	ST; SP; QL
REBIF TITRATION PACK	Nonpreferred specialty	ST; SP; QL
TASCENSO ODT	Nonpreferred specialty	PA; SP; QL
teriflunomide	Generic	SP; QL
VUMERITY	Preferred brand specialty	SP; QL
ZEPOSIA	Nonpreferred specialty	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	Nonpreferred specialty	PA; SP; QL
ZEPOSIA STARTER KIT	Nonpreferred specialty	PA; SP; QL
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	Preferred brand specialty	PA; SP; QL
BYLVAY (PELLETS)	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
LIVMARLI	Preferred brand specialty	PA; SP; QL
LYNAVOY	Not covered	SP; QL
Dental and Oral Agents		
cevimeline hcl	Generic	
chlorhexidine gluconate mouth/throat	Generic	
periogard	Generic	
pilocarpine hcl oral	Generic	
triamcinolone acetonide mouth/throat	Generic	
Dermatological Agents		
ABSORICA LD	Not covered	QL
accutane	Generic	QL
acitretin	Generic	
adapalene external cream	Generic	
adapalene external gel	Generic	
ADAPALENE EXTERNAL PAD	Not covered	
ADAPALENE EXTERNAL SOLUTION	Not covered	
adapalene-benzoyl peroxide external gel 0.1-2.5 %	Generic	
adapalene-benzoyl peroxide external gel 0.3-2.5 %	Not covered	QL
ADBRY	Preferred brand specialty	PA; SP; QL
AKLIEF	Not covered	QL
ALTRENO	Nonpreferred brand	QL
ammonium lactate external	Generic	
amnesteem	Generic	QL
AMZEEQ	Not covered	QL
ANZUPGO	Nonpreferred brand	PA; QL
ARAZLO	Not covered	QL
azelaic acid external	Generic	
AZELEX	Not covered	
benzoyl peroxide-erythromycin	Generic	
BIMZELX	Not covered	SP; QL
CABTREO	Not covered	QL
calcipotriene external cream	Generic	
CALCIPOTRIENE EXTERNAL FOAM	Not covered	ABA

Drug Name	Drug Tier	Notes
calcipotriene external ointment	Generic	
calcipotriene external solution	Generic	
calcipotriene-betameth diprop	Generic	
calcitriol external	Generic	
CIBINQO	Preferred brand specialty	PA; SP; QL
claravis	Generic	QL
clindacin	Not covered	
clindacin etz	Generic	
clindacin-p	Generic	
clindamycin phos (once-daily)	Generic	
clindamycin phos (twice-daily)	Generic	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Not covered	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Not covered	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Generic	
clindamycin phosphate external foam	Not covered	
clindamycin phosphate external lotion	Generic	
clindamycin phosphate external solution	Generic	
clindamycin phosphate external swab	Generic	
clindamycin-tretinoin	Not covered	
COSENTYX (300 MG DOSE)	Nonpreferred specialty	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	Nonpreferred specialty	PA; SP; QL
COSENTYX SENSOREADY PEN	Nonpreferred specialty	PA; SP; QL
COSENTYX UNOREADY	Nonpreferred specialty	PA; SP; QL
dapsone external gel 5 %	Not covered	QL
dapsone external gel 7.5 %	Not covered	
DIFFERIN EXTERNAL LOTION 0.1 %	Not covered	
doxepin hcl external	Generic	PA; QL
doxycycline	Not covered	
DRYSOL	Preferred brand	
DUOBRII	Not covered	QL
DUPIXENT	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
EBGLYSS	Preferred brand 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	Generic	
EUCRISA	Preferred brand	ST; QL
FABIOR EXTERNAL FOAM 0.1 %	Not covered	QL
FILSUVEZ	Preferred brand specialty	PA; SP; QL
FINACEA EXTERNAL FOAM	Not covered	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Generic	
HYFTOR	Preferred brand specialty	SP; QL
imiquimod external cream 3.75 %	Not covered	QL
imiquimod external cream 5 %	Generic	QL
imiquimod pump	Not covered	QL
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	Generic	QL
isotretinoin oral capsule 25 mg, 35 mg	Not covered	QL
ivermectin external cream	Generic	ST; QL
LEQSELVI	Not covered	SP; QL
LITFULO	Nonpreferred specialty	PA; SP; QL
methoxsalen rapid	Generic	
metronidazole external	Generic	
NEMLUVIO	Nonpreferred specialty	PA; SP; QL
neuac	Generic	
NORITATE	Not covered	
OPZELURA	Preferred brand	ST; QL
pimecrolimus	Generic	
podofilox external	Generic	
PRAMOSONE	Not covered	
QBREXZA	Not covered	QL

Drug Name	Drug Tier	Notes
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	Not covered	
SANTYL	Preferred brand	
selenium sulfide external lotion	Generic	
SILIQ	Not covered	SP; QL
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	Not covered	SP; QL
sodium sulfacetamide wash	Generic	
SOFDRA	Not covered	QL
SORILUX	Not covered	
SOTYKTU	Nonpreferred specialty	PA; SP; QL
SPEVIGO SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
sss 10-5	Generic	
sulfacetamide sodium (acne)	Generic	
sulfacetamide sodium external	Generic	
sulfacetamide sodium-sulfur external cream 10-5 %	Generic	
sulfacetamide sodium-sulfur external liquid 10-5 %, 9-4.5 %	Generic	
sulfacetamide sodium-sulfur external suspension 8-4 %	Generic	
sulfacetamide sod-sulfur wash external liquid 9-4.5 %	Generic	
tacrolimus external	Generic	
TALTZ	Nonpreferred specialty	PA; SP; QL
tazarotene external cream	Generic	
TAZAROTENE EXTERNAL FOAM	Not covered	ABA; QL
tazarotene external gel	Generic	
tretinoin external cream	Generic	
tretinoin external gel 0.01 %, 0.025 %	Generic	
tretinoin external gel 0.05 %	Not covered	
tretinoin microsphere	Not covered	
tretinoin microsphere pump	Not covered	
trilitas	Generic	
TWYNEO	Not covered	QL
VEREGEN	Nonpreferred brand	
VTAMA	Preferred brand	ST; QL

Drug Name	Drug Tier	Notes
WINLEVI	Not covered	QL
WYNZORA	Not covered	QL
ZELSUVMI	Nonpreferred brand	PA; QL
zenatane	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	Generic specialty	PA; SP
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ	Not covered	
effer-k oral tablet effervescent 25 meq	Generic	
GALZIN	Nonpreferred brand	PA; QL
iodine strong	Generic	
klor-con	Generic	
klor-con 10	Generic	
klor-con m10	Generic	
klor-con m15	Generic	
klor-con m20	Generic	
klor-con/ef oral tablet effervescent 25 meq	Generic	
K-PHOS	Nonpreferred brand	
K-PHOS NO 2	Not covered	
K-PRIME ORAL TABLET EFFERVESCENT 25 MEQ	Preferred brand	
levocarnitine oral solution	Generic	
levocarnitine oral tablet	Generic	
levocarnitine sf	Generic	
MONOJECT FLUSH SYRINGE	Nonpreferred brand	

Drug Name	Drug Tier	Notes
MONOJECT SODIUM CHLORIDE FLUSH	Nonpreferred brand	
normal saline flush	Generic	
PHOSPHO-TRIN K500	Nonpreferred brand	
POKONZA	Not covered	
potassium chloride crys er	Generic	
potassium chloride er	Generic	
potassium chloride oral packet 20 meq	Generic	
potassium chloride oral packet 40 meq	Not covered	
potassium chloride oral solution	Generic	
potassium citrate er	Generic	
saline flush	Generic	
sodium chloride flush solution 0.9 % intravenous	Generic	
SODIUM CHLORIDE FLUSH SOLUTION 0.9 % INTRAVENOUS	Nonpreferred brand	
sodium fluoride oral	Generic	PV2; AL (Min 6 Months and Max 16 Years)
ZYCUBO	Preferred brand 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	Generic specialty	15DS; SP
deferasirox oral tablet soluble	Generic specialty	15DS; SP
deferiprone	Generic specialty	PA; SP; QL
FERRIPROX ORAL SOLUTION	Nonpreferred specialty	PA; SP; QL
FERRIPROX TWICE-A-DAY	Nonpreferred specialty	PA; SP; QL
KIONEX	Nonpreferred brand	
LOKELMA	Preferred brand	QL
sodium polystyrene sulfonate	Generic	
SPS (SODIUM POLYSTYRENE SULF)	Nonpreferred brand	
tolvaptan	Generic specialty	PA; SP; QL
tolvaptan (hyponatremia)	Generic specialty	PA; SP; QL
trientine hcl	Generic specialty	PA; SP; QL
VELTASSA	Preferred brand	QL

Drug Name	Drug Tier	Notes
Phosphate Binders		
AURYXIA	Not covered	
calcium acetate (phos binder)	Generic	
calcium acetate oral tablet 667 mg	Generic	
ferric citrate tablet 1 gm 210 mg(fe) oral	Generic	
FERRIC CITRATE TABLET 1 GM 210 MG(FE) ORAL	Not covered	ABA
FOSRENOL ORAL PACKET	Not covered	
lanthanum carbonate	Generic	
sevelamer carbonate	Generic	
sevelamer hcl	Generic	
VELPHORO	Not covered	
Vitamins		
cyanocobalamin injection solution 1000 mcg/ml	Generic	
cyanocobalamin nasal	Not covered	
ergocalciferol oral capsule	Generic	
folate	Preventive	PV1
FOLIC ACID ORAL SOLUTION	Not covered	ABA; QL
folic acid oral tablet 1 mg	Generic	
folic acid oral tablet 400 mcg, 800 mcg	Preventive	PV1
ft folic acid	Preventive	PV1
hydroxocobalamin acetate	Generic	
phytonadione injection solution 10 mg/ml	Generic	
phytonadione oral	Generic	
QUIOFIC	Not covered	QL
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Generic	
vitamin k1 injection	Generic	
yl folic acid	Preventive	PV1
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
belladonna alkaloids-opium	Generic	
DERMACINRX DIGENYX	Not covered	
dicyclomine hcl oral capsule	Generic	
dicyclomine hcl oral solution 10 mg/5ml	Generic	
dicyclomine hcl oral tablet 20 mg	Generic	

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

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

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

Drug Name	Drug Tier	Notes
mm clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
na sulfate-k sulfate-mg sulf	Generic	QL
peg 3350	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
peg 3350-kcl-na bicarb-nacl	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-3350/electrolytes/ascorbat	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
peg-kcl-nacl-nasulf-na asc-c	Generic	PV2; QL; AL (Min 45 Years and Max 75 Years)
PLENVU	Nonpreferred brand	QL
polyethylene glycol 3350 oral	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
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	Generic	
sucralfate oral	Generic	
Proton Pump Inhibitors		
dexlansoprazole	Not covered	
esomeprazole magnesium	Generic	
KONVOMEP	Not covered	
lansoprazole oral capsule delayed release	Generic	QL
lansoprazole oral tablet delayed release dispersible	Not covered	
omeprazole oral capsule delayed release	Generic	QL
omeprazole-sodium bicarbonate oral capsule	Generic	QL
omeprazole-sodium bicarbonate oral packet	Not covered	QL
pantoprazole sodium oral packet	Not covered	
pantoprazole sodium oral tablet delayed release	Generic	QL
PRILOSEC	Not covered	

Drug Name	Drug Tier	Notes
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Generic	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	Generic specialty	SP
BUPHENYL ORAL POWDER	Not covered	
CERDELGA	Preferred brand specialty	PA; SP; QL
CHOLBAM	Preferred brand specialty	PA; SP; QL
CREON	Preferred brand	
CYSTAGON	Preferred brand specialty	SP
DUVYZAT	Nonpreferred specialty	PA; SP; QL
EVRYSDI	Preferred brand specialty	PA; SP; QL
GALAFOLD	Preferred brand specialty	PA; SP; QL
GLASSIA	Preferred brand specialty	PA; SP; QL
glycerol phenylbutyrate	Generic specialty	PA; SP; QL
HARLIKU	Not covered	SP; QL
IMCIVREE	Preferred brand specialty	PA; SP; QL
KYGEVVI	Preferred brand specialty	PA; SP; QL
LOARGYS	Preferred brand specialty	PA; SP; QL
miglustat	Generic specialty	PA; SP; QL
MYALEPT	Nonpreferred specialty	PA; SP; QL
nitisinone	Generic 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

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

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

Drug Name	Drug Tier	Notes
tiopronin	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	Generic	
alclometasone dipropionate	Generic	
ALKINDI SPRINKLE	Not covered	SP; QL
amcinonide	Not covered	
betamethasone dipropionate aug	Generic	
betamethasone dipropionate external	Generic	
betamethasone valerate external	Generic	
BRYHALI	Nonpreferred brand	QL
clobetasol prop emollient base	Generic	
clobetasol propionate e	Generic	
clobetasol propionate emulsion	Generic	
CLOBETASOL PROPIONATE EXTERNAL CREAM 0.025 %	Not covered	ABA
clobetasol propionate external cream 0.05 %	Generic	
clobetasol propionate external foam	Generic	
clobetasol propionate external gel	Generic	
clobetasol propionate external liquid	Generic	
clobetasol propionate external lotion	Generic	
clobetasol propionate external ointment	Generic	
clobetasol propionate external shampoo	Generic	
clobetasol propionate external solution	Generic	
clocortolone pivalate	Not covered	
clodan	Generic	
CORDRAN	Not covered	
CORTISONE ACETATE ORAL	Not covered	
deflazacort	Generic specialty	PA; SP

Drug Name	Drug Tier	Notes
desonide external cream	Generic	
desonide external gel	Not covered	
desonide external lotion	Generic	
desonide external ointment	Generic	
desoximetasone external	Generic	
dexamethasone intensol	Generic	
dexamethasone oral elixir	Generic	
dexamethasone oral solution	Generic	
dexamethasone oral tablet	Generic	
dexamethasone oral tablet therapy pack	Generic	
DEXLYT	Not covered	
diflorasone diacetate	Not covered	
evesse	Generic	
fludrocortisone acetate oral	Generic	
fluocinolone acetonide body	Generic	
fluocinolone acetonide external	Generic	
fluocinolone acetonide scalp	Generic	
fluocinonide emulsified base	Generic	
fluocinonide external cream 0.05 %	Generic	
fluocinonide external cream 0.1 %	Generic	QL
fluocinonide external gel	Generic	
fluocinonide external ointment	Generic	
fluocinonide external solution	Generic	
flurandrenolide	Not covered	
fluticasone propionate external	Generic	
halcinonide	Not covered	
halobetasol propionate external cream	Generic	
halobetasol propionate external foam	Not covered	
HALOBETASOL PROPIONATE EXTERNAL LOTION	Not covered	ABA
halobetasol propionate external ointment	Generic	
HEMADY	Not covered	
HIDEX 6-DAY	Not covered	
HYDROCORTISONE ACETATE EXTERNAL CREAM 2.5 %	Not covered	
hydrocortisone butyrate	Generic	

Drug Name	Drug Tier	Notes
hydrocortisone external cream 1 %, 2.5 %	Generic	
hydrocortisone external lotion 2 %	Not covered	
hydrocortisone external lotion 2.5 %	Generic	
hydrocortisone external ointment 1 %, 2.5 %	Generic	
HYDROCORTISONE EXTERNAL SOLUTION	Not covered	
hydrocortisone oral	Generic	
hydrocortisone sod suc (pf)	Generic	
hydrocortisone valerate	Generic	
HYDROXYM EXTERNAL CREAM	Not covered	
IMPOYZ	Not covered	
jaythari	Generic specialty	PA; SP
KHINDIVI	Not covered	SP; QL
kymbee	Generic specialty	PA; SP
MEDROL ORAL TABLET 2 MG	Nonpreferred brand	
methylprednisolone oral	Generic	
MICORT HC	Not covered	
mometasone furoate external	Generic	
prednisolone oral solution	Generic	
prednisolone oral tablet	Generic	
prednisolone sodium phosphate oral solution	Generic	
prednisolone sodium phosphate oral tablet dispersible	Not covered	
prednisone intensol	Generic	
prednisone oral solution	Generic	
prednisone oral tablet	Generic	
PREDNISONE ORAL TABLET DELAYED RELEASE	Not covered	QL
prednisone oral tablet therapy pack	Generic	
pyquvi	Generic 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	

Drug Name	Drug Tier	Notes
tovet	Generic	
triamcinolone acetonide external aerosol solution	Generic	QL
triamcinolone acetonide external cream	Generic	
triamcinolone acetonide external lotion	Generic	
triamcinolone acetonide external ointment	Generic	
triamcinolone in absorbase	Generic	
triderm	Generic	
ULTRAVATE	Not covered	
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)		
ACTHAR	Not covered	SP; QL
ACTHAR GEL	Not covered	SP; QL
cabergoline	Generic	
CHORIONIC GONADOTROPIN INTRAMUSCULAR	Not covered	SP; QL
CORTROPHIN	Not covered	SP; QL
CORTROPHIN GEL	Not covered	SP
CRENESSITY	Preferred brand specialty	PA; SP; QL
DESMODA	Not covered	SP
desmopressin ace spray refrig	Generic	
desmopressin acetate injection	Generic	
desmopressin acetate oral	Generic	
desmopressin acetate pf	Generic	
desmopressin acetate spray	Generic	
EGRIFTA SV	Not covered	SP; QL
EGRIFTA WR	Not covered	SP; QL
FOLLISTIM AQ	Nonpreferred specialty	PA; SP; QL
GENOTROPIN	Preferred brand specialty	PA; SP
GENOTROPIN MINIQUICK	Preferred brand specialty	PA; SP
GONAL-F	Preferred brand specialty	PA; SP; QL
GONAL-F RFF REDIJECT	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT	Preferred brand specialty	PA; SP; QL
HUMATROPE	Nonpreferred specialty	PA; SP
INCRELEX	Nonpreferred specialty	PA; SP
ISTURISA	Nonpreferred specialty	PA; SP; QL
MENOPUR	Not covered	SP
NGENLA	Nonpreferred specialty	PA; SP
NORDITROPIN FLEXPRO	Preferred brand 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 brand specialty	PA; SP; QL
PREGNYL	Preferred brand 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	Generic	QL
clomiphene citrate oral	Generic	QL
milophene	Generic	QL
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)		
mifepristone oral tablet 300 mg	Generic specialty	PA; SP; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)		
Androgens		
danazol oral	Generic	
INTRAROSA	Not covered	

Drug Name	Drug Tier	Notes
JATENZO	Not covered	QL
KYZATREX	Not covered	QL
METHITEST	Nonpreferred brand	QL
methyltestosterone oral	Not covered	QL
NATESTO	Not covered	QL
TESTOSTERONE CYPIONATE INJECTION	Not covered	
testosterone cypionate intramuscular	Generic	
testosterone enanthate intramuscular	Generic	
testosterone transdermal gel	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	Generic	
abigale lo	Generic	
afirmelle	Generic	PV2
ALORA	Preferred brand	
altavera	Generic	PV2
alyacen 1/35	Generic	PV2
alyacen 7/7/7	Generic	PV2
amethyst	Generic	PV2
ANGELIQ	Nonpreferred brand	
ANNOVERA	Nonpreferred brand	QL
apri	Generic	PV2
aranelle	Generic	PV2
ashlyna	Generic	PV2; QL
aubra eq	Generic	PV2
aurovela 1.5/30	Generic	PV2
aurovela 1/20	Generic	PV2
aurovela 24 fe	Generic	PV2
aurovela fe 1.5/30	Generic	PV2
aurovela fe 1/20	Generic	PV2
AVERI	Nonpreferred brand	
aviane	Generic	PV2
ayuna	Generic	PV2

Drug Name	Drug Tier	Notes
azurette	Generic	PV2
balziva	Generic	PV2
BIJUVA	Not covered	QL
blisovi 24 fe	Generic	PV2
blisovi fe 1.5/30	Generic	PV2
blisovi fe 1/20	Generic	PV2
briellyn	Generic	PV2
camrese	Generic	PV2; QL
camrese lo	Generic	PV2; QL
charlotte 24 fe	Generic	PV2
chateal eq	Generic	PV2
CLIMARA	Nonpreferred brand	
CLIMARA PRO	Nonpreferred brand	
COMBIPATCH	Nonpreferred brand	
COVARYX	Not covered	
COVARYX HS	Not covered	
cryselle	Generic	PV2
cryselle-28	Generic	PV2
cyred eq	Generic	PV2
dasetta 1/35 (28)	Generic	PV2
dasetta 7/7/7	Generic	PV2
daysee	Generic	PV2; QL
delyla	Generic	PV2
DEPO-ESTRADIOL	Nonpreferred brand	
desogestrel-ethinyl estradiol	Generic	PV2
dolishale	Generic	PV2
dotti	Generic	
drospiren-eth estrad-levomefol	Generic	PV2
drospirenone-ethinyl estradiol	Generic	PV2
DUAVEE	Nonpreferred brand	
EEMT	Not covered	
EEMT HS	Not covered	
ELESTRIN	Nonpreferred brand	
elinest	Generic	PV2
eluryng	Generic	PV2; QL
enilloring	Generic	PV2; QL

Drug Name	Drug Tier	Notes
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	Generic	PV2
enskyce	Generic	PV2
est estrogens-methyltest	Generic	
est estrogens-methyltest ds	Generic	
est estrogens-methyltest hs	Generic	
estarylla	Generic	PV2
estradiol oral	Generic	
estradiol transdermal	Generic	
estradiol vaginal	Generic	
estradiol valerate intramuscular	Generic	
estradiol-norethindrone acet	Generic	
ESTRATEST H.S.	Not covered	
ESTRING	Preferred brand	
estrogens conjugated	Generic	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	Generic	PV2
etonogestrel-ethinyl estradiol	Generic	PV2; QL
EVAMIST	Nonpreferred brand	
falmina	Generic	PV2
feirza 1.5/30	Generic	PV2
feirza 1/20	Generic	PV2
FEMLYV	Nonpreferred brand	QL
FEMRING	Not covered	
finzala	Generic	PV2
fyavolv	Generic	
galbriela	Generic	PV2
gemmily	Generic	PV2
hailey 1.5/30	Generic	PV2
hailey 24 fe	Generic	PV2
hailey fe 1.5/30	Generic	PV2
hailey fe 1/20	Generic	PV2
haloette vaginal ring 0.12-0.015 mg/24hr	Generic	PV2; QL
iclevia	Generic	PV2; QL
IMVEXXY MAINTENANCE PACK	Nonpreferred brand	
IMVEXXY STARTER PACK	Nonpreferred brand	

Drug Name	Drug Tier	Notes
introvale	Generic	PV2; QL
isibloom	Generic	PV2
jaimiess	Generic	PV2; QL
jasmiel	Generic	PV2
jinteli	Generic	
jolessa	Generic	PV2; QL
joyeaux	Generic	PV2
juleber	Generic	PV2
junel 1.5/30	Generic	PV2
junel 1/20	Generic	PV2
junel fe 1.5/30	Generic	PV2
junel fe 1/20	Generic	PV2
junel fe 24	Generic	PV2
kaitlib fe	Generic	PV2
kalliga	Generic	PV2
kariva	Generic	PV2
kelnor 1/35	Generic	PV2
kurvelo	Generic	PV2
larin 1.5/30	Generic	PV2
larin 1/20	Generic	PV2
larin 24 fe	Generic	PV2
larin fe 1.5/30	Generic	PV2
larin fe 1/20	Generic	PV2
leena oral tablet 0.5/1/0.5-35 mg-mcg	Generic	PV2
lessina	Generic	PV2
levonest	Generic	PV2
levonorgest-eth est & eth est oral tablet 42-21-21-7 days	Generic	PV2; QL
levonorgest-eth estrad 91-day	Generic	PV2; QL
levonorgest-eth estradiol-iron	Generic	PV2
levonorgestrel-ethinyl estrad	Generic	PV2
levonorg-eth estrad triphasic	Generic	PV2
levora 0.15/30 (28)	Generic	PV2
LO LOESTRIN FE	Nonpreferred brand	
lojaimiess	Generic	PV2; QL
loryna	Generic	PV2

Drug Name	Drug Tier	Notes
low-ogestrel	Generic	PV2
lo-zumandimine	Generic	PV2
luizza 1.5/30	Generic	PV2
luizza 1/20	Generic	PV2
lutera	Generic	PV2
lyllana	Generic	
marlissa	Generic	PV2
MENOSTAR	Not covered	
mibelas 24 fe	Generic	PV2
microgestin 1.5/30	Generic	PV2
microgestin 1/20	Generic	PV2
microgestin fe 1.5/30	Generic	PV2
microgestin fe 1/20	Generic	PV2
mili	Generic	PV2
mimvey	Generic	
MINIVELLE	Nonpreferred brand	
minzoya	Generic	PV2
mono-linyah	Generic	PV2
MYFEMBREE	Nonpreferred brand	PA; QL
NATAZIA	Nonpreferred brand	
necon 0.5/35 (28)	Generic	PV2
NEXTSTELLIS	Nonpreferred brand	
nikki	Generic	PV2
norelgestromin-eth estradiol	Generic	PV2; QL
norethin ace-eth estrad-fe	Generic	PV2
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	Generic	PV2
norethindrone acet-ethinyl est	Generic	PV2
norethindrone-eth estradiol	Generic	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	Generic	PV2
norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg	Generic	PV2
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Generic	PV2
norgestimate-ethinyl estradiol triphasic	Generic	PV2
nortrel 0.5/35 (28)	Generic	PV2

Drug Name	Drug Tier	Notes
nortrel 1/35 (21)	Generic	PV2
nortrel 1/35 (28)	Generic	PV2
nortrel 7/7/7	Generic	PV2
nylia 1/35	Generic	PV2
nylia 7/7/7	Generic	PV2
ocella oral tablet 3-0.03 mg	Generic	PV2
ORIAHNN	Not covered	QL
philith	Generic	PV2
pimtrea	Generic	PV2
portia-28	Generic	PV2
PREMARIN VAGINAL	Preferred brand	
PREMPHASE	Preferred brand	
PREMPRO	Preferred brand	
reclipsen	Generic	PV2
rivelsa	Generic	PV2; QL
rosyrah	Generic	PV2; QL
setlakin	Generic	PV2; QL
simliya	Generic	PV2
simpesse	Generic	PV2; QL
sprintec 28	Generic	PV2
sronyx	Generic	PV2
syeda	Generic	PV2
tarina 24 fe	Generic	PV2
tarina fe 1/20 eq	Generic	PV2
taysofy	Generic	PV2
tilia fe	Generic	PV2
tri-estarylla	Generic	PV2
tri-legest fe	Generic	PV2
tri-linyah	Generic	PV2
tri-lo-estarylla	Generic	PV2
tri-lo-marzia	Generic	PV2
tri-lo-mili	Generic	PV2
tri-lo-sprintec	Generic	PV2
tri-mili	Generic	PV2
tri-sprintec	Generic	PV2
tri-vylibra	Generic	PV2

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

Drug Name	Drug Tier	Notes
incassia	Generic	PV2
jencycla	Generic	PV2
levonorgestrel	Preventive	PV1; QL
lyleq	Generic	PV2
lyza	Generic	PV2
medroxyprogesterone acetate intramuscular	Generic	PV2
medroxyprogesterone acetate oral	Generic	
megestrol acetate oral	Generic	
meleya	Generic	PV2
my choice	Preventive	PV1; QL
my way	Preventive	PV1; QL
new day	Preventive	PV1; QL
nora-be	Generic	PV2
norethindrone acetate oral	Generic	
norethindrone oral	Generic	PV2
norlyroc	Generic	PV2
opcicon one-step	Preventive	PV1; QL
option 2	Preventive	PV1; QL
orquidea	Generic	PV2
progesterone intramuscular	Generic	
progesterone oral	Generic	
progesterone vaginal	Not covered	
react oral tablet 1.5 mg	Preventive	PV1; QL
sharobel	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	Generic	PV3; QL
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)		
ADTHYZA ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	Nonpreferred brand	

Drug Name	Drug Tier	Notes
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	Generic	
LEVOTHYROXINE SODIUM ORAL CAPSULE	Not covered	ABA
levothyroxine sodium oral tablet	Generic	
levoxyl	Generic	
liomny	Generic	
liothyronine sodium oral	Generic	
NIVA THYROID	Nonpreferred brand	
np thyroid	Generic	
RENTHYROID	Nonpreferred brand	
THYQUIDITY	Not covered	
thyroid oral	Generic	
TIROSINT	Nonpreferred brand	
TIROSINT-SOL	Nonpreferred brand	
unithroid	Generic	
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	Generic specialty	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Preferred brand specialty	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Preferred brand specialty	SP
LUPRON DEPOT-PED (1-MONTH)	Preferred brand specialty	SP
LUPRON DEPOT-PED (3-MONTH)	Preferred brand specialty	SP

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

Drug Name	Drug Tier	Notes
ADALIMUMAB-AACF (CD/UC/HS STRT)	Not covered	SP; QL
ADALIMUMAB-AACF (PS/UV STARTER)	Not covered	SP; QL
ADALIMUMAB-AATY (1 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 PEN)	Not covered	SP; QL
ADALIMUMAB-AATY (2 SYRINGE)	Not covered	SP; QL
ADALIMUMAB-AATY CD/UC/HS START	Not covered	SP
ADALIMUMAB-ADAZ	Not covered	SP
ADALIMUMAB-ADBM (2 PEN)	Not covered	SP
ADALIMUMAB-ADBM (2 SYRINGE)	Not covered	SP
ADALIMUMAB-ADBM(CD/UC/HS STRT) 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	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	Generic specialty	SP
cyclosporine oral	Generic specialty	SP
CYLTEZO (2 PEN)	Not covered	SP
CYLTEZO (2 SYRINGE)	Not covered	SP
CYLTEZO-CD/UC/HS STARTER 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

Drug Name	Drug Tier	Notes
ENBREL	Preferred brand specialty	PA; SP; QL
ENBREL MINI	Preferred brand specialty	PA; SP; QL
ENBREL SURECLICK	Preferred brand specialty	PA; SP; QL
ENVARSUS XR	Nonpreferred specialty	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Generic specialty	SP
gengraf	Generic specialty	SP
HADLIMA	Not covered	SP
HADLIMA PUSHTOUCH	Not covered	SP
HULIO (2 PEN)	Not covered	SP
HULIO (2 SYRINGE)	Not covered	SP
HUMIRA (2 PEN)	Not covered	SP; QL
HUMIRA (2 SYRINGE)	Not covered	SP; QL
HUMIRA-CD/UC/HS STARTER	Not covered	SP; QL
HUMIRA-PSORIASIS/UVEIT STARTER	Not covered	SP; QL
HYRIMOZ	Not covered	SP
HYRIMOZ-CROHNS/UC STARTER	Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER	Not covered	SP
HYRIMOZ-PED>/=40KG CROHN START	Not covered	SP
HYRIMOZ-PLAQ PSOR/UVEIT START	Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START	Not covered	SP
IMULDOSA SUBCUTANEOUS	Not covered	SP; QL
JYLAMVO	Not covered	SP
KINERET	Nonpreferred specialty	PA; SP; QL
LUPKYNIS	Not covered	SP; QL
methotrexate sodium (pf)	Generic	
methotrexate sodium injection solution	Generic	
methotrexate sodium oral	Generic	
mycophenolate mofetil oral	Generic specialty	SP
mycophenolate sodium	Generic specialty	SP
mycophenolic acid	Generic specialty	SP
MYHIBBIN	Not covered	SP; QL
OLUMIANT	Nonpreferred specialty	PA; SP; QL
OMVOH (300 MG DOSE)	Not covered	SP; QL

Drug Name	Drug Tier	Notes
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 brand specialty	PA; SP; OVM
RHAPSIDO	Not covered	SP; QL
SIMLANDI (1 PEN)	Preferred brand specialty	PA; SP; QL
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML	Preferred brand specialty	PA; SP; QL
SIMLANDI (2 PEN)	Preferred brand specialty	PA; SP; QL
SIMLANDI (2 SYRINGE)	Preferred brand specialty	PA; SP; QL
SIMPONI	Preferred brand specialty	PA; SP; QL
sirolimus oral	Generic specialty	SP
SKYRIZI PEN	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	Generic specialty	SP
tacrolimus oral	Generic specialty	SP
tofacitinib citrate er	Generic specialty	PA; SP; QL
tofacitinib citrate oral	Generic specialty	PA; SP; QL
TREXALL	Preferred brand	
USTEKINUMAB-AAUZ	Not covered	SP
XATMEP	Not covered	SP
YESINTEK SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
YUFLYMA (1 PEN)	Not covered	SP; QL
YUFLYMA (2 PEN)	Not covered	SP; QL
YUFLYMA (2 SYRINGE)	Not covered	SP; QL
YUFLYMA-CD/UC/HS STARTER	Not covered	SP; QL

Drug Name	Drug Tier	Notes
YUSIMRY	Not covered	SP
ZYMFENTRA (1 PEN)	Not covered	SP; QL
ZYMFENTRA (2 PEN)	Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)	Not covered	SP; QL
Immunoglobulins		
CUTAQUIG	Nonpreferred specialty	PA; SP
CUVITRU	Not covered	SP
GAMMAGARD	Preferred brand specialty	PA; SP
GAMMAGARD ERC	Preferred brand specialty	PA; SP
GAMMAKED	Nonpreferred specialty	PA; SP
GAMUNEX-C	Not covered	SP
HIZENTRA	Preferred brand specialty	PA; SP
HYQVIA	Nonpreferred specialty	PA; SP
XEMBIFY	Nonpreferred specialty	PA; SP
Immunomodulators		
ACTEMRA ACTPEN	Not covered	SP; QL
ACTEMRA SUBCUTANEOUS	Not covered	SP; QL
ACTIMMUNE	Preferred brand specialty	SP
ARCALYST	Nonpreferred specialty	PA; SP; QL
AURANOFIN	Nonpreferred brand	ABA
AVTOZMA SUBCUTANEOUS	Not covered	SP
BENLYSTA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
BEYFORTUS	Preventive	PV1; QL
ENFLONSIA	Preventive	PV1; QL
ENSPRYNG	Preferred brand specialty	PA; SP; QL
ENTYVIO PEN	Nonpreferred specialty	PA; SP; QL
ICOTYDE	Not covered	SP; QL
KEVZARA	Nonpreferred specialty	PA; SP; QL
leflunomide oral	Generic	
OTEZLA	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
OTEZLA XR	Preferred brand specialty	PA; SP; QL
OTEZLA/OTEZLA XR INITIATION PK	Preferred brand 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 brand specialty	PA; SP; QL
TREMFYA PEN	Preferred brand specialty	PA; SP; QL
TREMFYA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
TREMFYA-CD/UC INDUCTION	Preferred brand specialty	PA; SP; QL
TYENNE SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
USTEKINUMAB SUBCUTANEOUS	Not covered	SP; QL
USTEKINUMAB-AEKN	Not covered	SP
USTEKINUMAB-TTWE SUBCUTANEOUS	Not covered	SP
VELSIPITY	Not covered	SP; QL
WEZLANA SUBCUTANEOUS	Not covered	SP; QL
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL
Immunosuppressants		
JOENJA	Preferred brand specialty	PA; SP; QL
Vaccines		
ABRYSVO	Preventive	PV1; QL
ACTHIB	Preventive	PV1; QL
ADACEL	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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
VAXELIS INTRAMUSCULAR SUSPENSION	Preventive	PV1; QL
VAXNEUVANCE	Preventive	PV1; QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	Generic	
DIPENTUM	Nonpreferred brand	
mesalamine er oral capsule 0.375 gm	Generic	

Drug Name	Drug Tier	Notes
mesalamine er oral capsule extended release 500 mg	Generic	
mesalamine oral capsule delayed release 400 mg	Generic	
mesalamine oral tablet delayed release 1.2 gm	Generic	QL
mesalamine oral tablet delayed release 800 mg	Generic	
mesalamine rectal	Generic	
PENTASA	Preferred brand	
SFROWASA 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	Generic	QL
budesonide oral	Generic	
budesonide rectal	Not covered	
CORTIFOAM	Nonpreferred brand	
EOHILIA	Nonpreferred specialty	PA; SP; QL
HEMMOREX-HC	Not covered	
hydrocortisone (perianal)	Generic	
hydrocortisone ace-pramoxine external cream 1-1 %	Generic	
hydrocortisone acetate rectal	Generic	
hydrocortisone rectal	Generic	
hydrocort-pramoxine (perianal)	Generic	
lidocaine-hydrocort (perianal)	Generic	
LIDOCORT	Not covered	
PROCTOCORT RECTAL	Not covered	
PROCTOFOAM HC	Preferred brand	
procto-med hc	Generic	
TARPEYO	Nonpreferred specialty	PA; SP; QL
Sulfonamides		
sulfasalazine oral	Generic	
Metabolic Bone Disease Agents		
alendronate sodium	Generic	QL

Drug Name	Drug Tier	Notes
BINOSTO	Not covered	QL
BONSITY	Not covered	SP; QL
calcitonin (salmon)	Generic	
calcitriol oral	Generic	
cinacalcet hcl	Generic specialty	SP
doxercalciferol oral	Generic	
FOSAMAX PLUS D	Not covered	QL
ibandronate sodium oral	Generic	QL
paricalcitol oral	Generic	
RAYALDEE	Not covered	QL
risedronate sodium	Generic	QL
teriparatide solution pen-injector 560 mcg/2.24ml subcutaneous	Generic specialty	PA; SP; QL
TERIPARATIDE SOLUTION PEN-INJECTOR 560 MCG/2.24ML SUBCUTANEOUS	Not covered	SP; QL
TYMLOS	Preferred brand specialty	PA; SP; QL
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 brand specialty	PA; SP; QL
BD AUTOSHIELD DUO PEN NEEDLES	Preferred brand	
BD PEN NEEDLE MICRO ULTRAFINE	Preferred brand	
BD PEN NEEDLE MINI ULTRAFINE	Preferred brand	
BD PEN NEEDLE NANO ULTRAFINE	Preferred brand	

Drug Name	Drug Tier	Notes
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	Generic	
DOJOLVI	Preferred brand 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 brand specialty	PA; SP; QL
FLEXICHAMBER	Nonpreferred brand	QL
GRASTEK	Not covered	QL
IWILFIN	Preferred brand specialty	PA; 15DS; SP; OVM
KERENDIA	Preferred brand	PA; QL

Drug Name	Drug Tier	Notes
LASIX ONYU REUSABLE UNIT/CHARG	Nonpreferred brand	PA; QL
l-glutamine oral packet	Generic	PA; QL
LYNKUET	Not covered	QL
methylergonovine maleate oral	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 brand 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 brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
sterile water for irrigation	Generic	
TAVNEOS	Nonpreferred specialty	PA; SP; QL
TRUE COVER	Preventive	PV1; QL
TWIIST REFILL KIT	Preferred brand	QL
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 brand specialty	SP; QL
VORTEX VALVE CHAMBER-PEDI MASK	Nonpreferred brand	QL
VORTEX VALVED HOLDING CHAMBER	Nonpreferred brand	QL
VYKAT XR	Preferred brand specialty	PA; SP; QL
water for irrigation, sterile	Generic	
WIDE-SEAL DIAPHRAGM 60	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 65	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 70	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 75	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 80	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 85	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 90	Nonpreferred brand	PV2; QL
WIDE-SEAL DIAPHRAGM 95	Nonpreferred brand	PV2; QL
XPHOZAH	Preferred brand	PA; QL
YORVIPATH	Preferred brand specialty	PA; SP; QL
ZILBRYSQ	Nonpreferred specialty	PA; SP; QL
ZOKINVY	Preferred brand specialty	PA; SP; QL
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	Generic	
neomycin-polymyxin-gramicidin	Generic	
TOBRADEX	Nonpreferred brand	
TOBRADEX ST	Nonpreferred brand	

Drug Name	Drug Tier	Notes
tobramycin ophthalmic	Generic	
tobramycin-dexamethasone	Generic	
TOBREX	Nonpreferred brand	
Antibacterials, Other		
bacitracin ophthalmic ointment 500 unit/gm	Generic	
bacitracin-polymyxin b	Generic	
bacitra-neomycin-polymyxin-hc	Generic	
neomycin-bacitracin zn-polymyx	Generic	
neomycin-polymyxin-dexameth	Generic	
neomycin-polymyxin-hc ophthalmic	Generic	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Not covered	
polymyxin b-trimethoprim	Generic	
XDEMVY	Preferred brand	PA; QL
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	Preferred brand	
Antifungals		
NATACYN	Preferred brand	QL
Antiherpetic Agents		
trifluridine	Generic	
Macrolides		
AZASITE	Nonpreferred brand	
erythromycin ophthalmic	Generic	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	Generic	
CEQUA	Nonpreferred brand	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Nonpreferred brand	
cyclopentolate hcl ophthalmic	Generic	
cyclosporine (pf)	Generic	
CYSTADROPS	Not covered	SP; QL
CYSTARAN	Preferred brand specialty	PA; SP; QL
HOMATROPAIRE	Not covered	
loteprednol-tobramycin	Generic	
MIEBO	Preferred brand	QL

Drug Name	Drug Tier	Notes
OXERVATE	Preferred brand specialty	PA; SP; QL
RESTASIS MULTIDOSE	Not covered	
sulfacetamide-prednisolone	Generic	
tropicamide ophthalmic	Generic	
TRYPTYR	Preferred brand	QL
TYRVAYA	Not covered	QL
VERKAZIA	Not covered	QL
VEVYE	Not covered	QL
XIIDRA	Preferred brand	QL
Ophthalmic Anti-allergy Agents		
ALOCRIL OPHTHALMIC SOLUTION 2 %	Nonpreferred brand	
azelastine hcl ophthalmic	Generic	
bepotastine besilate	Generic	
cromolyn sodium ophthalmic	Generic	
CYCLOMYDRIL	Nonpreferred brand	
epinastine hcl	Generic	
olopatadine hcl ophthalmic solution 0.2 %	Generic	
phenylephrine hcl ophthalmic	Generic	
UPNEEQ	Not covered	QL
ZERVIATE	Not covered	
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	Generic	
betaxolol hcl ophthalmic	Generic	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 %	Nonpreferred brand	
brimonidine tartrate ophthalmic	Generic	
brimonidine tartrate-timolol	Generic	
brinzolamide	Generic	
carteolol hcl	Generic	
dorzolamide hcl ophthalmic	Generic	
dorzolamide hcl-timolol mal	Generic	
dorzolamide hcl-timolol mal pf	Generic	
IOPIDINE	Not covered	
levobunolol hcl	Generic	
OMLONTI	Not covered	

Drug Name	Drug Tier	Notes
PHOSPHOLINE IODIDE	Not covered	
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	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	Generic	
timolol maleate ophthalmic solution	Generic	
timolol maleate pf	Not covered	
Ophthalmic Anti-inflammatories		
ACUVAIL	Not covered	
bromfenac sodium (once-daily)	Generic	
bromfenac sodium ophthalmic solution 0.07 %	Generic	
bromfenac sodium ophthalmic solution 0.075 %	Not covered	QL
BYQLOVI	Not covered	
CLOBETASOL PROPIONATE OPHTHALMIC	Not covered	
dexamethasone sodium phosphate ophthalmic	Generic	
diclofenac sodium ophthalmic	Generic	
difluprednate	Generic	
EYSUVIS	Not covered	QL
FLAREX	Not covered	
fluorometholone	Generic	
flurbiprofen sodium	Generic	
FML FORTE	Nonpreferred brand	
ILEVRO	Not covered	
INVELTYS	Not covered	QL
ketorolac tromethamine ophthalmic	Generic	
LOTEMAX OPHTHALMIC OINTMENT	Nonpreferred brand	
LOTEMAX SM	Not covered	QL
loteprednol etabonate	Generic	
MAXIDEX	Nonpreferred brand	
NEVANAC	Not covered	
PRED MILD	Nonpreferred brand	

Drug Name	Drug Tier	Notes
prednisolone acetate ophthalmic	Generic	
PREDNISOLONE ACETATE P-F	Nonpreferred brand	
prednisolone sodium phosphate ophthalmic	Generic	
Ophthalmic Prostaglandin and Prostamide Analogs		
bimatoprost ophthalmic	Generic	
IYUZEH	Not covered	QL
latanoprost ophthalmic	Generic	
tafluprost (pf)	Generic	
travoprost (bak free)	Generic	
VYZULTA	Not covered	
XELPROS	Nonpreferred brand	PA; QL
ZOLYMBUS	Not covered	
Quinolones		
BESIFLOXACIN HCL	Not covered	
BESIVANCE	Nonpreferred brand	
CILOXAN	Nonpreferred brand	
ciprofloxacin hcl ophthalmic	Generic	
gatifloxacin ophthalmic	Generic	
levofloxacin ophthalmic	Generic	
moxifloxacin hcl (2x day)	Generic	
moxifloxacin hcl ophthalmic	Generic	
ofloxacin ophthalmic	Generic	
Sulfonamides		
sulfacetamide sodium ophthalmic	Generic	
sulfacetamide sodium ophthalmic ointment 10 %	Generic	
Otic Agents		
acetic acid otic	Generic	
ciprofloxacin hcl otic	Generic	
ciprofloxacin-dexamethasone	Generic	
CIPROFLOXACIN-FLUOCINOLONE PF	Nonpreferred brand	
ciprofloxacin-hydrocortisone	Generic	
CORTISPORIN-TC	Nonpreferred brand	
fluocinolone acetonide otic	Generic	
hydrocortisone-acetic acid	Generic	
neomycin-polymyxin-hc otic	Generic	

Drug Name	Drug Tier	Notes
ofloxacin otic	Generic	
OTOVEL	Nonpreferred brand	
XTORO	Not covered	QL
Respiratory Tract/Pulmonary Agents		
Antihistamines		
azelastine hcl nasal	Generic	QL
carbinoxamine maleate	Not covered	
clemastine fumarate oral syrup	Not covered	
clemastine fumarate oral tablet	Generic	
CORPHENA	Not covered	
cyproheptadine hcl oral syrup 2 mg/5ml	Generic	
cyproheptadine hcl oral tablet	Generic	
diphenhydramine hcl oral elixir	Generic	
olopatadine hcl nasal	Not covered	QL
RYCLORA	Not covered	
ryvent	Not covered	
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	Preferred brand	QL
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	Generic	
budesonide-formoterol fumarate	Not covered	QL
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT	Not covered	QL
DULERA INHALATION AEROSOL 50-5 MCG/ACT	Not covered	
flunisolide nasal	Generic	QL

Drug Name	Drug Tier	Notes
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	Generic	QL; AL (Max 5 Years)
fluticasone propionate nasal	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL 45-21 MCG/ACT, 115-21 MCG/ACT, 230-21 MCG/ACT	Not covered	ABA; QL
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	Generic	QL
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	Nonpreferred brand	ABA; QL
OMNARIS	Not covered	QL
PULMICORT FLEXHALER	Preferred brand	QL
QNASL	Not covered	QL
QNASL CHILDRENS	Not covered	QL
QVAR REDIHALER	Not covered	QL
SYMBICORT	Generic	QL
wixela inhub	Generic	QL
XHANCE	Not covered	QL
Antileukotrienes		
montelukast sodium oral	Generic	QL
zafirlukast	Generic	QL
zileuton er	Generic	QL
ZYFLO ORAL TABLET 600 MG	Not covered	QL
Bronchodilators, Anticholinergic		
INCRUSE ELLIPTA	Not covered	QL
ipratropium bromide hfa	Generic	QL
ipratropium bromide inhalation	Generic	
ipratropium bromide nasal	Generic	QL
SPIRIVA RESPIMAT	Preferred brand	QL

Drug Name	Drug Tier	Notes
tiotropium bromide	Generic	QL
TUDORZA PRESSAIR	Not covered	QL
UMECLIDINIUM ELLIPTA	Not covered	ABA; QL
YUPELRI	Preferred brand	QL
Bronchodilators, Sympathomimetic		
albuterol sulfate hfa	Generic	QL
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml	Generic	
albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation	Generic	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	Nonpreferred brand	
albuterol sulfate oral	Generic	
arformoterol tartrate	Generic	QL
AUVI-Q	Nonpreferred brand	QL
epinephrine injection solution auto-injector	Generic	QL
formoterol fumarate inhalation	Generic	QL
levalbuterol hcl inhalation	Generic	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	Nonpreferred brand	ABA; QL
NEFFY NASAL SOLUTION 1 MG/0.1ML	Not covered	
NEFFY NASAL SOLUTION 2 MG/0.1ML	Not covered	QL
PROAIR RESPICLICK	Not covered	QL
SEREVENT DISKUS	Preferred brand	QL
STRIVERDI RESPIMAT	Not covered	QL
terbutaline sulfate oral	Generic	
XOPENEX HFA	Nonpreferred brand	QL
Cystic Fibrosis Agents		
ALYFTREK	Preferred brand specialty	PA; SP
BRONCHITOL	Not covered	SP; QL
BRONCHITOL TOLERANCE TEST	Not covered	SP; QL
CAYSTON	Nonpreferred specialty	PA; SP; QL
KALYDECO	Preferred brand specialty	PA; SP; QL
ORKAMBI	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
PULMOZYME	Preferred brand specialty	PA; SP
SYMDEKO	Preferred brand specialty	PA; SP; QL
TOBI PODHALER	Not covered	SP; QL
tobramycin inhalation	Generic specialty	SP; QL
TRIKAFTA	Preferred brand specialty	PA; SP; QL
Mast Cell Stabilizers		
cromolyn sodium inhalation	Generic	
Phosphodiesterase Inhibitors, Airways Disease		
elixophyllin	Generic	
OHTUVAYRE	Not covered	SP; QL
roflumilast	Generic	QL
THEO-24	Not covered	
theophylline er	Generic	
theophylline oral	Generic	
Pulmonary Antihypertensives		
ADEMPAS	Preferred brand specialty	PA; SP; QL
alyq	Generic specialty	PA; SP; QL
ambrisentan	Generic specialty	PA; SP; QL
bosentan oral tablet	Generic specialty	PA; SP; QL
bosentan oral tablet soluble	Not covered	SP; QL
macitentan	Generic 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	Generic	PA; QL
sildenafil citrate oral tablet 20 mg	Generic	PA; QL
tadalafil (pah)	Generic specialty	PA; SP; QL
TADLIQ	Nonpreferred specialty	PA; SP; QL
treprostinil	Generic specialty	SP

Drug Name	Drug Tier	Notes
TYVASO	Preferred brand specialty	PA; SP; QL
TYVASO DPI MAINTENANCE KIT	Preferred brand specialty	PA; SP; QL
TYVASO DPI TITRATION KIT	Preferred brand specialty	PA; SP; QL
TYVASO REFILL KIT	Preferred brand specialty	PA; SP; QL
TYVASO STARTER KIT	Preferred brand specialty	PA; SP; QL
UPTRAVI ORAL	Nonpreferred specialty	PA; SP; QL
UPTRAVI TITRATION	Nonpreferred specialty	PA; SP; QL
VENTAVIS 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	Generic specialty	PA; SP; QL
pirfenidone	Generic specialty	SP; QL
Respiratory Tract Agents, Other		
acetylcysteine inhalation	Generic	
AIRSUPRA	Preferred brand	QL
ANORO ELLIPTA	Preferred brand	QL
azelastine-fluticasone	Not covered	QL
BREZTRI AEROSPHERE	Preferred brand	QL
BRINSUPRI	Preferred brand specialty	PA; SP; QL
COMBIVENT RESPIMAT	Preferred brand	QL
DUAKLIR PRESSAIR	Not covered	QL
FASENRA PEN	Preferred brand specialty	PA; SP; QL
HYPERSAL	Not covered	
ipratropium-albuterol	Generic	
mometasone furoate nasal	Generic	QL
NEBUSAL	Not covered	
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	Preferred brand specialty	PA; SP; QL
ORALAIR	Not covered	QL
potassium iodide (expectorant)	Generic	
PULMOSAL	Not covered	
RYALTRIS	Not covered	QL
sodium chloride inhalation	Generic	
SSKI	Nonpreferred brand	
STIOLTO RESPIMAT	Preferred brand	QL
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	Preferred brand specialty	PA; SP; QL
TRELEGY ELLIPTA	Preferred brand	QL
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	Generic	
carisoprodol oral	Not covered	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Not covered	
chlorzoxazone oral tablet 500 mg	Generic	
cyclobenzaprine hcl er	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Generic	
cyclobenzaprine hcl oral tablet 7.5 mg	Not covered	
dantrolene sodium oral	Generic	
metaxalone oral tablet 400 mg, 800 mg	Generic	
metaxalone oral tablet 640 mg	Not covered	
methocarbamol oral tablet 1000 mg	Not covered	
methocarbamol oral tablet 500 mg, 750 mg	Generic	
NORGESIC	Not covered	QL
NORGESIC FORTE	Not covered	
ONTRALFY	Not covered	
orphenadrine citrate er	Generic	
orphenadrine-aspirin-caffeine	Generic	PA; QL
ORPHENGESIC FORTE	Not covered	

Drug Name	Drug Tier	Notes
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	Generic	
tizanidine hcl oral capsule 8 mg	Not covered	
tizanidine hcl oral tablet	Generic	
ZANAFLEX ORAL CAPSULE 8 MG	Not covered	
Sleep Disorder Agents		
GABA Receptor Modulators		
EDLUAR	Not covered	QL
eszopiclone	Generic	QL
flurazepam hcl	Generic	QL
temazepam	Generic	QL
triazolam	Generic	QL
zaleplon	Generic	QL
zolpidem tartrate er	Generic	QL
ZOLPIDEM TARTRATE ORAL CAPSULE	Not covered	QL
zolpidem tartrate oral tablet	Generic	QL
zolpidem tartrate sublingual	Not covered	QL
Sleep Disorders, Other		
BELSOMRA	Not covered	QL
DAYVIGO	Not covered	QL
doxepin hcl oral tablet	Not covered	QL
HETLIOZ LQ	Not covered	SP; QL
QUVIVIQ	Not covered	QL
ramelteon	Generic	QL
tasimelteon	Generic specialty	PA; SP; QL
Wakefulness Promoting Agents		
armodafinil	Generic	QL
LUMRYZ	Nonpreferred specialty	PA; SP; QL
LUMRYZ STARTER PACK	Nonpreferred specialty	PA; SP; QL
modafinil oral	Generic	QL
sodium oxybate	Generic specialty	PA; SP; QL
SUNOSI	Nonpreferred brand	PA; QL
WAKIX	Nonpreferred specialty	PA; SP; QL
XYWAV	Not covered	SP; QL

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We Speak Your Language

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

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

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

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

ܙܘܗܪܐ: ܐܢ ܐܚܬܘܢ ܒܝ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܚܠܡܬܝܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܒܝ ܗܘܝܐ ܦܬܝܚܐ ܩܠܘܒܘܟܘܢ ܕܠܐ ܐܓܪܐ. ܐܦ ܚܠܡܬܝܬܐ ܘܡܢܝܬܐ ܠܣܝܥܐ ܠܡܘܕܥܢܘܬܐ ܕܡܥܒܪܢܘܬܐ ܒܕܘܟܝܬܐ ܡܠܝܗܝ ܦܬܝܚܐ ܕܠܐ ܐܓܪܐ. ܡܩܪܘܢ ܥܠ ܡܢܝܢܐ 877-469-2583 TTY: 711 ܝܢ ܡܡܠܠܘܢ ܥܡ ܡܦܪܢܣܢܘܬܘܟܘܢ.

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

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

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

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

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

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

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

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

ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 877-469-2583 TTY: 711 или обратитесь к своему поставщику услуг.

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

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

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- Provide free language services to people whose primary language is not English, which may include qualified interpreters and information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711.

Here's how you can file a civil rights complaint if you believe that Blue Cross Blue Shield of Michigan and Blue Care Network or any of our contracted vendors have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance in person, by mail, fax, or email with:

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

If you need help filing a grievance, the Office of Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health & Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal website https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail, phone, or email at:

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

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

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

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