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

continued

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

Drug list information

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

AL	Age limit – Age restrictions apply.
ABA	Authorized brand alternative – Approved brand medication marketed by either the brand company or another company without the brand name on its label. Authorized brand alternatives are drugs that are considered brand-name drugs and don't have generic equivalents. These drugs are the same as the brand-name drugs but aren't true generic drugs. The respective brand out-of-pocket cost will apply for these medications. Some authorized brand alternatives may not be covered.
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/](https://www.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](https://www.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](https://www.bcbsm.com/pharmacy).

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

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

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

How prior authorization, step therapy and quantity limits work

Prior authorization

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

Step therapy

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

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

Quantity limits

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

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

How to request authorization

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

To request coverage of a drug:

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

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

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

Doctors can request authorization one of four ways:

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

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

- **Electronic prior authorization:** Submit requests through the OncoHealth OneUM™ portal, which you can access by logging in to our provider portal (availability.com*), 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

BCBSM Custom Select Drug List - April 2026

Table of Contents

Analgesics	12
Anesthetics	16
Anti-Addiction/Substance Abuse Treatment Agents	17
Antibacterials	18
Anticonvulsants	21
Antidementia Agents	24
Antidepressants	24
Antiemetics	27
Antifungals	28
Antigout Agents	29
Antimigraine Agents	29
Antimyasthenic Agents	31
Antimycobacterials	31
Antineoplastics	31
Antiparasitics	39
Antiparkinson Agents	40
Antipsychotics	42
Antivirals	43
Anxiolytics	46
Bipolar Agents	47
Blood Glucose Monitoring	47
Blood Glucose Regulators	49
Blood Products and Modifiers	54
Cardiovascular Agents	57
Central Nervous System Agents	64
Cholestatic Pruritus Agent	67
Dental and Oral Agents	67
Dermatological Agents	68
Electrolytes/Minerals/Metals/Vitamins	72
Gastrointestinal Agents	74
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment	78
Genitourinary Agents	80
Hormonal Agents, Stimulant/Replacement/Modifying (Adrenal)	81
Hormonal Agents, Stimulant/Replacement/Modifying (Pituitary)	84
Hormonal Agents, Stimulant/Replacement/Modifying (Prostaglandins)	86
Hormonal Agents, Stimulant/Replacement/Modifying (Sex Hormones/Modifiers)	86
Hormonal Agents, Stimulant/Replacement/Modifying (Thyroid)	94
Hormonal Agents, Suppressant (Adrenal)	95
Hormonal Agents, Suppressant (Pituitary)	95
Hormonal Agents, Suppressant (Thyroid)	95
Immunological Agents	96
Inflammatory Bowel Disease Agents	103
Metabolic Bone Disease Agents	104
Miscellaneous Therapeutic Agents	104
Ophthalmic Agents	108
Otic Agents	112
Respiratory Tract/Pulmonary Agents	112
Skeletal Muscle Relaxants	117
Sleep Disorder Agents	118

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 chewable	Preventive	PV1
aspirin oral tablet delayed release 81 mg	Preventive	PV1
aspirin regimen	Preventive	PV1
celecoxib oral	Generic	
COMBOGESIC ORAL	Not covered	
COXANTO	Not covered	QL
DICLOFENAC PATCH 1.3%	Not covered	ABA; QL
diclofenac potassium oral capsule	Not covered	QL
diclofenac potassium oral tablet 25 mg	Not covered	
diclofenac potassium oral tablet 50 mg	Generic	
diclofenac sodium er	Generic	
diclofenac sodium external gel 1 %	Generic	QL
diclofenac sodium external solution 1.5 %	Generic	
diclofenac sodium external solution 2 %	Not covered	QL
diclofenac sodium oral	Generic	
diclofenac-misoprostol	Not covered	
diflunisal oral	Generic	
DOLOBID	Not covered	
ec-naproxen	Generic	
ELYXYB	Not covered	
etodolac	Generic	
etodolac er	Generic	
fenoprofen calcium oral capsule 200 mg	Not covered	QL
fenoprofen calcium oral capsule 400 mg	Generic	QL
fenoprofen calcium oral tablet 600 mg	Not covered	QL

Drug Name	Drug Tier	Notes
FENOPRON	Not covered	
FLECTOR	Not covered	QL
flurbiprofen oral	Generic	
ft aspirin low dose	Preventive	PV1
ft aspirin oral tablet chewable	Preventive	PV1
goodsense aspirin low dose	Preventive	PV1
ibuprofen oral suspension 100 mg/5ml	Generic	
ibuprofen oral tablet 300 mg	Not covered	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	Generic	
ibuprofen-famotidine	Not covered	QL
indomethacin er	Generic	
indomethacin oral capsule	Generic	
indomethacin oral suspension	Not covered	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	Not covered	QL
indomethacin rectal suppository 50 mg	Generic	QL
ketoprofen er	Generic	
ketoprofen oral capsule 25 mg	Generic	PA; QL
ketoprofen oral capsule 50 mg	Generic	
ketorolac tromethamine +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	

Drug Name	Drug Tier	Notes
naproxen sodium er	Not covered	
naproxen sodium oral tablet 275 mg, 550 mg	Generic	
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	
tolmetin sodium oral capsule	Not covered	
tolmetin sodium oral tablet	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
morphine sulfate er oral capsule extended release 24 hour	Not covered	QL

Drug Name	Drug Tier	Notes
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
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	Generic	
butalbital-asa-caff-codeine	Generic	
butalbital-aspirin-caffeine	Generic	
butorphanol tartrate nasal	Generic	
codeine sulfate	Generic	
endocet	Generic	
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	

Drug Name	Drug Tier	Notes
morphine sulfate (concentrate) oral solution 100 mg/5ml	Generic	
morphine sulfate oral	Generic	
morphine sulfate rectal	Generic	
nalbuphine hcl injection	Generic	
NALOCET	Not covered	
NUCYNTA	Not covered	QL
oxycodone hcl oral capsule	Generic	QL
oxycodone hcl oral concentrate	Generic	QL
oxycodone hcl oral solution	Generic	QL
oxycodone hcl oral tablet	Generic	QL
OXYCODONE HCL ORAL TABLET ABUSE-DETERRENT	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	
TENCON	Not covered	
tramadol hcl oral tablet 100 mg	Generic	
tramadol hcl oral tablet 25 mg, 75 mg	Not covered	
tramadol hcl oral tablet 50 mg	Generic	
tramadol-acetaminophen	Generic	
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	

Drug Name	Drug Tier	Notes
lidocaine hcl urethral/mucosal external prefilled syringe	Generic	
lidocaine viscous hcl	Generic	
lidocaine-prilocaine external cream	Generic	
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
RIVIVE	Preferred brand	QL
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML	Preferred brand	QL
ZURNAI	Nonpreferred brand	QL
Smoking Cessation Agents		
bupropion hcl er (smoking det)	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 polcricilex	Preventive	PV1; QL; AL (Min 18 Years)
habitrol	Preventive	PV1; QL; AL (Min 18 Years)

Drug Name	Drug Tier	Notes
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	
CLINDESSE	Nonpreferred brand	
fosfomycin tromethamine	Generic	
LIKMEZ	Nonpreferred brand	QL
linezolid oral	Generic	
mafenide acetate external packet 5 %	Not covered	
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	

Drug Name	Drug Tier	Notes
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	
XIFAXAN ORAL TABLET 200 MG	Nonpreferred brand	QL
XIFAXAN ORAL TABLET 550 MG	Nonpreferred brand	PA; QL
Beta-lactam, Cephalosporins		
cefaclor	Generic	
cefaclor er	Generic	
cefadroxil	Generic	
cefdinir	Generic	
cefixime oral capsule	Generic	
cefixime oral suspension reconstituted	Generic	
CEFIXIME ORAL TABLET	Not covered	
cefpodoxime proxetil	Generic	
cefprozil	Generic	
cefuroxime axetil	Generic	
cephalexin	Generic	

Drug Name	Drug Tier	Notes
Beta-lactam, Penicillins		
amoxicillin	Generic	
amoxicillin-potassium clavulanate	Generic	
amoxicillin-potassium clavulanate er	Generic	
amoxicillin-potassium clavulanate oral tablet chewable 400-57 mg	Generic	
ampicillin	Generic	
AUGMENTIN	Nonpreferred brand	
dicloxacillin sodium	Generic	
penicillin v potassium	Generic	
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
ZITHROMAX ORAL PACKET 1 GM	Nonpreferred brand	
Quinolones		
BAXDELA ORAL	Nonpreferred brand	
CIPRO ORAL SUSPENSION RECONSTITUTED	Nonpreferred brand	
ciprofloxacin hcl oral	Generic	
levofloxacin oral	Generic	
moxifloxacin hcl oral	Generic	
ofloxacin oral	Generic	
Sulfonamides		
sulfadiazine oral	Generic	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml	Generic	
sulfamethoxazole-trimethoprim oral tablet	Generic	

Drug Name	Drug Tier	Notes
sulfatrim pediatric	Generic	
Tetracyclines		
demeclocycline hcl	Generic	
DORYX MPC	Not covered	
doxycycline hyclate oral capsule	Generic	
doxycycline hyclate oral tablet 100 mg, 20 mg	Generic	
doxycycline hyclate oral tablet 150 mg	Not covered	QL
doxycycline hyclate oral tablet 50 mg	Not covered	
doxycycline hyclate oral tablet 75 mg	Generic	
doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	Not covered	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	Not covered	ABA
doxycycline monohydrate oral capsule 100 mg, 50 mg	Generic	
doxycycline monohydrate oral capsule 150 mg	Generic	ST
doxycycline monohydrate oral capsule 75 mg	Not covered	
doxycycline monohydrate oral suspension reconstituted	Generic	
doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg	Generic	
doxycycline monohydrate oral tablet 150 mg	Generic	
minocycline hcl er	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		
BRIVIACT ORAL	Not covered	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	

Drug Name	Drug Tier	Notes
LEVETIRACETAM ORAL TABLET DISINTEGRATING SOLUBLE 500 MG	Not covered	QL
LEVETIRACETAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL	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	Generic	
gabapentin oral solution	Generic	
gabapentin oral tablet 600 mg, 800 mg	Generic	
GABARONE	Not covered	
LIBERVANT BUCCAL FILM 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG	Nonpreferred brand	QL
NAYZILAM	Preferred brand	QL
phenobarbital oral	Generic	
primidone oral	Generic	
SYMPAZAN	Not covered	QL
tiagabine hcl	Generic	
valproic acid oral	Generic	
VALTOCO 10 MG DOSE	Preferred brand	QL
VALTOCO 15 MG DOSE	Preferred brand	QL
VALTOCO 20 MG DOSE	Preferred brand	QL
VALTOCO 5 MG DOSE	Preferred brand	QL
vigabatrin	Generic specialty	PA; SP; QL
VIGAFYDE	Not covered	SP; QL
vigpoder oral packet 500 mg	Generic specialty	PA; SP; QL
XCOPRI	Nonpreferred brand	PA; QL

Drug Name	Drug Tier	Notes
ZTALMY	Preferred brand specialty	PA; SP; QL
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	Generic	PA; QL
topiramate oral tablet	Generic	
Sodium Channel Agents		
carbamazepine er	Generic	
carbamazepine oral suspension 100 mg/5ml	Generic	
carbamazepine oral tablet	Generic	
carbamazepine oral tablet chewable	Generic	
DILANTIN ORAL CAPSULE 30 MG	Preferred brand	
epitol oral tablet 200 mg	Generic	
eslicarbazepine acetate	Not covered	QL
lacosamide oral solution 10 mg/ml, 50 mg/5ml	Generic	
lacosamide oral tablet	Generic	QL
MOTPOLY XR	Not covered	QL

Drug Name	Drug Tier	Notes
oxcarbazepine er	Not covered	QL
oxcarbazepine oral suspension	Generic	
oxcarbazepine oral tablet	Generic	
phenytek	Generic	
phenytoin infatabs	Generic	
phenytoin oral 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 2 mg/ml	Generic	
memantine hcl oral tablet 10 mg, 5 mg	Generic	
memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg	Generic	QL
Antidepressants		
Antidepressants, Other		
APLENZIN	Not covered	
AUVELITY	Nonpreferred brand	ST; QL

Drug Name	Drug Tier	Notes
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 10 mg/5ml	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 20 mg, 30 mg, 60 mg	Generic	
duloxetine hcl oral capsule delayed release particles 40 mg	Not covered	
ESCITALOPRAM OXALATE ORAL CAPSULE	Not covered	
escitalopram oxalate oral solution	Generic	
escitalopram oxalate oral tablet	Generic	

Drug Name	Drug Tier	Notes
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
PAXIL ORAL SUSPENSION 10 MG/5ML	Nonpreferred brand	
RALDESY	Not covered	
sertraline hcl oral capsule	Not covered	QL
sertraline hcl oral concentrate	Generic	
sertraline hcl oral tablet	Generic	
trazodone hcl oral	Generic	
TRINTELLIX	Nonpreferred brand	ST; QL
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	
imipramine hcl oral	Generic	
imipramine pamoate	Generic	
nortriptyline hcl oral	Generic	
protriptyline hcl	Generic	

Drug Name	Drug Tier	Notes
trimipramine maleate oral	Generic	
Antiemetics		
Antiemetics, Other		
BONJESTA	Not covered	QL
doxylamine-pyridoxine	Not covered	QL
GIMOTI	Not covered	QL
meclizine hcl oral tablet	Not covered	
metoclopramide hcl oral solution	Generic	
metoclopramide hcl oral tablet	Generic	
metoclopramide hcl oral tablet dispersible	Not covered	
perphenazine oral	Generic	
prochlorperazine	Generic	
prochlorperazine maleate oral	Generic	
promethazine hcl oral solution 6.25 mg/5ml	Generic	
promethazine hcl oral tablet	Generic	
promethazine hcl rectal	Generic	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	Nonpreferred brand	
scopolamine	Generic	
trimethobenzamide hcl oral	Generic	
Emetogenic Therapy Adjuncts		
AKYNZEO ORAL	Nonpreferred brand	PA; OVM
ANZEMET	Not covered	
aprepitant	Generic	QL
dronabinol	Generic	
EMEND ORAL	Preferred brand	QL
granisetron hcl oral	Generic	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	
SYNDROS	Not covered	
VARUBI (180 MG DOSE)	Nonpreferred brand	PA; OVM

Drug Name	Drug Tier	Notes
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	
FULVICIN P/G 165 ORAL TABLET 165 MG	Not covered	
griseofulvin microsize oral	Generic	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	Generic	
griseofulvin ultramicrosize oral tablet 165 mg	Not covered	
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 ORAL	Not covered	QL
nyamyc	Generic	

Drug Name	Drug Tier	Notes
nystatin external	Generic	
nystatin mouth/throat	Generic	
nystatin oral	Generic	
nystatin-triamcinolone	Generic	
nystop	Generic	
ORAVIG	Not covered	QL
oxiconazole nitrate	Generic	PA; QL
OXISTAT	Not covered	QL
posaconazole oral	Generic	QL
SULCONAZOLE NITRATE	Nonpreferred brand	ABA
tavaborole	Not covered	QL
terbinafine hcl oral	Generic	
terconazole	Generic	
TOLSURA	Not covered	
VIVJOA	Not covered	QL
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
NURTEC	Preferred brand	PA; QL

Drug Name	Drug Tier	Notes
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	Nonpreferred brand	
pyrazinamide oral	Generic	
rifampin oral	Generic	
SIRTURO	Preferred brand	PA; QL
TRECTOR ORAL TABLET 250 MG	Not covered	
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

Drug Name	Drug Tier	Notes
abiraterone acetate tablet 250 mg oral (Civica)	Generic specialty	SP
abiraterone acetate tablet 250 mg oral	Not covered	SP
abirtega	Generic specialty	SP
bicalutamide	Generic	
ERLEADA	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
POMALYST	Not covered	SP
REVLIMID	Not covered	SP
THALOMID	Preferred brand specialty	SP
Antiestrogens/Modifiers		
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	
Antimetabolites		
capecitabine	Generic specialty	SP
DROXIA	Nonpreferred brand	PA
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
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
ONUREG	Preferred brand specialty	PA; SP; OVM

Drug Name	Drug Tier	Notes
PIQRAY	Preferred brand specialty	PA; SP; OVM
REVUFORJ	Preferred brand specialty	PA; 15DS; SP; OVM
TAZVERIK	Not covered	SP
TOLAK	Not covered	QL
VERZENIO	Preferred brand specialty	PA; 15DS; SP; OVM
VONJO	Preferred brand specialty	PA; SP; OVM
VYKOURA	Not covered	
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; QL
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
BOSULIF ORAL TABLET	Preferred brand 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
IBRANCE	Preferred brand specialty	PA; SP; OVM
IBTROZI	Nonpreferred specialty	PA; 15DS; SP; OVM
ICLUSIG	Preferred brand specialty	PA; 15DS; SP; OVM
IDHIFA	Preferred brand specialty	PA; SP; OVM
imatinib mesylate oral	Generic specialty	SP

Drug Name	Drug Tier	Notes
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
JAYPIRCA	Preferred brand specialty	PA; 15DS; SP; OVM
KOSELUGO	Preferred brand specialty	PA; SP; OVM
lapatinib ditosylate	Generic specialty	PA; SP; OVM
LAZCLUZE	Preferred brand specialty	PA; 15DS; SP; OVM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG	Preferred brand specialty	PA; 15DS; SP; OVM
LORBRENA	Preferred brand specialty	PA; 15DS; SP; OVM
LYNPARZA	Preferred brand specialty	PA; SP; OVM
MEKINIST	Preferred brand specialty	PA; SP; OVM
MEKTOVI	Preferred brand specialty	PA; SP; OVM
NERLYNX	Preferred brand specialty	PA; 15DS; SP; OVM
NILOTINIB D-TARTRATE	Not covered	SP
nilotinib hcl	Generic specialty	PA; 15DS; SP; OVM

Drug Name	Drug Tier	Notes
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
TAGRISO	Preferred brand specialty	PA; 15DS; SP; OVM
TEPMETKO	Preferred brand specialty	PA; 15DS; SP; OVM
TIBSOVO	Preferred brand specialty	PA; 15DS; SP; OVM
torpenz	Generic specialty	PA; 15DS; SP; OVM
TRUQAP	Preferred brand specialty	PA; SP; OVM
TUKYSA	Preferred brand specialty	PA; SP; OVM

Drug Name	Drug Tier	Notes
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	Preferred brand specialty	PA; 15DS; SP; OVM
XALKORI	Not covered	SP
XOSPATA	Preferred brand specialty	PA; 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	
Antiparasitics		
Anthelmintics		
albendazole oral	Generic	QL
BILTRICIDE	Nonpreferred brand	

Drug Name	Drug Tier	Notes
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	
malathion	Generic	
permethrin external	Generic	
PRURADIK	Nonpreferred brand	
spinosad	Generic	
Antiparkinson Agents		
Anticholinergics		
benztropine mesylate oral	Generic	
trihexyphenidyl hcl	Generic	
Antiparkinson Agents, Other		
amantadine hcl oral capsule	Generic	
amantadine hcl oral solution 50 mg/5ml	Generic	
amantadine hcl oral tablet	Generic	

Drug Name	Drug Tier	Notes
carbidopa-levodopa-entacapone	Generic	
entacapone	Generic	
GOCOVRI	Not covered	QL
NOURIANZ	Nonpreferred specialty	PA; SP; QL
ONGENTYS	Nonpreferred brand	QL
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG	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
Monoamine Oxidase B (MAO-B) Inhibitors		
rasagiline mesylate oral	Generic	
selegiline hcl oral	Generic	
XADAGO	Nonpreferred brand	QL
ZELAPAR	Not covered	QL

Drug Name	Drug Tier	Notes
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
CAPLYTA	Nonpreferred brand	ST; QL
ERZOFRI	Nonpreferred brand	QL
FANAPT	Nonpreferred brand	ST
FANAPT TITRATION PACK A	Nonpreferred brand	ST
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	

Drug Name	Drug Tier	Notes
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)
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

Drug Name	Drug Tier	Notes
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
Antitherpetic Agents		
acyclovir external cream	Not covered	
acyclovir external ointment	Generic	
acyclovir oral	Generic	
famciclovir oral	Generic	
penciclovir	Not covered	
SITAVIG BUCCAL TABLET 50 MG	Not covered	QL
valacyclovir hcl oral	Generic	
XERESE	Not covered	QL
Anti-HIV Agents, Integrase Inhibitors (INSTI)		
BIKTARVY	Preferred brand	QL
DOVATO	Preferred brand	QL
GENVOYA	Preferred brand	QL
ISENTRESS	Preferred brand	
ISENTRESS HD	Preferred brand	
JULUCA	Preferred brand	QL
STRIBILD	Not covered	QL
TIVICAY	Preferred brand	
TIVICAY PD	Preferred brand	QL
TYBOST	Not covered	QL

Drug Name	Drug Tier	Notes
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)		
DELSTRIGO	Preferred brand	QL
EDURANT	Not covered	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
SYMFI LO ORAL TABLET 400-300-300 MG	Nonpreferred brand	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
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	

Drug Name	Drug Tier	Notes
zidovudine	Generic	
Anti-HIV Agents, Other		
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
VIRACEPT	Not covered	
Anti-influenza Agents		
oseltamivir phosphate oral	Generic	QL
RELENZA DISKHALER	Preferred brand	QL
rimantadine hcl	Generic	
TAMIFLU	Nonpreferred brand	QL
XOFLUZA (40 MG DOSE)	Preferred brand	QL
XOFLUZA (80 MG DOSE)	Preferred brand	QL
Anxiolytics		
Anxiolytics, Other		
BUCAPSOL	Not covered	
bupirone hcl oral	Generic	
hydroxyzine hcl oral	Generic	

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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 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 MONITOR KIT W/DEVICE	Covered \$0	QL
CONTOUR NEXT ONE KIT	Covered \$0	QL
CONTOUR NEXT GEN TEST STRIPS	Preferred brand	QL
CONTOUR PLUS TEST STRIP	Preferred brand	QL
CONTOUR TEST STRIPS	Preferred brand	QL
DEXCOM G6 RECEIVER	Covered \$0	PA; QL
DEXCOM G6 SENSOR	Preferred brand	PA; QL
DEXCOM G6 TRANSMITTER	Covered \$0	PA; QL
DEXCOM G7 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
FREESTYLE LIBRE READER	Preferred brand	PA; QL

Drug Name	Drug Tier	Notes
LANCETS	Preferred brand	QL
LANCETS 28G THIN	Preferred brand	QL
LANCETS SUPER THIN	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
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
VERIFINE SAFE LANCET MINI 21G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 23G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 28G	Preferred brand	QL
VERIFINE SAFE LANCET MINI 30G	Preferred brand	QL
VIVAGUARD LANCETS 30G	Preferred brand	QL
VIVAGUARD SAFETY LANCETS 28G	Preferred brand	QL
Blood Glucose Regulators		
Antidiabetic Agents		
acarbose oral	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
DAPAGLIFLOZIN PRO-METFORMIN ER	Not covered	ABA; QL
DAPAGLIFLOZIN PROPANEDIOL	Not covered	ABA; QL
EXENATIDE	Not covered	QL
FARXIGA	Preferred brand	QL
glimepiride	Generic	

Drug Name	Drug Tier	Notes
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	Preferred brand	QL
JANUMET XR	Preferred brand	QL
JANUVIA	Preferred brand	QL
JARDIANCE	Preferred brand	QL
JENTADUETO	Preferred brand	QL
JENTADUETO XR	Preferred brand	QL
liraglutide	Generic	ST; QL
metformin hcl er	Generic	
metformin hcl er (mod)	Not covered	
metformin hcl er (osm)	Not covered	
metformin hcl oral solution	Not covered	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	Generic	
metformin hcl oral tablet 625 mg, 750 mg	Not covered	
miglitol	Generic	
MOUNJARO	Preferred brand	ST; QL
nateglinide	Generic	
OZEMPIC	Preferred brand	ST; QL
pioglitazone hcl	Generic	
pioglitazone hcl-glimepiride	Generic	
pioglitazone hcl-metformin hcl	Generic	
QTERN ORAL TABLET 10-5 MG, 5-5 MG	Not covered	QL
repaglinide	Generic	
RYBELSUS	Preferred brand	ST; QL
saxagliptin hcl	Not covered	QL

Drug Name	Drug Tier	Notes
saxagliptin-metformin er	Not covered	
SEGLUROMET	Not covered	QL
SITAGLIPT BASE-METFORM HCL ER	Not covered	ABA; QL
SITAGLIPTIN	Not covered	ABA; QL
SITAGLIPTIN BASE-METFORMIN HCL	Not covered	ABA
SOLIQUA	Preferred brand	QL
STEGLATRO	Not covered	QL
STEGLUJAN	Not covered	QL
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML	Nonpreferred brand	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML	Nonpreferred brand	
SYNJARDY	Preferred brand	QL
SYNJARDY XR	Preferred brand	QL
TRADJENTA	Preferred brand	QL
TRIJARDY XR	Preferred brand	QL
TRULICITY	Preferred brand	ST; QL
XIGDUO XR	Preferred brand	QL
XULTOPHY	Preferred brand	QL
ZITUVIMET	Not covered	
ZITUVIMET XR	Not covered	QL
ZITUVIO	Not covered	QL
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 HYOPEN 1-PACK	Preferred brand	QL
GVOKE HYOPEN 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

Drug Name	Drug Tier	Notes
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	
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	Not covered	ABA
INSULIN ASPART PROT & ASPART	Not covered	ABA
INSULIN DEGLUDEC	Not covered	ABA
INSULIN DEGLUDEC FLEXTOUCH	Not covered	ABA
INSULIN GLARGINE MAX SOLOSTAR	Not covered	ABA
INSULIN GLARGINE SOLOSTAR	Not covered	ABA
INSULIN GLARGINE-YFGN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS	Not covered	ABA

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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	
FRAGMIN	Not covered	
heparin sodium (porcine)	Generic	
heparin sodium (porcine) +rfid	Generic	
heparin sodium (porcine) pf	Generic	
jantoven	Generic	
PRADAXA ORAL PACKET	Nonpreferred brand	QL
rivaroxaban	Generic	QL
SAVAYSA	Nonpreferred brand	QL
warfarin sodium oral	Generic	
XARELTO	Preferred brand	QL
XARELTO STARTER PACK	Preferred brand	QL
ZONTIVITY	Nonpreferred brand	QL
Blood Formation Modifiers		
ALVAIZ	Not covered	SP; QL
anagrelide hcl	Generic	
ARANESP (ALBUMIN FREE)	Not covered	SP
DOPTELET	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
DOPTELET SPRINKLE	Preferred brand specialty	PA; SP; QL
eltrombopag olamine	Generic specialty	PA; SP
EPOGEN	Not covered	SP
FULPHILA	Nonpreferred specialty	PA; SP; OVM
FYLNETRA	Not covered	SP
GRANIX	Not covered	SP
LEUKINE	Nonpreferred specialty	SP
MIRCERA	Not covered	SP; QL
MULPLETA	Not covered	SP; QL
NEULASTA	Preferred brand specialty	SP; QL
NEUPOGEN	Not covered	SP
NIVESTYM	Preferred brand specialty	SP; QL
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

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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	
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		
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
candesartan cilexetil	Generic	

Drug Name	Drug Tier	Notes
EDARBI	Nonpreferred brand	ST; QL
irbesartan	Generic	
losartan potassium oral	Generic	
olmesartan medoxomil oral	Generic	
telmisartan	Generic	
valsartan oral solution	Not covered	
valsartan oral tablet	Generic	
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	

Drug Name	Drug Tier	Notes
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
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	
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	

Drug Name	Drug Tier	Notes
KATERZIA	Not covered	QL
LEVAMLODIPINE MALEATE	Not covered	ABA
matzim la	Generic	
nicardipine hcl oral	Generic	
nifedipine er	Generic	
nifedipine er osmotic release	Generic	
nifedipine oral	Generic	
nimodipine oral capsule	Generic	
NIMODIPINE ORAL SOLUTION	Nonpreferred brand	QL
nisoldipine er	Generic	
NORLIQVA	Not covered	QL
NYMALIZE	Not covered	QL
SDAMLO	Not covered	
tiadyt 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	

Drug Name	Drug Tier	Notes
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
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	
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	

Drug Name	Drug Tier	Notes
acetazolamide oral	Generic	
dichlorphenamide	Generic specialty	PA; SP; QL
methazolamide oral	Generic	
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 specialty	PA; SP; QL
SOAANZ	Not covered	
toremide	Generic	
Diuretics, Potassium-sparing		
amiloride hcl oral	Generic	
eplerenone	Generic	
spironolactone oral suspension	Not covered	
spironolactone oral tablet	Generic	
triamterene oral	Generic	
Diuretics, Thiazide		
chlorthalidone	Generic	
DIURIL	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	

Drug Name	Drug Tier	Notes
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	
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	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

Drug Name	Drug Tier	Notes
NEXLETOL	Preferred brand	PA; QL
NEXLIZET	Preferred brand	PA; QL
niacin (antihyperlipidemic)	Not covered	
niacin er (antihyperlipidemic)	Generic	
niacor	Not covered	
omega-3-acid ethyl esters	Generic	QL
PRALUENT	Not covered	QL
prevalite	Generic	
REPATHA	Preferred brand	PA; QL
REPATHA SURECLICK	Preferred brand	PA; QL
TRYNGOLZA	Not covered	SP
Vasodilators, Direct-acting Arterial/Venous		
isosorbide dinitrate	Generic	
isosorbide mononitrate	Generic	
isosorbide mononitrate er	Generic	
NITRO-BID	Preferred brand	
NITRO-DUR	Not covered	
nitroglycerin rectal	Generic	QL
nitroglycerin sublingual	Generic	
nitroglycerin transdermal	Generic	
nitroglycerin translingual	Generic	
NITRO-TIME	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
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	Generic	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 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 oral	Generic	QL
ONYDA XR	Not covered	QL
QELBREE	Nonpreferred brand	PA; QL
QUILLICHEW ER	Not covered	QL
QUILLIVANT XR	Not covered	QL
RELEXXII	Not covered	QL
Central Nervous System, Other		
AUSTEDO	Preferred brand specialty	PA; SP; QL
AUSTEDO XR	Nonpreferred specialty	PA; SP; QL
AUSTEDO XR PATIENT TITRATION	Nonpreferred specialty	PA; SP; QL
caffeine citrate oral	Generic	

Drug Name	Drug Tier	Notes
DAYBUE	Preferred brand specialty	PA; SP; QL
gabapentin (once-daily)	Not covered	QL
HORIZANT	Not covered	QL
INGREZZA	Nonpreferred specialty	PA; SP; QL
NUDEXTA	Preferred brand	PA; QL
RADICAVA ORS	Nonpreferred specialty	PA; SP; QL
RADICAVA ORS STARTER KIT	Nonpreferred specialty	PA; SP; QL
riluzole	Generic	
SKYCLARYS	Preferred brand specialty	PA; SP; QL
TEGLUTIK	Nonpreferred specialty	PA; SP; QL
tetrabenazine	Generic specialty	SP; QL
TIGLUTIK	Nonpreferred specialty	PA; SP; QL
Fibromyalgia Agents		
pregabalin er	Not covered	QL
pregabalin oral	Generic	QL
SAVELLA	Not covered	QL
SAVELLA TITRATION PACK	Nonpreferred brand	PA; 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
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

Drug Name	Drug Tier	Notes
dimethyl fumarate oral	Generic	SP; QL
dimethyl fumarate starter pack	Generic	SP; QL
fingolimod hcl	Generic	SP; QL
GILENYA ORAL CAPSULE 0.25 MG	Nonpreferred specialty	SP; QL
glatiramer acetate	Generic specialty	SP; QL
glatopa	Generic specialty	SP; QL
KESIMPTA	Preferred brand specialty	SP; QL
MAVENCLAD	Nonpreferred specialty	ST; SP; QL
MAYZENT	Nonpreferred specialty	SP; QL
MAYZENT STARTER PACK	Nonpreferred specialty	SP; QL
PLEGRIDY	Not covered	SP; QL
PLEGRIDY STARTER PACK	Not covered	SP; QL
PONVORY	Nonpreferred specialty	SP; QL
PONVORY STARTER PACK	Nonpreferred specialty	SP; QL
REBIF	Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE	Nonpreferred specialty	ST; SP; QL
REBIF REBIDOSE TITRATION PACK	Nonpreferred specialty	ST; SP; QL
REBIF TITRATION PACK	Nonpreferred specialty	ST; SP; QL
TASCENSO ODT	Nonpreferred specialty	PA; SP; QL
teriflunomide	Generic	SP; QL
VUMERITY	Preferred brand specialty	SP; QL
ZEPOSIA	Nonpreferred specialty	PA; SP; QL
ZEPOSIA 7-DAY STARTER PACK	Nonpreferred specialty	PA; SP; QL
ZEPOSIA STARTER KIT	Nonpreferred specialty	PA; SP; QL
Cholestatic Pruritus Agent		
Ileal Bile Acid Transporter Inhibitor		
BYLVAY	Preferred brand specialty	PA; SP; QL
BYLVAY (PELLETS)	Preferred brand specialty	PA; SP; QL
LIVMARLI	Preferred brand specialty	PA; SP; QL
Dental and Oral Agents		
cevimeline hcl	Generic	
chlorhexidine gluconate mouth/throat	Generic	

Drug Name	Drug Tier	Notes
periorgard	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	
amneesteem	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
calcipotriene external ointment	Generic	
calcipotriene external solution	Generic	
calcipotriene-betameth diprop	Generic	
calcitriol external	Generic	
CIBINQO	Preferred brand specialty	PA; SP; QL

Drug Name	Drug Tier	Notes
claravis	Generic	QL
clindacin	Not covered	
clindacin etz external swab	Generic	
clindacin-p	Generic	
clindamycin phos (once-daily)	Generic	
clindamycin phos (twice-daily)	Generic	
clindamycin phos-benzoyl perox external gel 1.2-2.5 %	Not covered	
clindamycin phos-benzoyl perox external gel 1.2-3.75 %	Not covered	QL
clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-5 %	Generic	
clindamycin phosphate external foam	Not covered	
clindamycin phosphate external lotion	Generic	
clindamycin phosphate external solution	Generic	
clindamycin phosphate external swab	Generic	
clindamycin-tretinoin	Not covered	
COSENTYX (300 MG DOSE)	Nonpreferred specialty	PA; SP; QL
COSENTYX 150 MG/ML SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
COSENTYX SENSOREADY (300 MG)	Nonpreferred specialty	PA; SP; QL
COSENTYX SENSOREADY PEN	Nonpreferred specialty	PA; SP; QL
COSENTYX UNOREADY	Nonpreferred specialty	PA; SP; QL
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
EBGLYSS	Preferred brand specialty	PA; SP; QL
EMROSI	Not covered	QL
ENSTILAR	Not covered	QL
EPIFOAM	Preferred brand	
EPSOLAY	Not covered	QL

Drug Name	Drug Tier	Notes
ERY PAD 2%	Nonpreferred brand	
erythromycin external	Generic	
EUCRISA	Preferred brand	ST; QL
FABIOR	Not covered	QL
FILSUVEZ	Preferred brand specialty	PA; SP; QL
FINACEA EXTERNAL FOAM	Not covered	QL
hydrocortisone ace-pramoxine external cream 2.5-1 %	Generic	
HYFTOR	Preferred brand specialty	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
REGRANEX EXTERNAL GEL 0.01 %	Nonpreferred brand	QL
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %	Not covered	
SANTYL	Preferred brand	
selenium sulfide external lotion	Generic	
SILIQ	Not covered	SP; QL

Drug Name	Drug Tier	Notes
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	
TWYNEO	Not covered	QL
VEREGEN	Nonpreferred brand	
VTAMA	Preferred brand	ST; QL
WINLEVI	Not covered	QL
WYNZORA	Not covered	QL
ZELSUVMI	Nonpreferred brand	PA; QL
zenatane	Generic	QL
ZILXI	Not covered	QL
ZORYVE EXTERNAL CREAM 0.05 %, 0.15 %	Not covered	QL

Drug Name	Drug Tier	Notes
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	
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	

Drug Name	Drug Tier	Notes
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)
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	SP; QL
trientine hcl	Generic specialty	PA; SP; QL
VELTASSA	Preferred brand	QL
Phosphate Binders		
AURYXIA	Nonpreferred brand	
calcium acetate (phos binder)	Generic	
calcium acetate oral tablet 667 mg	Generic	
FERRIC CITRATE	Not covered	ABA
FOSRENOL ORAL PACKET	Not covered	
lanthanum carbonate	Generic	
sevelamer carbonate	Generic	
sevelamer hcl	Generic	

Drug Name	Drug Tier	Notes
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 tablet 1 mg	Generic	
folic acid oral tablet 400 mcg, 800 mcg	Preventive	PV1
ft folic acid	Preventive	PV1
hydroxocobalamin acetate	Generic	
phytonadione injection solution 10 mg/ml	Generic	
phytonadione oral	Generic	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	Generic	
vitamin k1 injection	Generic	
yl folic acid	Preventive	PV1
Gastrointestinal Agents		
Antispasmodics, Gastrointestinal		
belladonna alkaloids-opium	Generic	
dicyclomine hcl oral capsule	Generic	
dicyclomine hcl oral solution 10 mg/5ml	Generic	
dicyclomine hcl oral tablet 20 mg	Generic	
dicyclomine hcl oral tablet 40 mg	Not covered	
GLYCATE	Not covered	
glycopyrrolate oral solution	Generic	
glycopyrrolate oral tablet 1 mg, 2 mg	Generic	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	Not covered	
hyoscyamine sulfate er	Generic	
hyoscyamine sulfate oral	Generic	
hyoscyamine sulfate sl	Generic	
hyoscyamine sulfate sublingual	Generic	
hyosyne	Generic	
LEVBIID	Not covered	
LEVSIN	Not covered	
LEVSIN/SL	Not covered	
methscopolamine bromide oral	Generic	

Drug Name	Drug Tier	Notes
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
HELIDAC THERAPY ORAL	Not covered	
IQIRVO	Nonpreferred specialty	PA; SP; QL
LIVDELZI	Nonpreferred specialty	PA; SP; QL
loperamide hcl oral capsule	Not covered	
MOTOFEN	Not covered	
MOVANTI	Not covered	QL
MYTESI	Not covered	QL
prucalopride succinate	Generic	ST; QL
RELISTOR	Not covered	QL
RELTONE	Not covered	
REZDIFFRA	Preferred brand specialty	PA; 15DS; SP; QL
SEROSTIM	Nonpreferred specialty	PA; SP
SYMPROIC	Preferred brand	QL
TALICIA	Not covered	QL
TRULANCE	Not covered	QL
URSODIOL ORAL CAPSULE 200 MG, 400 MG	Not covered	
ursodiol oral capsule 300 mg	Generic	
ursodiol oral tablet	Generic	
VOQUEZNA	Not covered	QL
VOQUEZNA DUAL PAK	Not covered	QL
VOQUEZNA TRIPLE PAK	Not covered	QL

Drug Name	Drug Tier	Notes
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)
citroma	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
CLENPIQ	Nonpreferred brand	QL
constulose	Generic	
enulose	Generic	
ft clearlax	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft laxative	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft magnesium citrate	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
ft milk of magnesia	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)
gavilax oral powder	Preventive	PV1; QL; AL (Min 45 Years and Max 75 Years)

Drug Name	Drug Tier	Notes
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 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)
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)

Drug Name	Drug Tier	Notes
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	
KONVOMEF	Not covered	
lansoprazole oral capsule delayed release	Generic	QL
lansoprazole oral tablet delayed release dispersible	Not covered	
omeprazole oral capsule delayed release	Generic	QL
omeprazole-sodium bicarbonate oral capsule	Generic	QL
omeprazole-sodium bicarbonate oral packet	Not covered	QL
pantoprazole sodium oral packet	Not covered	
pantoprazole sodium oral tablet delayed release	Generic	QL
PRILOSEC	Not covered	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	Not covered	ABA; QL
rabeprazole sodium oral tablet delayed release	Generic	
Genetic or Enzyme Disorder: Replacement, Modifiers, Treatment		
betaine	Generic specialty	SP
CERDELGA	Preferred brand specialty	PA; SP; QL
CHOLBAM	Preferred brand specialty	PA; SP; QL
CREON	Preferred brand	
CYSTAGON	Preferred brand specialty	SP

Drug Name	Drug Tier	Notes
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
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
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

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

Drug Name	Drug Tier	Notes
ENTADFI	Not covered	QL
finasteride oral tablet 5 mg	Generic	
silodosin	Generic	QL
tamsulosin hcl	Generic	
terazosin hcl	Generic	
TEZRULY	Not covered	
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	
tiopronin	Generic	PA
TODAY SPONGE	Preventive	PV1; QL
VANRAFIA	Nonpreferred specialty	PA; SP; QL
VCF VAGINAL CONTRACEPTIVE	Preventive	PV1; 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	

Drug Name	Drug Tier	Notes
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
desonide external cream	Generic	
desonide external gel	Not covered	
desonide external lotion	Generic	
desonide external ointment	Generic	
desoximetasone external	Generic	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	Not covered	
dexamethasone intensol	Generic	
dexamethasone oral elixir	Generic	
dexamethasone oral solution	Generic	
dexamethasone oral tablet	Generic	
dexamethasone oral tablet therapy pack	Generic	
diflorasone diacetate	Not covered	
fludrocortisone acetate oral	Generic	
fluocinolone acetonide body	Generic	
fluocinolone acetonide external	Generic	
fluocinolone acetonide scalp	Generic	

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

Drug Name	Drug Tier	Notes
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	
PREDNISON 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	
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

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

Drug Name	Drug Tier	Notes
RECORLEV	Not covered	SP; QL
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		
AZMIRO	Not covered	
danazol oral	Generic	
INTRAROSA	Not covered	
JATENZO	Not covered	QL
KYZATREX	Not covered	QL
METHITEST	Nonpreferred brand	QL
methyltestosterone oral	Not covered	QL
NATESTO	Not covered	QL
TESTOSTERONE CYPIONATE INJECTION	Not covered	
testosterone cypionate intramuscular	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	

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

Drug Name	Drug Tier	Notes
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
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 f.s. oral tablet 1.25-2.5 mg	Generic	
ESTRATEST H.S.	Not covered	
ESTRING	Preferred brand	
estrogens conjugated	Generic	
ethynodiol diac-eth estradiol	Generic	PV2

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

Drug Name	Drug Tier	Notes
kelnor 1/50 oral tablet 1-50 mg-mcg	Generic	PV2
kurvelo	Generic	PV2
larin 1.5/30	Generic	PV2
larin 1/20	Generic	PV2
larin 24 fe	Generic	PV2
larin fe 1.5/30	Generic	PV2
larin fe 1/20	Generic	PV2
layolis fe oral tablet chewable 0.8-25 mg-mcg	Generic	PV2
leena oral tablet 0.5/1/0.5-35 mg-mcg	Generic	PV2
lessina	Generic	PV2
levonest	Generic	PV2
levonorgest-eth est & eth est	Generic	PV2; QL
levonorgest-eth estrad 91-day	Generic	PV2; QL
levonorgest-eth estradiol-iron	Generic	PV2
levonorgestrel-ethinyl estrad	Generic	PV2
levonorg-eth estrad triphasic	Generic	PV2
levora 0.15/30 (28)	Generic	PV2
LO LOESTRIN FE	Nonpreferred brand	
lojaimiess	Generic	PV2; QL
loryna	Generic	PV2
low-ogestrel	Generic	PV2
lo-zumandimine	Generic	PV2
luizza 1.5/30	Generic	PV2
luizza 1/20	Generic	PV2
lutera	Generic	PV2
lyllana	Generic	
marlissa	Generic	PV2
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG	Not covered	
MENOSTAR	Not covered	
merzee oral capsule 1-20 mg-mcg(24)	Generic	PV2
mibelas 24 fe	Generic	PV2
microgestin 1.5/30	Generic	PV2
microgestin 1/20	Generic	PV2
microgestin fe 1.5/30	Generic	PV2
microgestin fe 1/20	Generic	PV2

Drug Name	Drug Tier	Notes
mili	Generic	PV2
mimvey	Generic	
minzoya	Generic	PV2
mono-lyyah	Generic	PV2
MYFEMBREE	Nonpreferred brand	PA; QL
NATAZIA	Nonpreferred brand	
necon 0.5/35 (28)	Generic	PV2
NEXTSTELLIS	Nonpreferred brand	
nikki	Generic	PV2
norelgestromin-eth estradiol	Generic	PV2; QL
norethin ace-eth estrad-fe	Generic	PV2
norethindrone acet-ethinyl est	Generic	PV2
norethindrone-eth estradiol	Generic	
norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg	Generic	PV2
norethin-eth estradiol-fe	Generic	PV2
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	Generic	PV2
norgestimate-ethinyl estradiol triphasic	Generic	PV2
nortrel 0.5/35 (28)	Generic	PV2
nortrel 1/35 (21)	Generic	PV2
nortrel 1/35 (28)	Generic	PV2
nortrel 7/7/7	Generic	PV2
nylia 1/35	Generic	PV2
nylia 7/7/7	Generic	PV2
ocella 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

Drug Name	Drug Tier	Notes
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-lynyah	Generic	PV2
tri-lo-estarylla	Generic	PV2
tri-lo-marzia	Generic	PV2
tri-lo-mili	Generic	PV2
tri-lo-sprintec	Generic	PV2
tri-mili	Generic	PV2
tri-sprintec	Generic	PV2
trivora (28)	Generic	PV2
tri-vylibra	Generic	PV2
tri-vylibra lo	Generic	PV2
turqoz	Generic	PV2
TWIRLA	Not covered	QL
TYBLUME	Nonpreferred brand	
tydemy	Generic	PV2
valtya 1/35	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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG	Nonpreferred brand	
ARMOUR THYROID	Nonpreferred brand	
ERMEZA ORAL SOLUTION 150 MCG/5ML	Not covered	
euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	Generic	
EVEXITHROID	Nonpreferred brand	
levo-t	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	

Drug Name	Drug Tier	Notes
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
cetorelix acetate	Not covered	SP
ganirelix acetate	Not covered	SP
leuprolide acetate injection	Generic specialty	SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG	Preferred brand specialty	SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG	Preferred brand specialty	SP
LUPRON DEPOT-PED (1-MONTH)	Preferred brand specialty	SP
LUPRON DEPOT-PED (3-MONTH)	Preferred brand specialty	SP
LUPRON DEPOT-PED (6-MONTH)	Preferred brand specialty	SP
MYCAPSSA	Not covered	SP; QL
octreotide acetate injection	Generic specialty	SP
octreotide acetate subcutaneous	Generic specialty	SP
ORILISSA	Preferred brand	PA; QL
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	

Drug Name	Drug Tier	Notes
Immunological Agents		
Angioedema Agents		
ANDEMBRY	Nonpreferred specialty	PA; SP; QL
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
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, 40 MG/0.8ML	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

Drug Name	Drug Tier	Notes
AMJEVITA	Not covered	SP
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10MG/0.2ML	Not covered	SP
AMJEVITA-PED 15KG TO <30KG	Not covered	SP
ASTAGRAF XL	Nonpreferred specialty	SP
azathioprine oral	Generic	
CIMZIA (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	Not covered	SP
CYLTEZO-PSORIASIS/UV STARTER	Not covered	SP
ENBREL	Preferred brand specialty	PA; SP; QL
ENBREL MINI	Preferred brand specialty	PA; SP; QL
ENBREL SURECLICK	Preferred brand specialty	PA; SP; QL
ENVARUSUS XR	Nonpreferred specialty	SP
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg	Generic specialty	SP
engraf	Generic specialty	SP
HADLIMA	Not covered	SP
HADLIMA PUSH TOUCH	Not covered	SP
HULIO (2 PEN)	Not covered	SP
HULIO (2 SYRINGE)	Not covered	SP
HUMIRA (2 PEN)	Not covered	SP; QL
HUMIRA (2 SYRINGE)	Not covered	SP; QL
HUMIRA-CD/UC/HS STARTER	Not covered	SP; QL
HUMIRA-PSORIASIS/UEIT STARTER	Not covered	SP; QL
HYRIMOZ	Not covered	SP
HYRIMOZ-CROHNS/UC STARTER	Not covered	SP
HYRIMOZ-PED<40KG CROHN STARTER	Not covered	SP

Drug Name	Drug Tier	Notes
HYRIMOZ-PED>/=40KG CROHN START	Not covered	SP
HYRIMOZ-PLAQ PSOR/UEVIT START	Not covered	SP
HYRIMOZ-PLAQUE PSORIASIS START	Not covered	SP
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Not covered	SP; QL
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML	Not covered	SP; QL
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Not covered	SP; QL
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	Not covered	SP; QL
IMULDOSA SUBCUTANEOUS	Not covered	SP; QL
JYLAMVO	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
OMVOH SUBCUTANEOUS	Not covered	SP; QL
ORENCIA CLICKJECT	Nonpreferred specialty	PA; SP; QL
ORENCIA SUBCUTANEOUS	Nonpreferred specialty	PA; SP; QL
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 20 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML	Not covered	SP; QL
OTULFI SUBCUTANEOUS	Not covered	SP
PROGRAF ORAL PACKET	Nonpreferred specialty	SP
RASUVO	Not covered	SP; QL
REZUROCK	Preferred brand specialty	PA; SP; OVM

Drug Name	Drug Tier	Notes
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 oral	Generic specialty	SP
TREXALL	Preferred brand	
USTEKINUMAB-AAUZ	Not covered	SP
XATMEP	Not covered	SP
XELJANZ	Preferred brand specialty	PA; SP; QL
XELJANZ XR	Preferred brand specialty	PA; SP; QL
YESINTEK SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
YUFLYMA (1 PEN)	Not covered	SP; QL
YUFLYMA (2 PEN)	Not covered	SP; QL
YUFLYMA (2 SYRINGE)	Not covered	SP; QL
YUFLYMA-CD/UC/HS STARTER	Not covered	SP; QL
YUSIMRY	Not covered	SP
ZYMFENTRA (1 PEN)	Not covered	SP; QL
ZYMFENTRA (2 PEN)	Not covered	SP; QL
ZYMFENTRA (2 SYRINGE)	Not covered	SP; QL
Immunoglobulins		
CUTAQUIG	Nonpreferred specialty	PA; SP
CUVITRU	Not covered	SP

Drug Name	Drug Tier	Notes
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
BENLYSTA SUBCUTANEOUS	Preferred brand specialty	PA; SP; QL
BEYFORTUS	Preventive	PV1; QL
ENFLONIA	Preventive	PV1; QL
ENSPRYNG	Preferred brand specialty	PA; SP; QL
ENTYVIO PEN	Nonpreferred specialty	PA; SP; QL
KEVZARA	Nonpreferred specialty	PA; SP; QL
leflunomide oral	Generic	
OTEZLA	Preferred brand specialty	PA; SP; QL
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
SELARSDI SUBCUTANEOUS	Not covered	SP
STELARA SUBCUTANEOUS	Not covered	SP; QL

Drug Name	Drug Tier	Notes
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
AFLURIA	Preventive	PV1; QL
AFLURIA PRESERVATIVE FREE	Preventive	PV1; QL
AREXVY	Preventive	PV1; QL
BEXSERO	Preventive	PV1; QL
BOOSTRIX	Preventive	PV1; QL
CAPVAXIVE	Preventive	PV1; QL
COMIRNATY	Preventive	PV1; QL
COMIRNATY 5-11 YEARS	Preventive	PV1; QL
DAPTACEL	Preventive	PV1; QL
DENGVAXIA	Preventive	PV1; QL
ENGERIX-B	Preventive	PV1; QL
FLUAD	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
FLUARIX	Preventive	PV1; QL
FLUBLOK	Preventive	PV1; QL
FLUCELVAX	Preventive	PV1; QL
FLULAVAL	Preventive	PV1; QL
FLUMIST	Preventive	PV1; QL
FLUZONE HIGH-DOSE	Preventive	PV1; QL
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	Preventive	PV1; QL
GARDASIL 9	Preventive	PV1; QL; AL (Min 9 Years and Max 45 Years)
HAVRIX	Preventive	PV1; QL
HEPLISAV-B	Preventive	PV1; QL
HIBERIX	Preventive	PV1; QL
INFANRIX	Preventive	PV1; QL
IPOL	Preventive	PV1; QL
JYNNEOS	Preventive	PV1; QL
KINRIX	Preventive	PV1; QL
MENQUADFI	Preventive	PV1; QL
MENVEO	Preventive	PV1; QL
M-M-R II	Preventive	PV1; QL
MNEXSPIKE	Preventive	PV1; QL
MRESVIA	Preventive	PV1; QL
NUVAXOVID COVID-19 VACCINE	Preventive	PV1; QL
PEDIARIX	Preventive	PV1; QL
PEDVAX HIB	Preventive	PV1; QL
PENBRAYA	Preventive	PV1; QL
PENMENVY	Preventive	PV1; QL
PENTACEL	Preventive	PV1; QL
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

Drug Name	Drug Tier	Notes
SHINGRIX	Preventive	PV1; QL
SPIKEVAX	Preventive	PV1; QL
SPIKEVAX 6M-11Y	Preventive	PV1; QL
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	Preventive	PV1; QL
TENIVAC	Preventive	PV1; QL
TRUMENBA	Preventive	PV1; QL
TWINRIX	Preventive	PV1; QL
VAQTA	Preventive	PV1; QL
VARIVAX	Preventive	PV1; QL
VAXELIS	Preventive	PV1; QL
VAXNEUVANCE	Preventive	PV1; QL
Inflammatory Bowel Disease Agents		
Aminosalicylates		
balsalazide disodium	Generic	
DIPENTUM	Nonpreferred brand	
mesalamine er oral capsule 0.375 gm	Generic	
mesalamine oral capsule delayed release 400 mg	Generic	
mesalamine oral tablet delayed release 1.2 gm	Generic	QL
mesalamine oral tablet delayed release 800 mg	Generic	
mesalamine rectal	Generic	
PENTASA	Preferred brand	
SFROWASA	Not covered	
Glucocorticoids		
ANALPRAM HC EXTERNAL CREAM 2.5-1 %	Not covered	
ANALPRAM HC EXTERNAL LOTION	Not covered	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 %	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	

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
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	
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
BREATHRITE 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

Drug Name	Drug Tier	Notes
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
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 LIBRE2 G6 INTRO GEN5	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	Preventive	PV1; QL

Drug Name	Drug Tier	Notes
PHEXXI VAGINAL GEL 1.8-1-0.4 %	Preventive	PV1; QL
POCKET SPACER	Nonpreferred brand	QL
PRO COMFORT SPACER ADULT	Nonpreferred brand	QL
PRO COMFORT SPACER CHILD	Nonpreferred brand	QL
PRO COMFORT SPACER INFANT	Nonpreferred brand	QL
PROCARE SPACER/ADULT MASK	Nonpreferred brand	QL
PROCARE SPACER/CHILD MASK	Nonpreferred brand	QL
PURE COMFORT SPACER CHAMBER	Nonpreferred brand	QL
RADIOGARDASE	Preferred brand	
RAGWITEK	Not covered	QL
RYPLAZIM	Nonpreferred specialty	PA; SP; QL
SOHONOS	Preferred brand specialty	PA; SP; QL
sterile water for irrigation	Generic	
TAVNEOS	Nonpreferred specialty	PA; SP; QL
TRUE COVER	Preventive	PV1; QL
VEOZAH	Nonpreferred brand	PA; QL
V-GO 20	Preferred brand	QL
V-GO 30	Preferred brand	QL
V-GO 40	Preferred brand	QL
VISTOGARD	Preferred brand specialty	SP; QL
VORTEX VALVE CHAMBER-PEDI MASK	Nonpreferred brand	QL
VORTEX VALVED HOLDING CHAMBER	Nonpreferred brand	QL
VYKAT XR	Preferred brand specialty	PA; SP; QL
water for irrigation, sterile	Generic	
WIDE-SEAL DIAPHRAGM 60	Nonpreferred brand	PV2; QL
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

Drug Name	Drug Tier	Notes
YORVIPATH	Preferred brand specialty	PA; SP; QL
ZILBRYSQ	Nonpreferred specialty	PA; SP; QL
ZOKINVY	Preferred brand specialty	PA; SP; QL
Ophthalmic Agents		
Aminoglycosides		
gentamicin sulfate ophthalmic	Generic	
neomycin-polymyxin-gramicidin	Generic	
TOBRADEX	Nonpreferred brand	
TOBRADEX ST	Nonpreferred brand	
tobramycin ophthalmic	Generic	
tobramycin-dexamethasone	Generic	
TOBEX	Nonpreferred brand	
Antibacterials, Other		
bacitracin ophthalmic	Generic	
bacitracin-polymyxin b	Generic	
bacitra-neomycin-polymyxin-hc	Generic	
neomycin-bacitracin zn-polymyx	Generic	
neomycin-polymyxin-dexameth	Generic	
neomycin-polymyxin-hc ophthalmic	Generic	
NEO-POLYCIN HC OPHTHALMIC OINTMENT 1 %	Not covered	
polymyxin b-trimethoprim	Generic	
XDEMZY	Preferred brand	PA; QL
Anti-cytomegalovirus (CMV) Agents		
ZIRGAN	Preferred brand	
Antifungals		
NATACYN	Preferred brand	
Antiherpetic Agents		
trifluridine	Generic	
Macrolides		
AZASITE	Nonpreferred brand	
erythromycin ophthalmic	Generic	
Ophthalmic Agents, Other		
atropine sulfate ophthalmic solution 1 %	Generic	

Drug Name	Drug Tier	Notes
CEQUA	Nonpreferred brand	QL
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 %	Nonpreferred brand	
cyclopentolate hcl ophthalmic	Generic	
cyclosporine ophthalmic	Generic	
CYSTADROPS	Not covered	SP; QL
CYSTARAN	Preferred brand specialty	PA; SP; QL
EPIOXA HD/ EPIOXA	Not covered	
HOMATROPAIRE	Nonpreferred brand	
loteprednol-tobramycin	Generic	
MIEBO	Preferred brand	QL
OXERVATE	Preferred brand specialty	PA; SP; QL
RESTASIS MULTIDOSE	Not covered	
sulfacetamide-prednisolone	Generic	
tropicamide ophthalmic	Generic	
TRYPTYR	Not covered	QL
TYRVAYA	Not covered	QL
VERKAZIA EMULSION 0.1 % OPHTHALMIC	Not covered	QL
VERKAZIA EMULSION 0.1 % OPHTHALMIC	Not covered	QL
VEVYE	Not covered	QL
XIIDRA	Preferred brand	QL
Ophthalmic Anti-allergy Agents		
ALOCRIIL	Nonpreferred brand	
altafrin	Generic	
azelastine hcl ophthalmic	Generic	
bepotastine besilate	Generic	
cromolyn sodium ophthalmic	Generic	
CYCLOMYDRIL	Nonpreferred brand	
epinastine hcl	Generic	
olopatadine hcl ophthalmic solution 0.2 %	Generic	
phenylephrine hcl ophthalmic	Generic	
UPNEEQ	Not covered	QL
ZERVIAE	Not covered	

Drug Name	Drug Tier	Notes
Ophthalmic Antiglaucoma Agents		
apraclonidine hcl	Generic	
betaxolol hcl ophthalmic	Generic	
BETIMOL OPHTHALMIC SOLUTION 0.25 %	Not covered	
BETOPTIC-S	Nonpreferred brand	
brimonidine tartrate ophthalmic	Generic	
brimonidine tartrate-timolol	Generic	
brinzolamide	Generic	
carteolol hcl	Generic	
dorzolamide hcl ophthalmic	Generic	
dorzolamide hcl-timolol mal	Generic	
dorzolamide hcl-timolol mal pf	Generic	
IOPIDINE	Not covered	
levobunolol hcl	Generic	
OMLONTI	Not covered	
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 oculosol	Not covered	
timolol maleate ophthalmic gel forming solution	Generic	
timolol maleate ophthalmic solution	Generic	
timolol maleate pf	Not covered	
Ophthalmic Anti-inflammatories		
ACUVAIL	Not covered	
bromfenac sodium (once-daily)	Generic	
bromfenac sodium ophthalmic solution 0.07 %	Generic	
bromfenac sodium ophthalmic solution 0.075 %	Not covered	QL
CLOBETASOL PROPIONATE OPHTHALMIC	Not covered	
dexamethasone sodium phosphate ophthalmic	Generic	
diclofenac sodium ophthalmic	Generic	
difluprednate	Generic	

Drug Name	Drug Tier	Notes
EYSUVIS	Not covered	QL
FLAREX	Not covered	
fluorometholone	Generic	
flurbiprofen sodium	Generic	
FML FORTE	Nonpreferred brand	
ILEVRO	Not covered	
INVELTYS	Not covered	QL
ketorolac tromethamine ophthalmic	Generic	
LOTEMAX OPHTHALMIC OINTMENT	Nonpreferred brand	
LOTEMAX SM	Not covered	QL
loteprednol etabonate	Generic	
MAXIDEX	Nonpreferred brand	
NEVANAC	Not covered	
PRED MILD	Nonpreferred brand	
prednisolone acetate ophthalmic	Generic	
PREDNISOLONE ACETATE P-F	Nonpreferred brand	
prednisolone sodium phosphate ophthalmic	Generic	
Ophthalmic Prostaglandin and Prostaglandin Analogs		
bimatoprost ophthalmic solution 0.03 %	Generic	
IYUZEH	Not covered	QL
latanoprost ophthalmic	Generic	
LUMIGAN	Preferred brand	
tafluprost (pf)	Generic	
travoprost (bak free)	Generic	
VYZULTA	Not covered	
XELPROS	Nonpreferred brand	PA; QL
Quinolones		
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	

Drug Name	Drug Tier	Notes
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	
flac otic oil 0.01 %	Generic	
fluocinolone acetonide otic	Generic	
hydrocortisone-acetic acid	Generic	
neomycin-polymyxin-hc otic	Generic	
ofloxacin otic	Generic	
OTOVEL	Nonpreferred brand	
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	Generic	
diphenhydramine hcl oral elixir	Generic	
olopatadine hcl nasal	Not covered	QL
RYCLORA	Not covered	
ryvent	Not covered	
Anti-inflammatories, Inhaled Corticosteroids		
ADVAIR HFA	Preferred brand	QL
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT	Not covered	QL
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT	Not covered	QL

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

Drug Name	Drug Tier	Notes
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		
ATROVENT HFA	Preferred brand	QL
INCRUSE ELLIPTA	Not covered	QL
ipratropium bromide inhalation	Generic	
ipratropium bromide nasal	Generic	QL
SPIRIVA RESPIMAT	Preferred brand	QL
tiotropium bromide	Generic	QL
TUDORZA PRESSAIR	Not covered	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

Drug Name	Drug Tier	Notes
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
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

Drug Name	Drug Tier	Notes
bosentan oral tablet	Generic specialty	PA; SP; QL
bosentan oral tablet soluble	Not covered	SP; QL
OPSUMIT	Preferred brand specialty	PA; SP; QL
OPSYNVI	Nonpreferred specialty	PA; SP; QL
ORENITRAM	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 1	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 2	Nonpreferred specialty	PA; SP; QL
ORENITRAM MONTH 3	Nonpreferred specialty	PA; SP; QL
REMODULIN	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
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
OFEV	Preferred brand specialty	PA; SP; QL
pirfenidone	Generic specialty	SP; QL
Respiratory Tract Agents, Other		
acetylcysteine inhalation	Generic	

Drug Name	Drug Tier	Notes
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
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		
baclofen oral solution	Not covered	QL
baclofen oral suspension	Not covered	QL
baclofen oral tablet	Generic	
carisoprodol oral	Not covered	
chlorzoxazone oral tablet 250 mg, 375 mg, 750 mg	Not covered	
chlorzoxazone oral tablet 500 mg	Generic	

Drug Name	Drug Tier	Notes
cyclobenzaprine hcl er	Not covered	QL
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	Generic	
cyclobenzaprine hcl oral tablet 7.5 mg	Not covered	
dantrolene sodium oral	Generic	
LYVISPAH ORAL PACKET 10 MG, 20 MG, 5 MG	Not covered	QL
metaxalone oral tablet 400 mg, 800 mg	Generic	
metaxalone oral tablet 640 mg	Not covered	
methocarbamol oral tablet 1000 mg	Not covered	
methocarbamol oral tablet 500 mg, 750 mg	Generic	
NORGESIC	Not covered	QL
NORGESIC FORTE	Not covered	
ONTRALFY	Not covered	
orphenadrine citrate er	Generic	
orphenadrine-aspirin-caffeine	Generic	PA; QL
ORPHENGESIC FORTE	Not covered	
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	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

Drug Name	Drug Tier	Notes
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 solution 500 mg/ml oral	Generic specialty	PA; SP; QL
SODIUM OXYBATE SOLUTION 500 MG/ML ORAL	Not covered	SP
SUNOSI	Nonpreferred brand	PA; QL
WAKIX	Nonpreferred specialty	PA; SP; QL
XYREM	Not covered	SP
XYWAV	Not covered	SP; QL

Index of Drugs

abacavir sulfate.....	45	ADALIMUMAB-AATY (2 SYRINGE).....	96	AEROCHAMBER PLUS FLOW VU.....	105
abacavir sulfate-lamivudine.....	45	ADALIMUMAB-AATY CD/UC/HS START.....	96	AEROCHAMBER2GO ANTI-STATIC.....	105
abigale.....	86	ADALIMUMAB-ADAZ.....	96	afirmelle.....	87
abigale lo.....	86	ADALIMUMAB-ADBM (2 PEN).....	96	AFLURIA.....	101
ABILIFY ASIMTUFII.....	42	ADALIMUMAB-ADBM (2 SYRINGE).....	96	AFLURIA PRESERVATIVE FREE.....	101
ABILIFY MAINTENA.....	42	ADALIMUMAB-ADBM(CD/UC/HS STRT).....	96	AFREZZA.....	52
abiraterone acetate.....	31, 32	ADALIMUMAB-ADBM(PS/UV STARTER).....	96	AFSTYLA.....	56
abirtega.....	32	ADALIMUMAB-BWWD.....	96	aftera.....	93
ABRILADA (1 PEN).....	96	ADALIMUMAB-FKJP (2 PEN)..	96	AGAMREE.....	81
ABRILADA (2 PEN).....	96	ADALIMUMAB-FKJP (2 SYRINGE).....	96	AIMOVIG.....	29
ABRILADA (2 SYRINGE).....	96	adapalene.....	68	AIRDUO RESPICLICK 113/14.....	112
ABRYSVO.....	101	ADAPALENE.....	68	AIRDUO RESPICLICK 232/14.....	112
ABSORICA LD.....	68	adapalene-benzoyl peroxide.....	68	AIRDUO RESPICLICK 55/14..	113
acamprostate calcium.....	17	ADBRY.....	68	AIRSUPRA.....	117
acarbose.....	49	adefovir dipivoxil.....	43	AJOVY.....	29
ACCRUFER.....	72	ADEMPAS.....	115	AKEEGA.....	33
ACCU-CHEK AVIVA PLUS KIT W/DEVICE.....	47	ADLARITY.....	24	AKLIEF.....	68
ACCU-CHEK GUIDE.....	47	ADMELOG.....	52	AKYNZEO.....	27
ACCU-CHEK GUIDE KIT W/DEVICE.....	47	ADMELOG SOLOSTAR.....	52	ALA SCALP.....	81
ACCU-CHEK GUIDE TEST STRIPS.....	47	ADTHYZA.....	94	ala-cort.....	81
ACCU-CHEK SMARTVIEW TEST STRIPS.....	47	ADVAIR HFA.....	112	albendazole.....	39
accutane.....	68	ADVANTAGE SAFETY LANCETS 28G.....	47	albuterol sulfate.....	114
acebutolol hcl.....	59	ADVATE.....	56	ALBUTEROL SULFATE.....	114
acetaminophen-codeine.....	15	ADVOCATE SAFETY LANCETS 21G.....	48	albuterol sulfate hfa.....	114
acetazolamide.....	62	ADVOCATE SAFETY LANCETS 23G.....	48	alclometasone dipropionate.....	81
acetazolamide er.....	61	ADVOCATE SAFETY LANCETS 28G.....	48	ALECENSA.....	35
acetic acid.....	81, 112	ADYNOVATE.....	56	alendronate sodium.....	104
acetylcysteine.....	116	AEROCHAMBER HOLDING CHAMBER.....	104	alfuzosin hcl er.....	80
acitretin.....	68	AEROCHAMBER MINI CHAMBER.....	104	ALHEMO.....	56
ACTEMRA.....	100	AEROCHAMBER MV.....	104	aliskiren fumarate.....	60
ACTEMRA ACTPEN.....	100	AEROCHAMBER PLS FLOVU MTHPIECE.....	105	ALKINDI SPRINKLE.....	81
ACTHAR.....	84	AEROCHAMBER PLUS FLOVU INTERM.....	105	allopurinol.....	29
ACTHAR GEL.....	84	AEROCHAMBER PLUS FLOVU LARGE.....	105	ALLZITAL.....	15
ACTHIB.....	101	AEROCHAMBER PLUS FLOVU MEDIUM.....	105	almotriptan malate.....	30
ACTIMMUNE.....	100	AEROCHAMBER PLUS FLOVU SMALL.....	105	ALOCRIL.....	109
ACUVAIL.....	110			ALOGLIPTIN BENZOATE.....	49
acyclovir.....	44			ALOGLIPTIN-METFORMIN HCL.....	49
ADACEL.....	101			ALOGLIPTIN-PIOGLITAZONE.....	49
ADALIMUMAB-AACF (2 PEN)..	96			ALORA.....	87
ADALIMUMAB-AACF (2 SYRINGE).....	96			alosetron hcl.....	76
ADALIMUMAB-AACF(CD/UC/HS STRT).....	96			ALPHANATE.....	56
ADALIMUMAB-AACF(PS/UV STARTER).....	96			ALPHANINE SD.....	56
ADALIMUMAB-AATY (1 PEN)..	96			alprazolam.....	47
ADALIMUMAB-AATY (2 PEN)..	96			alprazolam er.....	47

altavera.....	87	anagrelide hcl.....	54	aspirin adult low strength.....	12
ALTOPREV.....	63	ANALPRAM HC.....	103	aspirin childrens.....	12
ALTRENO.....	68	ANALPRAM-HC.....	103	aspirin ec adult low dose.....	12
ALTUVIIIO.....	56	anastrozole.....	34	aspirin ec low dose.....	12
ALUNBRIG.....	35	ANDEMBRY.....	96	aspirin ec low strength.....	12
ALVAIZ.....	54	ANGELIQ.....	87	aspirin low dose.....	12
ALVESCO.....	113	ANNOVERA.....	87	aspirin regimen.....	12
alyacen 1/35.....	87	ANORO ELLIPTA.....	117	aspirin-dipyridamole er.....	57
alyacen 7/7/7.....	87	ANUCORT-HC.....	103	ASTAGRAF XL.....	97
ALYFTREK.....	115	ANUSOL-HC.....	103	atazanavir sulfate.....	46
alyq.....	115	ANZEMET.....	27	atenolol.....	59
amantadine hcl.....	40	ANZUPGO.....	68	atenolol-chlorthalidone.....	60
ambrisentan.....	115	apap-caff-dihydrocodeine.....	15	atomoxetine hcl.....	65
amcinonide.....	81	APIDRA SOLOSTAR.....	52	ATORVALIQ.....	63
amethyst.....	87	APIDRA VIAL.....	52	atorvastatin calcium.....	63
amiloride hcl.....	62	APLENZIN.....	24	atovaquone.....	40
amiloride-hydrochlorothiazide...	60	apomorphine hcl.....	41	atovaquone-proguanil hcl.....	40
aminocaproic acid.....	56	apraclonidine hcl.....	110	atropine sulfate.....	108
amiodarone hcl.....	58	aprepitant.....	27	ATROVENT HFA.....	114
amitriptyline hcl.....	26	apri.....	87	ATTRUBY.....	60
AMJEVITA.....	97	APTIVUS.....	46	aubra eq.....	87
AMJEVITA-PED 10KG TO		AQNEURSA.....	105	AUGMENTIN.....	20
<15KG SUBCUTANEOUS		AQUASTAT.....	72	AUGTYRO.....	35
SOLUTION PREFILLED		AQUASTAT SFR.....	72	AURANOFIN.....	100
SYRINGE 10MG/0.2ML.....	97	ARAKODA.....	40	aurovela 1.5/30.....	87
AMJEVITA-PED 15KG TO		aranelle.....	87	aurovela 1/20.....	87
<30KG.....	97	ARANESP (ALBUMIN FREE)...	54	aurovela 24 fe.....	87
amlodipine besylate.....	59	ARAZLO.....	68	aurovela fe 1.5/30.....	87
amlodipine besylate-benazepril		ARBLI.....	57	aurovela fe 1/20.....	87
hcl.....	60	ARCALYST.....	100	AURYXIA.....	73
amlodipine besylate-valsartan..	60	AREXVY.....	101	AUSTEDO.....	65
amlodipine-atorvastatin.....	60	arformoterol tartrate.....	114	AUSTEDO XR.....	65
amlodipine-olmesartan.....	60	ARGYLE STERILE SALINE.....	81	AUSTEDO XR PATIENT	
amlodipine-valsartan-hctz.....	60	ARIKAYCE.....	18	TITRATION.....	65
ammonium lactate.....	68	aripiprazole.....	42	AUVELITY.....	24
amnesteem.....	68	ARISTADA.....	42	AUVI-Q.....	114
amoxapine.....	26	ARISTADA INITIO.....	42	AVERI.....	87
amoxicill-clarithro-lansopraz....	75	armodafinil.....	119	aviane.....	87
amoxicillin.....	20	ARMOUR THYROID.....	94	AVMAPKI FAKZYNJA CO-	
amoxicillin-potassium		ARNUITY ELLIPTA.....	113	PACK.....	35
clavulanate.....	20	ascomp-codeine.....	15	AVONEX PEN.....	66
amoxicillin-potassium		asenapine maleate.....	42	AVONEX PREFILLED.....	66
clavulanate er.....	20	ashlyna.....	87	ayuna.....	87
amphetamine er.....	64	ASMANEX (120 METERED		AYVAKIT.....	35
amphetamine sulfate.....	64	DOSES).....	113	AZASITE.....	108
amphetamine-		ASMANEX (30 METERED		azathioprine.....	97
dextroamphetamine.....	64	DOSES).....	113	azelaic acid.....	68
amphetamine-		ASMANEX (60 METERED		azelastine hcl.....	109, 112
dextroamphetamine er.....	64	DOSES).....	113	azelastine-fluticasone.....	117
amphet-dextroamphet 3-bead		ASMANEX HFA.....	113	AZELEX.....	68
er.....	64	aspirin.....	12	azithromycin.....	20
ampicillin.....	20	aspirin 81.....	12	AZMIRO.....	86
AMZEEQ.....	68	aspirin adult low dose.....	12	AZSTARYS.....	65

azurette.....	87	betamethasone dipropionate		BRINSUPRI.....	117
bac (butalbital-acetamin-caff)....	15	aug.....	81	brinzolamide.....	110
bacitracin.....	108	betamethasone valerate.....	81	BRIVIACT.....	21
bacitracin-polymyxin b.....	108	BETASERON.....	66	bromfenac sodium.....	110
bacitra-neomycin-polymyxin-hc		betaxolol hcl.....	59, 110	bromfenac sodium (once-daily)	
.....	108	bethanechol chloride.....	81	110
baclofen.....	117	BETIMOL.....	110	bromocriptine mesylate.....	41
BAFIERTAM.....	66	BETOPTIC-S.....	110	BRONCHITOL.....	115
balsalazide disodium.....	103	BEVESPI AEROSPHERE.....	113	BRONCHITOL TOLERANCE	
BALVERSA.....	34	BEXAGLIFLOZIN.....	49	TEST.....	115
balziva.....	87	bexarotene.....	39	BRUKINSA.....	35
BAQSIMI ONE PACK.....	51	BEXSERO.....	101	BRYHALI.....	82
BAQSIMI TWO PACK.....	51	BEYFORTUS.....	100	BRYNOVIN.....	49
BARACLUDGE.....	43	bicalutamide.....	32	BUCAPSOL.....	46
BASAGLAR KWIKPEN.....	52	BIJUVA.....	87	budesonide.....	103, 113
BAXDELA.....	20	BIKTARVY.....	44	budesonide er.....	103
BD AUTOSHIELD DUO PEN		BILTRICIDE.....	39	budesonide-formoterol	
NEEDLES.....	105	bimatoprost.....	111	fumarate.....	113
BD PEN NEEDLE MICRO		BIMZELX.....	68	bumetanide.....	62
ULTRAFINE.....	105	BINOSTO.....	104	buprenorphine.....	14
BD PEN NEEDLE MINI		bis subcit-metronid-tetracyc.....	75	buprenorphine hcl.....	17
ULTRAFINE.....	105	bisacodyl ec.....	76	buprenorphine hcl-naloxone	
BD PEN NEEDLE NANO		bismuth/metronidaz/tetracyclin..	75	hcl.....	17
ULTRAFINE.....	105	bisoprolol fumarate.....	59	bupropion hcl.....	25
BD PEN NEEDLE ORIG		bisoprolol-hydrochlorothiazide..	60	bupropion hcl er (smoking det)..	17
ULTRAFINE.....	105	blisovi 24 fe.....	87	bupropion hcl er (sr).....	25
BD PEN NEEDLE SHORT		blisovi fe 1.5/30.....	87	bupropion hcl er (xl).....	25
ULTRAFINE.....	105	blisovi fe 1/20.....	87	BUPROPION HCL ER (XL).....	25
BD POSIFLUSH.....	72	BLUJEPa.....	18	buspirone hcl.....	46
BD POSIFLUSH SAFESCRUB.....	72	BONJESTA.....	27	butalbital-acetaminophen.....	15
BD ULTRA-FINE INSULIN		BONSITY.....	104	butalbital-apap-caff-cod.....	15
SYRINGES.....	105	BOOSTRIX.....	101	butalbital-apap-caffeine.....	15
BD ULTRA-FINE PEN		bosentan.....	116	butalbital-asa-caff-codeine.....	15
NEEDLES.....	105	BOSULIF.....	35	butalbital-aspirin-caffeine.....	15
BD VEO INSULIN SYR		BRAFTOVI.....	35	butorphanol tartrate.....	15
ULTRAFINE.....	105	BREATHE COMFORT		BYLVAY.....	67
BELBUCA.....	14	CHAMBER/ADULT.....	105	BYLVAY (PELLETS).....	67
belladonna alkaloids-opium.....	74	BREATHE COMFORT		BYNFEZIA PEN.....	95
BELSOMRA.....	118	CHAMBER/CHILD.....	105	cabergoline.....	84
benazepril hcl.....	58	BREATHE EASE LARGE.....	105	CABLIVI.....	57
benazepril-hydrochlorothiazide.....	60	BREATHE EASE MEDIUM.....	105	CABOMETYX.....	35
BENEFIX.....	56	BREATHE EASE SMALL.....	105	CABTREO.....	68
BENLYSTA.....	100	BREATHERITE VALVED MDI		caffeine citrate.....	65
BENZNIDAZOLE.....	40	CHAMBER.....	105	calcipotriene.....	68
benzoyl peroxide-erythromycin.....	68	BREKIYA.....	30	CALCIPOTRIENE.....	68
benztropine mesylate.....	40	BRENZAVVY.....	49	calcipotriene-betameth diprop...68	
bepotastine besilate.....	109	BREO ELLIPTA.....	113	calcitonin (salmon).....	104
BESIFLOXACIN HCL.....	111	BREXAFEMME.....	28	calcitriol.....	68, 104
BESIVANCE.....	111	breyana.....	113	calcium acetate.....	73
BESREMI.....	33	BREZTRI AEROSPHERE.....	117	calcium acetate (phos binder)...73	
betaine.....	78	briellyn.....	87	CALQUENCE.....	35
betamethasone dipropionate....	81	brimonidine tartrate.....	110	camila.....	93
		brimonidine tartrate-timolol.....	110	camrese.....	87

camrese lo.....	87	chlordiazepoxide-clidinium.....	75	CLEVER CHOICE HOLDING	
CAMZYOS.....	60	chlorhexidine gluconate.....	67	CHAMBER.....	105
candesartan cilexetil.....	57	chloroquine phosphate.....	40	CLIMARA PRO.....	87
candesartan cilexetil-hctz.....	60	chlorpromazine hcl.....	42	clindacin.....	69
capecitabine.....	32	chlorthalidone.....	62	clindacin etz.....	69
CAPLYTA.....	42	chlorzoxazone.....	117	clindacin-p.....	69
CAPRELSA.....	36	CHOLBAM.....	78	clindamycin hcl.....	18
captopril.....	58	cholestyramine.....	63	clindamycin palmitate hcl.....	18
captopril-hydrochlorothiazide....	60	cholestyramine light.....	63	clindamycin phos (once-daily)...	69
CAPVAXIVE.....	101	CHORIONIC		clindamycin phos (twice-daily)..	69
carbamazepine.....	23	GONADOTROPIN.....	84	clindamycin phosphate.....	18, 69
carbamazepine er.....	23	CHOSEN LANCETS 30G.....	48	clindamycin phosphate-	
carbidopa.....	41	CHOSEN SAFETY LANCETS		benzoyl peroxide.....	69
carbidopa-levodopa.....	41	28G.....	48	clindamycin-tretinoin.....	69
CARBIDOPA-LEVODOPA ER..	41	CIBINQO.....	68	CLINDESSE.....	18
carbidopa-levodopa er.....	41	ciclodan.....	28	clobazam.....	22
carbidopa-levodopa-		ciclopirox.....	28	clobetasol prop emollient base.	82
entacapone.....	41	ciclopirox olamine.....	28	CLOBETASOL PROPIONATE	
carbinoxamine maleate.....	112	cilostazol.....	57	82, 110
CARDURA XL.....	80	CILOXAN.....	111	clobetasol propionate.....	82
CARESENS LANCETS 30G....	48	CIMDUO.....	45	clobetasol propionate e.....	82
carglumic acid.....	72	cimetidine.....	76	clobetasol propionate emulsion	82
carisoprodol.....	117	cimetidine hcl.....	76	clocortolone pivalate.....	82
carteolol hcl.....	110	CIMZIA (1 SYRINGE).....	97	clodan.....	82
cartia xt.....	59	CIMZIA (2 SYRINGE).....	97	clomid.....	86
carvedilol.....	59	CIMZIA-STARTER.....	97	clomiphene citrate.....	86
carvedilol phosphate er.....	59	cinacalcet hcl.....	104	clomipramine hcl.....	26
CAYA.....	105	CIPRO.....	20	clonazepam.....	47
CAYSTON.....	115	ciprofloxacin hcl.....	20, 111, 112	clonidine.....	57
cefaclor.....	19	ciprofloxacin-dexamethasone.	112	CLONIDINE ER.....	57
cefaclor er.....	19	CIPROFLOXACIN-		clonidine hcl.....	57
cefadroxil.....	19	FLUOCINOLONE PF.....	112	clonidine hcl er.....	65
cefdinir.....	19	ciprofloxacin-hydrocortisone...	112	clopidogrel bisulfate.....	57
cefixime.....	19	CITALOPRAM		clorazepate dipotassium.....	47
CEFIXIME.....	19	HYDROBROMIDE.....	25	clotrimazole.....	28
cefpodoxime proxetil.....	19	citalopram hydrobromide.....	25	clotrimazole-betamethasone....	28
cefprozil.....	19	citroma.....	76	clozapine.....	43
cefuroxime axetil.....	19	cladribine (10 tabs).....	66	COAGADEX.....	56
celecoxib.....	12	cladribine (4 tabs).....	66	COARTEM.....	40
cephalexin.....	19	cladribine (5 tabs).....	66	COBENFY.....	43
CEQUA.....	109	cladribine (6 tabs).....	66	COBENFY STARTER PACK....	43
CEQUR SIMPLICITY 2U 10PK.	48	cladribine (7 tabs).....	66	codeine sulfate.....	15
CEQUR SIMPLICITY		cladribine (8 tabs).....	66	colchicine.....	29
INSERTER.....	48	cladribine (9 tabs).....	66	colchicine-probenecid.....	29
CERDELGA.....	78	claravis.....	69	colesevelam hcl.....	63
cetorelix acetate.....	95	clarithromycin.....	20	colestipol hcl.....	63
cevimeline hcl.....	67	clarithromycin er.....	20	COMBIPATCH.....	87
charlotte 24 fe.....	87	clearlax.....	76	COMBIVENT RESPIMAT.....	117
chateal eq.....	87	clemastine fumarate.....	112	COMBOGESIC.....	12
CHEMET.....	73	CLENPIQ.....	76	COMETRIQ.....	36
CHENODAL.....	75	CLEOCIN.....	18	COMFORT TOUCH TWIST	
chlordiazepoxide hcl.....	47	CLEVER CHOICE COMFORT		LANCET 30G.....	48
chlordiazepoxide-amitriptyline...	25	EZ.....	48	COMIRNATY.....	101

COMIRNATY 5-11 YEARS.....	101	CROTAN.....	40	deferasirox.....	73
COMPACT SPACE		cryselle.....	87	deferasirox granules.....	73
CHAMBER.....	105	cryselle-28.....	88	deferiprone.....	73
COMPACT SPACE		CTEXLI.....	75	deferoxamine mesylate.....	106
CHAMBER/LG MASK.....	105	CURITY STERILE SALINE.....	81	deflazacort.....	82
COMPACT SPACE		CUTAQUIG.....	99	DELSTRIGO.....	45
CHAMBER/MED MASK.....	105	CUVITRU.....	99	delyla.....	88
COMPACT SPACE		CUVRIOR.....	73	demeclocycline hcl.....	21
CHAMBER/SM MASK.....	105	cyanocobalamin.....	74	DENGVAXIA.....	101
CONDOMS.....	105	cyclobenzaprine hcl.....	118	DEPO-ESTRADIOL.....	88
CONJUPRI.....	59	cyclobenzaprine hcl er.....	118	DEPO-SUBQ PROVERA 104... ..	93
constulose.....	76	CYCLOGYL.....	109	DESCOVY.....	45
CONTOUR NEXT EZ KIT		CYCLOMYDRIL.....	109	desipramine hcl.....	26
W/DEVICE.....	48	cyclopentolate hcl.....	109	desmopressin ace spray refrig..	85
CONTOUR NEXT GEN		cyclophosphamide.....	31	desmopressin acetate.....	85
MONITOR KIT W/DEVICE.....	48	CYCLOPHOSPHAMIDE.....	31	desmopressin acetate pf.....	85
CONTOUR NEXT GEN TEST		cycloserine.....	31	desmopressin acetate spray.....	85
STRIPS.....	48	CYCLOSET.....	49	desogestrel-ethinyl estradiol....	88
CONTOUR NEXT MONITOR		cyclosporine.....	97, 109	desonide.....	82
KIT W/DEVICE.....	48	cyclosporine modified.....	97	desoximetasone.....	82
CONTOUR NEXT ONE KIT.....	48	CYLTEZO (2 PEN).....	97	DESVENLAFAXINE ER.....	25
CONTOUR PLUS TEST		CYLTEZO (2 SYRINGE).....	97	desvenlafaxine succinate er.....	25
STRIP.....	48	CYLTEZO-CD/UC/HS		DEXABLISS.....	82
CONTOUR TEST STRIPS.....	48	STARTER.....	97	dexamethasone.....	82
CONZIP.....	14	CYLTEZO-PSORIASIS/UV		dexamethasone intensol.....	82
COPIKTRA.....	33	STARTER.....	97	dexamethasone sodium	
CORDRAN.....	82	cyproheptadine hcl.....	112	phosphate.....	110
CORIFACT.....	56	cyred eq.....	88	DEXCOM G6 RECEIVER.....	48
CORLANOR.....	60	CYSTADROPS.....	109	DEXCOM G6 SENSOR.....	48
CORPHENA.....	112	CYTAGON.....	78	DEXCOM G6 TRANSMITTER..	48
CORTIFOAM.....	103	CYSTARAN.....	109	DEXCOM G7 15 DAY	
CORTISONE ACETATE.....	82	dabigatran etexilate mesylate... ..	54	SENSOR.....	48
CORTISPORIN-TC.....	112	dalfampridine er.....	66	DEXCOM G7 RECEIVER.....	48
CORTROPHIN.....	84	danazol.....	86	DEXCOM G7 SENSOR.....	48
CORTROPHIN GEL.....	84	dantrolene sodium.....	118	dexlansoprazole.....	78
COSENTYX (300 MG DOSE)... ..	69	DANZITEN.....	36	dexmethylphenidate hcl.....	65
COSENTYX 150 MG/ML.....	69	DAPAGLIFLOZIN PRO-		dexmethylphenidate hcl er.....	65
COSENTYX SENSOREADY		METFORMIN ER.....	49	dextroamphetamine sulfate.....	64
(300 MG).....	69	DAPAGLIFLOZIN		dextroamphetamine sulfate er..	64
COSENTYX SENSOREADY		PROPANEDIOL.....	49	DHIVY.....	41
PEN.....	69	dapsone.....	31, 69	DIACOMIT.....	22
COSENTYX UNOREADY.....	69	DAPTACEL.....	101	diazepam.....	22, 47
COTELLIC.....	36	darifenacin hydrobromide er.....	80	diazepam intensol.....	47
COTEMPLA XR-ODT.....	65	darunavir.....	46	diazoxide.....	51
COVARYX.....	87	dasatinib.....	36	dichlorphenamide.....	62
COVARYX HS.....	87	dasetta 1/35 (28).....	88	DICLOFENAC PATCH 1.3%....	12
COXANTO.....	12	dasetta 7/7/7.....	88	diclofenac potassium.....	12
CRENESSITY.....	85	DAURISMO.....	36	diclofenac potassium(migraine)	29
CREON.....	78	DAWNZERA.....	96	diclofenac sodium.....	12, 33, 110
CRESEMBA.....	28	DAYBUE.....	66	diclofenac sodium er.....	12
CREXONT.....	41	daysee.....	88	diclofenac-misoprostol.....	12
CRINONE.....	93	DAYVIGO.....	118	dicloxacillin sodium.....	20
cromolyn sodium.....	75, 109, 115	deblitane.....	93	dicyclomine hcl.....	74

DIFFERIN.....	69	DROXIA.....	32	eltrombopag olamine.....	55
DIFICID.....	20	droxidopa.....	61	eluryng.....	88
diflorasone diacetate.....	82	DRYSOL.....	69	ELYXYB.....	12
diflunisal.....	12	DUAKLIR PRESSAIR.....	117	EMEND.....	27
difluprednate.....	110	DUAVEE.....	88	EMGALITY.....	29
digoxin.....	60	DULERA.....	113	EMPAVELI.....	54
dihydroergotamine mesylate.....	30	duloxetine hcl.....	25	EMROSI.....	69
DILANTIN.....	23	DUOBRII.....	69	EMSAM.....	25
diltiazem hcl.....	59	DUOPA.....	41	emtricitabine.....	45
diltiazem hcl er.....	59	DUPIXENT.....	69	emtricitabine-tenofovir df.....	45
diltiazem hcl er beads.....	59	DUREX EXTRA SENSITIVE		emtricitab- rilpivir-tenofov df.....	45
diltiazem hcl er coated beads...	59	THIN.....	106	EMTRIVA.....	45
dilt-xr.....	59	DUREX TROPICAL.....	106	EMVERM.....	40
dimethyl fumarate.....	67	dutasteride.....	80	emzahh.....	93
dimethyl fumarate starter pack..	67	dutasteride-tamsulosin hcl.....	80	enalapril maleate.....	58
DIPENTUM.....	103	DUVYZAT.....	79	enalapril-hydrochlorothiazide...	61
diphenhydramine hcl.....	112	DYANAVEL XR.....	65	ENBREL.....	97
diphenoxylate-atropine.....	75	E.E.S. 400.....	20	ENBREL MINI.....	97
dipyridamole.....	57	EASIVENT.....	106	ENBREL SURECLICK.....	97
disopyramide phosphate.....	58	EBGLYSS.....	69	ENBUMYST.....	62
disulfiram.....	17	ec-naproxen.....	12	endocet.....	15
DIURIL.....	62	econazole nitrate.....	28	ENFLONSIA.....	100
divalproex sodium.....	47	ECONAZOLE NITRATE.....	28	ENGERIX-B.....	101
divalproex sodium er.....	47	econtra one-step.....	93	enilloring.....	88
dofetilide.....	58	ECOZA.....	28	enoxaparin sodium.....	54
DOJOLVI.....	106	EDARBI.....	58	enpresse-28.....	88
dolishale.....	88	EDARBYCLOR.....	61	ENSACOVE.....	36
DOLOBID.....	12	EDLUAR.....	118	enskyce.....	88
donepezil hcl.....	24	EDURANT.....	45	ENSPRYNG.....	100
DOPTELET.....	54	EDURANT PED.....	45	ENSTILAR.....	69
DOPTELET SPRINKLE.....	55	EEMT.....	88	entacapone.....	41
DORYX MPC.....	21	EEMT HS.....	88	ENTADFI.....	81
dorzolamide hcl.....	110	efavirenz.....	45	entecavir.....	43
dorzolamide hcl-timolol mal....	110	efavirenz-emtricitab-tenofo df...	45	ENTRESTO.....	61
dorzolamide hcl-timolol mal pf	110	efavirenz-lamivudine-tenofovir..	45	ENTYVIO PEN.....	100
dotti.....	88	EFFER-K.....	72	enulose.....	76
DOVATO.....	44	effe-r-k.....	72	ENVARBUS XR.....	97
doxazosin mesylate.....	57	EGRIFTA SV.....	85	EOHILIA.....	103
doxepin hcl.....	26, 69, 118	EGRIFTA WR.....	85	EPCLUSA.....	44
doxercalciferol.....	104	EKTERLY.....	96	EPIDIOLEX.....	21
doxycycline.....	69	ELEPSIA XR.....	21	EPIFOAM.....	69
doxycycline hyclate.....	21	ELESTRIN.....	88	epinastine hcl.....	109
DOXYCYCLINE HYCLATE.....	21	eletriptan hydrobromide.....	30	epinephrine.....	114
doxycycline monohydrate.....	21	elinest.....	88	EPIOXA HD/ EPIOXA.....	109
doxylamine-pyridoxine.....	27	ELIQUIS.....	54	epitol.....	23
DRIZALMA SPRINKLE.....	25	ELIQUIS (1.5 MG PACK).....	54	eplerenone.....	62
dronabinol.....	27	ELIQUIS (2 MG PACK).....	54	EPOGEN.....	55
DROPSAFE ACTI-LANCE		ELIQUIS DVT/PE STARTER		EPSOLAY.....	69
23G.....	48	PACK.....	54	EQUETRO.....	47
DROPSAFE MEDLANCE		elixophyllin.....	115	ergocalciferol.....	74
LANCET 30G.....	48	ELLA.....	93	ERGOMAR.....	30
drospiren-eth estrad-levomefol.	88	ELMIRON.....	81	ergotamine-caffeine.....	30
drospirenone-ethinyl estradiol...	88	ELOCTATE.....	56	ERIVEDGE.....	36

ERLEADA.....	32	ezetimibe-simvastatin.....	63	FLOLIPID.....	63
erlotinib hcl.....	36	FABHALTA.....	54	FLUAD.....	101
ERMEZA.....	94	FABIOR.....	70	FLUARIX.....	102
errin.....	93	falmina.....	89	FLUBLOK.....	102
ERTACZO.....	28	famciclovir.....	44	FLUCELVAX.....	102
ERY PAD 2%.....	70	famotidine.....	76	fluconazole.....	28
erythromycin.....	20, 70, 108	FANAPT.....	42	flucytosine.....	28
erythromycin base.....	20	FANAPT TITRATION PACK A.....	42	fludrocortisone acetate.....	82
erythromycin ethylsuccinate.....	20	FANAPT TITRATION PACK B.....	42	FLULAVAL.....	102
ERZOFRI.....	42	FANAPT TITRATION PACK C.....	42	FLUMIST.....	102
ESCITALOPRAM OXALATE.....	25	FARXIGA.....	49	flunisolide.....	113
escitalopram oxalate.....	25	FASENRA PEN.....	117	fluocinolone acetonide.....	82, 112
eslicarbazepine acetate.....	23	FC2 FEMALE CONDOM.....	106	fluocinolone acetonide body.....	82
esomeprazole magnesium.....	78	febuxostat.....	29	fluocinolone acetonide scalp.....	82
ESPEROCT.....	56	FEIBA.....	56	fluocinonide.....	83
est estrogens-methyltest.....	88	feirza 1.5/30.....	89	fluocinonide emulsified base.....	83
est estrogens-methyltest ds.....	88	feirza 1/20.....	89	fluorometholone.....	111
est estrogens-methyltest hs.....	88	felbamate.....	23	FLUOROURACIL.....	33
estarylla.....	88	felodipine er.....	59	fluorouracil.....	33
estazolam.....	47	FEMCAP.....	106	fluoxetine hcl.....	26
estradiol.....	88	FEMLYV.....	89	fluoxetine hcl (pmdd).....	26
estradiol valerate.....	88	FEMRING.....	89	fluphenazine decanoate.....	42
estradiol-norethindrone acet.....	88	fenofibrate.....	62, 63	fluphenazine hcl.....	42
estratest f.s.....	88	fenofibrate micronized.....	62	flurandrenolide.....	83
ESTRATEST H.S.....	88	fenofibric acid.....	63	flurazepam hcl.....	118
ESTRING.....	88	fenopropfen calcium.....	12	furbiprofen.....	13
estrogens conjugated.....	88	FENOPRON.....	13	furbiprofen sodium.....	111
eszopiclone.....	118	fentanyl.....	14	FLUTICASONE FUROATE	
ethacrynic acid.....	62	FERRIC CITRATE.....	73	ELLIPTA.....	113
ethambutol hcl.....	31	FERRIPROX.....	73	FLUTICASONE FUROATE-	
ethosuximide.....	22	FERRIPROX TWICE-A-DAY.....	73	VILANTEROL.....	113
ethynodiol diac-eth estradiol.....	88	fesoterodine fumarate er.....	80	fluticasone propionate.....	83, 113
etodolac.....	12	FETZIMA.....	26	FLUTICASONE PROPIONATE	
etodolac er.....	12	FETZIMA TITRATION.....	26	DISKUS.....	113
etonogestrel-ethinyl estradiol.....	89	FIASP.....	52	FLUTICASONE PROPIONATE	
etoposide.....	34	FIASP FLEXTOUCH.....	52	HFA.....	113
etravirine.....	45	FIASP PENFILL.....	52	FLUTICASONE-	
EUCRISA.....	70	FIASP PUMPCART.....	52	SALMETEROL.....	113
EULEXIN.....	32	fidaxomicin.....	20	fluticasone-salmeterol.....	113
euthyrox.....	94	FILSPARI.....	81	fluvastatin sodium.....	63
EVAMIST.....	89	FILSUVEZ.....	70	fluvastatin sodium er.....	63
everolimus.....	36, 97	FINACEA.....	70	fluvoxamine maleate.....	26
EVEXITHROID.....	94	finasteride.....	81	fluvoxamine maleate er.....	26
EVOTAZ.....	46	fingolimod hcl.....	67	FLUZONE.....	102
EVRYSDI.....	79	FINTEPLA.....	21	FLUZONE HIGH-DOSE.....	102
EXELDERM.....	28	finzala.....	89	FML FORTE.....	111
exemestane.....	34	FIRDAPSE.....	106	folate.....	74
EXENATIDE.....	49	flac.....	112	folic acid.....	74
EXXUA.....	25	FLAREX.....	111	FOLLISTIM AQ.....	85
EXXUA TITRATION PACK.....	25	flavoxate hcl.....	80	fondaparinux sodium.....	54
EYSUVIS.....	111	flecainide acetate.....	58	FONDCIRCLE SINGLE USE	
EZALLOR SPRINKLE.....	63	FLECTOR.....	13	LANCETS.....	48
ezetimibe.....	63	FLEXICHAMBER.....	106	FORFIVO XL.....	25

formoterol fumarate.....	114	GALZIN.....	72	GONAL-F RFF REDIJECT.....	85
FOSAMAX PLUS D.....	104	GAMMAGARD.....	100	goodsense aspirin low dose.....	13
fosamprenavir calcium.....	46	GAMMAGARD ERC.....	100	goodsense milk of magnesia....	77
fosfomycin tromethamine.....	18	GAMMAKED.....	100	goodsense nicotine.....	17
fosinopril sodium.....	58	GAMUNEX-C.....	100	goodsense nicotine polacrifex....	17
fosinopril sodium-hctz.....	61	ganirelix acetate.....	95	granisetron hcl.....	27
FOSRENOL.....	73	GARDASIL 9.....	102	GRANIX.....	55
FOTIVDA.....	36	gatifloxacin.....	111	GRASTEK.....	106
FRAGMIN.....	54	GATTEX.....	75	griseofulvin microsize.....	28
FREESTYLE LIBRE 14 DAY		gavilax.....	76	griseofulvin ultramicrosize.....	28
READER.....	48	gavilyte-c.....	77	guanfacine hcl.....	57
FREESTYLE LIBRE 14 DAY		gavilyte-g.....	77	guanfacine hcl er.....	65
SENSOR.....	48	gavilyte-n with flavor pack.....	77	GVOKE HYPOPEN 1-PACK.....	51
FREESTYLE LIBRE 2 PLUS		GAVRETO.....	36	GVOKE HYPOPEN 2-PACK.....	51
SENSOR.....	48	gefitinib.....	36	GVOKE KIT.....	51
FREESTYLE LIBRE 2		gemfibrozil.....	63	GVOKE PFS.....	51
READER.....	48	gemmily.....	89	GYNAZOLE-1.....	28
FREESTYLE LIBRE 2		GEMTESA.....	80	habitrol.....	17
SENSOR.....	48	generlac.....	77	HADLIMA.....	97
FREESTYLE LIBRE 3 PLUS		gengraf.....	97	HADLIMA PUSH TOUCH.....	97
SENSOR.....	48	GENOTROPIN.....	85	HAEGARDA.....	96
FREESTYLE LIBRE 3		GENOTROPIN MINIQUICK.....	85	hailey 1.5/30.....	89
READER.....	48	gentamicin sulfate.....	18, 108	hailey 24 fe.....	89
FREESTYLE LIBRE 3		gentle laxative.....	77	hailey fe 1.5/30.....	89
SENSOR.....	48	GENVOYA.....	44	hailey fe 1/20.....	89
FREESTYLE LIBRE READER..	48	GILENYA.....	67	halcinonide.....	83
frovatriptan succinate.....	30	GILOTRIF.....	36	halobetasol propionate.....	83
FRUZAQLA.....	36	GIMOTI.....	27	haloette.....	89
ft aspirin.....	13	GLASSIA.....	79	haloperidol.....	42
ft aspirin low dose.....	13	glatiramer acetate.....	67	haloperidol decanoate.....	42
ft clearlax.....	76	glatopa.....	67	haloperidol lactate.....	42
ft folic acid.....	74	glimepiride.....	49	HARLIKU.....	79
ft laxative.....	76	glipizide er.....	50	HARVONI.....	44
ft magnesium citrate.....	76	glipizide ir.....	50	HAVRIX.....	102
ft milk of magnesia.....	76	glipizide-metformin hcl.....	50	healthylax.....	77
ft naloxone hcl.....	17	GLOPERBA.....	29	heather.....	93
ft nicotine.....	17	glucagon emergency kit.....	51	HELIDAC THERAPY.....	75
ft nicotine mini.....	17	GLUCAGON EMERGENCY		HEMADY.....	83
FULPHILA.....	55	KIT.....	51	HEMANGEOL.....	59
fulvestrant.....	32	glyburide.....	50	HEMICLOR.....	62
FULVICIN P/G 165.....	28	glyburide micronized.....	50	HEMLIBRA.....	56
FUROSCIX.....	62	glyburide-metformin.....	50	HEMMOREX-HC.....	103
furosemide.....	62	GLYCATE.....	74	HEMOFIL M.....	56
fyavolv.....	89	glycerol phenylbutyrate.....	79	heparin sodium (porcine).....	54
FYLNETRA.....	55	glycolax.....	77	heparin sodium (porcine) +rfid..	54
gabapentin.....	22	glycopyrrolate.....	74	heparin sodium (porcine) pf.....	54
gabapentin (once-daily).....	66	GLYCOPYRROLATE.....	74	HEPLISAV-B.....	102
GABARONE.....	22	glydo.....	16	her style.....	93
GALAFOLD.....	79	GLYXAMBI.....	50	HERNEXEOS.....	36
galantamine hydrobromide.....	24	GOCOVRI.....	41	HETLIOZ LQ.....	119
galantamine hydrobromide er...	24	GOMEKLI.....	36	HIBERIX.....	102
galbriela.....	89	GONAL-F.....	85	HIDEX 6-DAY.....	83
gallifrey.....	93	GONAL-F RFF.....	85	HIZENTRA.....	100

HOMATROPAIRE.....	109	HYDROXYM.....	83	IMPAVIDO.....	40
HORIZANT.....	66	hydroxyurea.....	32	IMPOYZ.....	83
HULIO (2 PEN).....	97	hydroxyzine hcl.....	46	IMULDOSA.....	98
HULIO (2 SYRINGE).....	97	hydroxyzine pamoate.....	47	IMVEXXY MAINTENANCE	
HUMALOG.....	52	HYFTOR.....	70	PACK.....	89
HUMALOG KWIKPEN.....	52	HYMPAVZI.....	56	IMVEXXY STARTER PACK.....	89
HUMALOG MIX 50/50		hyoscyamine sulfate.....	74	INBRIJA.....	41
KWIKPEN.....	52	hyoscyamine sulfate er.....	74	incassia.....	93
HUMALOG MIX 75/25		hyoscyamine sulfate sl.....	74	INCRELEX.....	85
KWIKPEN.....	52	hyosyne.....	74	INCRUSE ELLIPTA.....	114
HUMALOG MIX 75/25 VIAL.....	52	HYPERSAL.....	117	indapamide.....	62
HUMALOG U-100 JUNIOR		HYQVIA.....	100	INDERAL XL.....	59
KWIKPEN.....	52	HYRIMOZ.....	97	indomethacin.....	13
HUMATE-P.....	56	HYRIMOZ-CROHNS/UC		INDOMETHACIN.....	13
HUMATIN.....	18	STARTER.....	97	indomethacin er.....	13
HUMATROPE.....	85	HYRIMOZ-PED<40KG		INFANRIX.....	102
HUMIRA (2 PEN).....	97	CROHN STARTER.....	97	INGREZZA.....	66
HUMIRA (2 SYRINGE).....	97	HYRIMOZ-PED>/=40KG		INLURIYO.....	32
HUMIRA-CD/UC/HS		CROHN START.....	98	INLYTA.....	37
STARTER.....	97	HYRIMOZ-PLAQ		INNOPRAN XL.....	59
HUMIRA-PSORIASIS/UVEIT		PSOR/UVEIT START.....	98	INPEFA.....	61
STARTER.....	97	HYRIMOZ-PLAQUE		INQOVI.....	37
HUMULIN 70/30 KWIKPEN.....	52	PSORIASIS START.....	98	INREBIC.....	33
HUMULIN 70/30 VIAL.....	52	ibandronate sodium.....	104	INSULIN ASP PROT & ASP	
HUMULIN N KWIKPEN.....	52	IBRANCE.....	36	FLEXPEN.....	52
HUMULIN N VIAL.....	52	IBSRELA.....	76	INSULIN ASPART.....	52
HUMULIN R U-500 KWIKPEN.....	52	IBTROZI.....	36	INSULIN ASPART FLEXPEN.....	52
HUMULIN R U-500 VIAL.....	52	ibuprofen.....	13	INSULIN ASPART PENFILL.....	52
HUMULIN R VIAL.....	52	ibuprofen-famotidine.....	13	INSULIN ASPART PROT &	
HYCAMTIN.....	34	icatibant acetate.....	96	ASPART.....	52
hydralazine hcl.....	64	iclevia.....	89	INSULIN DEGLUDEC.....	52
hydrochlorothiazide.....	62	ICLUSIG.....	36	INSULIN DEGLUDEC	
hydrocodone bitartrate er.....	14	icosapent ethyl.....	63	FLEXTOUCH.....	52
hydrocodone-acetaminophen...	15	IDACIO (2 PEN).....	98	INSULIN GLARGINE MAX	
hydrocodone-ibuprofen.....	15	IDACIO (2 SYRINGE).....	98	SOLOSTAR.....	52
hydrocortisone.....	83, 104	IDACIO-CROHNS/UC		INSULIN GLARGINE	
HYDROCORTISONE.....	83	STARTER.....	98	SOLOSTAR.....	52
hydrocortisone (perianal).....	104	IDACIO-PSORIASIS		INSULIN GLARGINE-YFGN	
hydrocortisone ace-pramoxine		STARTER.....	98	52, 53
.....	70, 104	IDELVION.....	56	INSULIN LISPRO.....	53
HYDROCORTISONE		IDHIFA.....	36	INSULIN LISPRO (1 UNIT	
ACETATE.....	83	ILEVRO.....	111	DIAL).....	53
hydrocortisone acetate.....	104	imatinib mesylate.....	36	INSULIN LISPRO JUNIOR	
hydrocortisone butyrate.....	83	IMBRUVICA.....	37	KWIKPEN.....	53
hydrocortisone sod suc (pf).....	83	IMCIVREE.....	79	INSULIN LISPRO PROT &	
hydrocortisone valerate.....	83	imipramine hcl.....	26	LISPRO.....	53
hydrocortisone-acetic acid.....	112	imipramine pamoate.....	26	INTELENCE.....	45
hydrocort-pramoxine (perianal)		imiquimod.....	70	INTRAROSA.....	86
.....	104	imiquimod pump.....	70	introvale.....	89
hydromorphone hcl.....	15	IMITREX STATDOSE REFILL..	30	INVEGA HAFYERA.....	42
hydromorphone hcl er.....	14	IMITREX STATDOSE		INVEGA SUSTENNA.....	42
hydroxocobalamin acetate.....	74	SYSTEM.....	30	INVEGA TRINZA.....	42
hydroxychloroquine sulfate.....	40	IMKELDI.....	37	INVELTYS.....	111

INVOKAMET.....	50	JUBLIA.....	28	KOVALTRY.....	56
INVOKAMET XR.....	50	juleber.....	89	K-PHOS.....	72
INVOKANA.....	50	JULUCA.....	44	K-PHOS NO 2.....	72
INZIRQO.....	62	junel 1.5/30.....	89	K-PRIME.....	72
iodine strong.....	72	junel 1/20.....	89	KRAZATI.....	33
IOPIDINE.....	110	junel fe 1.5/30.....	89	KRINTAFEL.....	40
IPOL.....	102	junel fe 1/20.....	89	KRISTALOSE.....	77
ipratropium bromide.....	114	junel fe 24.....	89	kurvelo.....	90
ipratropium-albuterol.....	117	JUXTAPID.....	63	kymbee.....	83
IQIRVO.....	75	JYLAMVO.....	98	KYZATREX.....	86
irbesartan.....	58	JYNNEOS.....	102	labetalol hcl.....	59
irbesartan-hydrochlorothiazide..	61	kaitlib fe.....	89	lacosamide.....	23
ISENTRESS.....	44	KALETRA.....	46	lactulose.....	77
ISENTRESS HD.....	44	kalliga.....	89	lactulose encephalopathy.....	77
isibloom.....	89	KALYDECO.....	115	LAGEVRIO.....	43
isoniazid.....	31	KAPSPARGO SPRINKLE.....	59	LAMICTAL XR.....	23
isosorb dinitrate-hydralazine.....	61	kariva.....	89	lamivudine.....	44, 45
isosorbide dinitrate.....	64	KATERZIA.....	60	lamivudine-zidovudine.....	45
isosorbide mononitrate.....	64	kelnor 1/35.....	89	lamotrigine.....	23
isosorbide mononitrate er.....	64	kelnor 1/50.....	90	lamotrigine er.....	23
isotretinoin.....	70	KERENDIA.....	106	lamotrigine starter kit-blue.....	23
isradipine.....	59	KESIMPTA.....	67	lamotrigine starter kit-green.....	23
ISTURISA.....	85	ketoconazole.....	28	lamotrigine starter kit-orange....	23
ITOVEBI.....	37	ketodan.....	28	LAMPIT.....	40
itraconazole.....	28	ketoprofen.....	13	LANCETS.....	49
ivabradine hcl.....	61	ketoprofen er.....	13	LANCETS 28G THIN.....	49
ivermectin.....	40, 70	ketorolac tromethamine....	13, 111	LANCETS SUPER THIN.....	49
IWILFIN.....	106	ketorolac tromethamine +rfid....	13	lansoprazole.....	78
IXINITY.....	56	KEVZARA.....	100	lanthanum carbonate.....	73
IYUZEH.....	111	KHINDIVI.....	83	LANTUS SOLOSTAR.....	53
jaimiess.....	89	KINERET.....	98	LANTUS U-100 VIAL.....	53
JAKAFI.....	37	KINRIX.....	102	lapatinib ditosylate.....	37
jantoven.....	54	KIONEX.....	73	larin 1.5/30.....	90
JANUMET.....	50	KIRSTY.....	53	larin 1/20.....	90
JANUMET XR.....	50	KISQALI (200 MG DOSE).....	33	larin 24 fe.....	90
JANUVIA.....	50	KISQALI (400 MG DOSE).....	33	larin fe 1.5/30.....	90
JARDIANCE.....	50	KISQALI (600 MG DOSE).....	33	larin fe 1/20.....	90
JASCAYD.....	116	klayesta.....	28	LASIX ONYU.....	62
jasmiel.....	89	KLISYRI (250 MG).....	33	latanoprost.....	111
JATENZO.....	86	KLISYRI (350 MG).....	33	laxative osmotic.....	77
JAVADIN.....	57	klor-con.....	72	layolis fe.....	90
JAYPIRCA.....	37	klor-con 10.....	72	LAZCLUZE.....	37
jaythari.....	83	klor-con m10.....	72	lederle leucovorin.....	33
jencycla.....	93	klor-con m15.....	72	LEDIPASVIR-SOFOSBUVIR....	44
JENTADUETO.....	50	klor-con m20.....	72	leena.....	90
JENTADUETO XR.....	50	klor-con/ef.....	72	leflunomide.....	100
jinteli.....	89	KLOXXADO.....	17	lenalidomide.....	32
JIVI.....	56	KOATE.....	56	LENVIMA.....	37
JOENJA.....	101	KOATE-DVI.....	56	LEQSELVI.....	70
jolessa.....	89	KOGENATE FS.....	56	lessina.....	90
JORNAY PM.....	65	KOMZIFTI.....	33	letrozole.....	34
JOURNAVX.....	12	KONVOMEPEP.....	78	leucovorin calcium.....	33
joyeaux.....	89	KOSELUGO.....	37	LEUKERAN.....	31

LEUKINE.....	55	LIVDELZI.....	75	LYSODREN.....	95
leuprolide acetate.....	95	LIVMARLI.....	67	LYTGOBI (12 MG DAILY	
levabuterol hcl.....	114	LIVTENCITY.....	43	DOSE).....	35
LEVALBUTEROL HFA.....	114	LO LOESTRIN FE.....	90	LYTGOBI (16 MG DAILY	
LEVAMLODIPINE MALEATE...	60	LODOCO.....	61	DOSE).....	35
LEVBID.....	74	lofexidine hcl.....	17	LYTGOBI (20 MG DAILY	
levetiracetam.....	21	lojaimiess.....	90	DOSE).....	35
LEVETIRACETAM.....	22	LOKELMA.....	73	LYUMJEV KWIKPEN.....	53
levetiracetam er.....	21	lomustine.....	31	LYUMJEV VIAL.....	53
levobunolol hcl.....	110	LONSURF.....	33	LYVISPAH.....	118
levocarnitine.....	72	loperamide hcl.....	75	lyza.....	93
levocarnitine sf.....	72	lopinavir-ritonavir.....	46	mafenide acetate.....	18
levofloxacin.....	20, 111	LOPRESSOR.....	59	magnesium citrate.....	77
levonest.....	90	lorazepam.....	47	malathion.....	40
levonorgest-eth est & eth est....	90	lorazepam intensol.....	47	maraviroc.....	46
levonorgest-eth estrad 91-day..	90	LORBRENA.....	37	marlissa.....	90
levonorgest-eth estradiol-iron...	90	LOREEV XR.....	47	MARPLAN.....	25
levonorgestrel.....	93	loryna.....	90	MATULANE.....	31
levonorgestrel-ethinyl estrad....	90	losartan potassium.....	58	matzim la.....	60
levonorg-eth estrad triphasic....	90	losartan potassium-hctz.....	61	MAVENCLAD.....	67
levora 0.15/30 (28).....	90	LOTEMAX.....	111	MAVYRET.....	44
levorphanol tartrate.....	14	LOTEMAX SM.....	111	MAXIDEX.....	111
levo-t.....	94	loteprednol etabonate.....	111	MAYZENT.....	67
LEVOTHYROXINE SODIUM....	94	loteprednol-tobramycin.....	109	MAYZENT STARTER PACK....	67
levothyroxine sodium.....	94	lovastatin.....	63	meclizine hcl.....	27
levoxyl.....	94	low-ogestrel.....	90	meclofenamate sodium.....	13
LEVSIN.....	74	loxapine succinate.....	42	MEDROL.....	83
LEVSIN/SL.....	74	lo-zumandimine.....	90	medroxyprogesterone acetate..	93
l-glutamine.....	106	lubiprostone.....	76	mefenamic acid.....	13
LIBERVANT.....	22	luizza 1.5/30.....	90	mefloquine hcl.....	40
LICART.....	13	luizza 1/20.....	90	megestrol acetate.....	93
lidocaine.....	16	LULICONAZOLE.....	28	MEKINIST.....	37
lidocaine hcl.....	16	LUMAKRAS.....	33	MEKTOVI.....	37
lidocaine hcl urethral/mucosal		LUMIGAN.....	111	meleya.....	93
.....	16, 17	LUMRYZ.....	119	meloxicam.....	13
lidocaine viscous hcl.....	17	LUMRYZ STARTER PACK....	119	MELOXICAM.....	13
lidocaine-hydrocort (perianal).	104	LUPKYNIS.....	98	memantine hcl.....	24
lidocaine-prilocaine.....	17	LUPRON DEPOT (1-MONTH)..	95	memantine hcl er.....	24
LIDOCORT.....	104	LUPRON DEPOT (3-MONTH)..	95	memantine hcl-donepezil hcl er	24
LIKMEZ.....	18	LUPRON DEPOT-PED (1-		MENEST.....	90
linezolid.....	18	MONTH).....	95	MENOPUR.....	85
LINZESS.....	76	LUPRON DEPOT-PED (3-		MENOSTAR.....	90
liomny.....	94	MONTH).....	95	MENQUADFI.....	102
liothyronine sodium.....	94	LUPRON DEPOT-PED (6-		MENVEO.....	102
liraglutide.....	50	MONTH).....	95	mepiperidine hcl.....	15
lisdexamfetamine dimesylate....	65	lurasidone hcl.....	42	meprobamate.....	47
lisinopril.....	58	lutra.....	90	mercaptopurine.....	32
lisinopril-hydrochlorothiazide....	61	LUZU.....	28	MERILOG.....	53
LITFULO.....	70	LYBALVI.....	42	MERILOG SOLOSTAR.....	53
lithium.....	47	lyleq.....	93	merzee.....	90
lithium carbonate.....	47	lyllana.....	90	mesalamine.....	103
lithium carbonate er.....	47	LYNKUJET.....	106	mesalamine er oral capsule	
LITHOSTAT.....	81	LYNPARZA.....	37	0.375 gm.....	103

mesna.....	39	MIEBO.....	109	MYCAPSSA.....	95
metaxalone.....	118	mifepristone.....	86	mycophenolate mofetil.....	98
metformin hcl er.....	50	MIGERGOT.....	30	mycophenolate sodium.....	98
metformin hcl er (mod).....	50	miglitol.....	50	mycophenolic acid.....	98
metformin hcl er (osm).....	50	miglustat.....	79	MYFEMBREE.....	91
metformin hcl ir.....	50	mili.....	91	MYHIBBIN.....	98
methadone hcl.....	14	milk of magnesia.....	77	MYLERAN.....	31
methadone hcl intensol.....	14	milk of magnesia concentrate...	77	MYRBETRIQ.....	80
methamphetamine hcl.....	65	milophene.....	86	MYTESI.....	75
methazolamide.....	62	mimvey.....	91	na sulfate-k sulfate-mg sulf.....	77
methenamine hippurate.....	18	minocycline hcl.....	21	nabumetone.....	13
methimazole.....	95	minocycline hcl er.....	21	nadolol.....	59
METHITEST.....	86	minoxidil.....	64	naftifine hcl.....	28
methocarbamol.....	118	minzoya.....	91	nalbuphine hcl.....	16
methotrexate sodium.....	98	MIPLYFFA.....	106	NALOCET.....	16
methotrexate sodium (pf).....	98	mirabegron er.....	80	naloxone hcl.....	17
methoxsalen rapid.....	70	MIRCERA.....	55	naltrexone hcl.....	17
methscopolamine bromide.....	74	mirtazapine.....	25	NAMZARIC.....	24
methsuximide.....	22	misoprostol.....	78	naproxen.....	13
methyl dopa.....	57	mm aspirin.....	13	naproxen dr.....	13
methylergonovine maleate.....	106	mm clearlax.....	77	naproxen sodium.....	14
methylphenidate.....	65	M-M-R II.....	102	naproxen sodium er.....	14
methylphenidate hcl.....	65	MNEXSPIKE.....	102	naproxen-esomeprazole mg.....	14
methylphenidate hcl er.....	65	MOBILE LANCETS 30G.....	49	naratriptan hcl.....	30
methylphenidate hcl er (cd).....	65	modafinil.....	119	NARCAN.....	17
methylphenidate hcl er (la).....	65	MODEYSO.....	33	NATACYN.....	108
methylphenidate hcl er (osm)....	65	moexipril hcl.....	58	NATAZIA.....	91
METHYLPHENIDATE HCL ER		molindone hcl.....	42	nateglinide.....	50
(OSM).....	65	mometasone furoate.....	83, 117	NATESTO.....	86
methylphenidate hcl er (xr).....	65	MONOJECT FLUSH		NAYZILAM.....	22
methylprednisolone.....	83	SYRINGE.....	72	nebivolol hcl.....	59
methyltestosterone.....	86	MONOJECT SODIUM		NEBUSAL.....	117
metoclopramide hcl.....	27	CHLORIDE FLUSH.....	72	necon 0.5/35 (28).....	91
metolazone.....	62	mono-lynyah.....	91	nefazodone hcl.....	26
metoprolol succinate er.....	59	montelukast sodium.....	114	NEFFY.....	114
metoprolol tartrate.....	59	morphine sulfate.....	16	NEMLUVIO.....	70
METOPROLOL TARTRATE.....	59	morphine sulfate (concentrate).	16	neomycin sulfate.....	18
metoprolol-hydrochlorothiazide.	61	morphine sulfate er.....	14, 15	neomycin-bacitracin zn-	
metronidazole.....	18, 70	morphine sulfate er beads.....	14	polymyx.....	108
metyrosine.....	61	MOTOFEN.....	75	neomycin-polymyxin-dexameth	
mexiletine hcl.....	58	MOTPOLY XR.....	23	108
mibelas 24 fe.....	90	MOUNJARO.....	50	neomycin-polymyxin-	
miconazole 3.....	28	MOVANTIK.....	75	gramicidin.....	108
MICONAZOLE-ZINC OXIDE-		moxifloxacin hcl.....	20, 111	neomycin-polymyxin-hc..	108, 112
PETROLAT.....	28	moxifloxacin hcl (2x day).....	111	NEO-POLYCIN HC.....	108
MICORT HC.....	83	MRESVIA.....	102	NEO-SYNALAR.....	19
MICROCHAMBER.....	106	MULPLETA.....	55	NERLYNX.....	37
microgestin 1.5/30.....	90	MULTAQ.....	58	neuac.....	70
microgestin 1/20.....	90	mupirocin.....	19	NEULASTA.....	55
microgestin fe 1.5/30.....	90	mupirocin cream.....	18	NEUPOGEN.....	55
microgestin fe 1/20.....	90	my choice.....	93	NEUPRO.....	41
midazolam hcl.....	47	my way.....	93	NEVANAC.....	111
midodrine hcl.....	57	MYALEPT.....	79	nevirapine.....	45

nevirapine er.....	45	norethindrone-eth estradiol.....	91	NUCALA.....	117
new day.....	93	norethindron-ethinyl estrad-fe...	91	NUCYNTA.....	16
NEXICLON XR.....	57	norethin-eth estradiol-fe.....	91	NUCYNTA ER.....	15
NEXLETOL.....	64	NORGESIC.....	118	NUDEXTA.....	66
NEXLIZET.....	64	NORGESIC FORTE.....	118	NULEV.....	75
NEXTSTELLIS.....	91	norgestimate-eth estradiol.....	91	NUPLAZID.....	42
NGENLA.....	85	norgestimate-ethinyl estradiol		NURTEC.....	29
niacin (antihyperlipidemic).....	64	triphasic.....	91	NUTROPIN AQ NUSPIN 10.....	85
niacin er (antihyperlipidemic)....	64	NORITATE.....	70	NUTROPIN AQ NUSPIN 20.....	85
niacor.....	64	NORLIQVA.....	60	NUTROPIN AQ NUSPIN 5.....	85
nicardipine hcl.....	60	norlyroc.....	94	NUVAXOVID COVID-19	
nicotine.....	18	normal saline flush.....	72	VACCINE.....	102
nicotine mini.....	18	NORPACE CR.....	58	NUVESSA.....	19
nicotine polacrilex.....	18	nortrel 0.5/35 (28).....	91	NUWIQ.....	56
nicotine polacrilex mini.....	18	nortrel 1/35 (21).....	91	NUZYRA.....	21
nicotine step 1.....	18	nortrel 1/35 (28).....	91	nyamyc.....	28
nicotine step 2.....	18	nortrel 7/7/7.....	91	nylia 1/35.....	91
nicotine step 3.....	18	nortriptyline hcl.....	26	nylia 7/7/7.....	91
NICOTROL NS.....	18	NORVIR.....	46	NYMALIZE.....	60
nifedipine.....	60	NOURIANZ.....	41	NYPOZI.....	55
nifedipine er.....	60	NOVAREL.....	85	nystatin.....	29
nifedipine er osmotic release....	60	NOVOEIGHT.....	56	nystatin-triamcinolone.....	29
nikki.....	91	NOVOFINE PEN NEEDLE.....	106	nystop.....	29
NILOTINIB D-TARTRATE.....	37	NOVOFINE PLUS PEN		NYVEPRIA.....	55
nilotinib hcl.....	37	NEEDLE.....	106	OBIZUR.....	56
nilutamide.....	32	NOVOLIN 70/30 FLEXPEN.....	53	ocella.....	91
nimodipine.....	60	NOVOLIN 70/30 RELION.....	53	octreotide acetate.....	95
NIMODIPINE.....	60	NOVOLIN 70/30 VIAL.....	53	ODACTRA.....	106
NINLARO.....	33	NOVOLIN N FLEXPEN.....	53	ODEFSEY.....	45
nisoldipine er.....	60	NOVOLIN N RELION.....	53	ODOMZO.....	38
nitazoxanide.....	40	NOVOLIN N VIAL.....	53	OFEV.....	116
nitisinone.....	79	NOVOLIN R FLEXPEN.....	53	OFLOXACIN.....	20, 112
NITRO-BID.....	64	NOVOLIN R FLEXPEN		OGSIVEO.....	38
NITRO-DUR.....	64	RELION.....	53	OHTUVAYRE.....	115
nitrofurantoin.....	19	NOVOLIN R RELION.....	53	OJEMDA.....	35
NITROFURANTOIN.....	19	NOVOLIN R VIAL.....	53	OJJAARA.....	33
nitrofurantoin macrocrystal.....	19	NOVOLOG 70/30 FLEXPEN		olanzapine.....	42
nitrofurantoin monohydrate		RELION.....	53	olanzapine-fluoxetine hcl.....	25
macrocrystals.....	19	NOVOLOG FLEXPEN.....	53	olmesartan medoxomil.....	58
nitroglycerin.....	64	NOVOLOG FLEXPEN		olmesartan medoxomil-hctz.....	61
NITRO-TIME.....	64	RELION.....	53	olmesartan-amlodipine-hctz.....	61
NITYR.....	79	NOVOLOG MIX 70/30		olopatadine hcl.....	109, 112
NIVA THYROID.....	94	FLEXPEN.....	53	OLPRUVA (2 GM DOSE).....	79
NIVESTYM.....	55	NOVOLOG MIX 70/30		OLPRUVA (3 GM DOSE).....	79
nizatidine.....	76	RELION.....	53	OLPRUVA (4 GM DOSE).....	79
NOCDURNA.....	85	NOVOLOG MIX 70/30 VIAL.....	53	OLPRUVA (5 GM DOSE).....	79
nora-be.....	93	NOVOLOG PENFILL.....	53	OLPRUVA (6 GM DOSE).....	79
NORDITROPIN FLEXPRO.....	85	NOVOLOG RELION.....	53	OLPRUVA (6.67 GM DOSE)....	79
norelgestromin-eth estradiol.....	91	NOVOLOG U-100 VIAL.....	53	OLUMIANT.....	98
norethin ace-eth estrad-fe.....	91	NOVOSEVEN RT.....	56	omega-3-acid ethyl esters.....	64
norethindrone.....	93	NOXAFIL.....	28	omeprazole.....	78
norethindrone acetate.....	93	np thyroid.....	94	omeprazole-sodium	
norethindrone acet-ethinyl est...91		NUBEQA.....	32	bicarbonate.....	78

OMLONTI.....	110	ORLISSA.....	95	PAXIL.....	26
OMNARIS.....	113	ORKAMBI.....	115	PAXLOVID (150/100).....	43
OMNIPOD 5 DEXCOM INTRO KIT.....	106	ORLADEYO.....	96	PAXLOVID (300/100 & 150/100).....	43
OMNIPOD 5 DEXCOM PODS.....	106	ORLYNVAH.....	19	PAXLOVID (300/100).....	43
OMNIPOD 5 LIBRE PODS.....	106	orphenadrine citrate er.....	118	pazopanib hcl.....	38
OMNIPOD 5 LIBRE2 G6 INTRO GEN5.....	106	orphenadrine-aspirin-cafeine.....	118	PEDIARIX.....	102
OMNIPOD DASH INTRO KIT.....	106	ORPHENGESIC FORTE.....	118	PEDVAX HIB.....	102
OMNIPOD DASH PDM (GEN 4).....	106	orquidea.....	94	peg 3350.....	77
OMNIPOD DASH PODS.....	106	ORSERDU.....	32	peg 3350-kcl-na bicarb-nacl.....	77
OMNITROPE.....	85	ORUDIS.....	14	peg-3350/electrolytes.....	77
OMVOH.....	98	OSCIMIN.....	75	peg-3350/electrolytes/ascorbat.....	77
OMVOH (300 MG DOSE).....	98	oseltamivir phosphate.....	46	PEGASYS.....	44
ONAPGO.....	41	OSMOLEX ER.....	41	peg-kcl-nacl-nasulf-na asc-c.....	77
ondansetron hcl.....	27	OSPHENA.....	94	PEMAZYRE.....	35
ondansetron odt.....	27	OTEZLA.....	100	PENBRAYA.....	102
ONETOUCH DELICA SAFETY LANCING.....	49	OTEZLA XR.....	100	penciclovir.....	44
ONGENTYS.....	41	OTEZLA/OTEZLA XR INITIATION PK.....	100	penicillamine.....	81
ONTRALFY.....	118	OTOVEL.....	112	penicillin v potassium.....	20
ONUREG.....	33	OTREXUP.....	98	PENMENVY.....	102
ONYDA XR.....	65	OTULFI.....	98	PENTACEL.....	102
ONZETRA XSAIL.....	30	OVIDREL.....	85	pentamidine isethionate.....	40
opcicon one-step.....	94	OXAPROZIN.....	14	PENTASA.....	103
OPFOLDA.....	79	oxaprozine.....	14	pentazocine-naloxone hcl.....	16
OPIPZA.....	43	oxazepam.....	47	pentoxifylline er.....	61
OPSUMIT.....	116	oxcarbazepine.....	24	perampanel.....	23
OPSYNVI.....	116	oxcarbazepine er.....	24	PERFECT POINT SAFETY LANCETS.....	49
OPTICHAMBER DIAMOND....	106	OXERVATE.....	109	perindopril erbumine.....	58
OPTICHAMBER DIAMOND- LG MASK.....	106	oxiconazole nitrate.....	29	periogard.....	68
OPTICHAMBER DIAMOND- MD MASK.....	106	OXISTAT.....	29	permethrin.....	40
OPTICHAMBER DIAMOND- SM MASK.....	106	oxybutynin chloride.....	80	perphenazine.....	27
option 2.....	94	oxybutynin chloride er.....	80	perphenazine-amitriptyline.....	25
OPTIONS GYNOL II CONTRACEPTIVE.....	81	oxycodone hcl.....	16	PERSERIS.....	43
OPVEE.....	17	OXYCODONE HCL.....	16	PERTZYE.....	79
OPZELURA.....	70	OXYCODONE- ACETAMINOPHEN.....	16	PHEBURANE.....	79
ORALAIR.....	117	oxycodone-acetaminophen.....	16	phenelzine sulfate.....	25
ORAVIG.....	29	OXYCONTIN.....	15	phenobarbital.....	22
ORENCIA.....	98	oxymorphone hcl.....	16	phenoxybenzamine hcl.....	57
ORENCIA CLICKJECT.....	98	oxymorphone hcl er.....	15	phenylephrine hcl.....	109
ORENITRAM.....	116	OXYTROL.....	80	phenytek.....	24
ORENITRAM MONTH 1.....	116	OZEMPIC.....	50	phenytoin.....	24
ORENITRAM MONTH 2.....	116	PALFORZIA.....	106	phenytoin infatabs.....	24
ORENITRAM MONTH 3.....	116	paliperidone er.....	43	phenytoin sodium extended.....	24
ORFADIN.....	79	PALSONIFY.....	95	PHEXX.....	106
ORGOVYX.....	32	PALYNZIQ.....	79	PHEXXI.....	107
ORIAHNN.....	91	PANCREAZE.....	79	philith.....	91
		PANRETIN.....	39	PHOSPHOLINE IODIDE.....	110
		pantoprazole sodium.....	78	PHOSPHO-TRIN K500.....	72
		paricalcitol.....	104	PHYRAGO.....	38
		paroxetine hcl.....	26	phytonadione.....	74
		paroxetine hcl er.....	26	PIFELTRO.....	45
		paroxetine mesylate.....	26	pilocarpine hcl.....	68, 110

pimecrolimus.....	70	PREGNYL.....	85	protriptyline hcl.....	26
pimozide.....	42	PREMARIN.....	91	prucalopride succinate.....	75
pimtrea.....	91	PREMPHASE.....	91	PRURADIK.....	40
pindolol.....	59	PREMPRO.....	91	PULMICORT FLEXHALER.....	113
pioglitazone hcl.....	50	PRESTALIA.....	61	PULMOSAL.....	117
pioglitazone hcl-glimepiride.....	50	PRETOMANID.....	31	PULMOZYME.....	115
pioqlitazone hcl-metformin hcl..	50	prevalite.....	64	PURE COMFORT SPACER	
PIQRAY.....	34	PREVNAR 20.....	102	CHAMBER.....	107
pirfenidone.....	116	PREVYMIS.....	43	pyquvi.....	84
piroxicam.....	14	PREZCOBIX.....	46	pyrazinamide.....	31
pitavastatin calcium.....	63	PREZISTA.....	46	pyridostigmine bromide.....	31
PIVYA.....	20	PRIFTIN.....	31	pyridostigmine bromide er.....	31
PLEGRIDY.....	67	PRIOSEC.....	78	pyrimethamine.....	40
PLEGRIDY STARTER PACK... 67		primaquine phosphate.....	40	PYRUKYND.....	55
PLENVU.....	78	primidone.....	22	PYRUKYND TAPER PACK.....	55
PNEUMOVAX 23.....	102	PRIORIX.....	102	PYZCHIVA.....	100
POCKET SPACER.....	107	PRO COMFORT SPACER		QBRELIS.....	58
podofilox.....	70	ADULT.....	107	QBREXZA.....	70
POKONZA.....	72	PRO COMFORT SPACER		QELBREE.....	65
polyethylene glycol 3350.....	78	CHILD.....	107	QFITLIA.....	56
polymyxin b-trimethoprim.....	108	PRO COMFORT SPACER		QINLOCK.....	38
POMALYST.....	32	INFANT.....	107	QNASL.....	113
PONVORY.....	67	PROAIR RESPICLICK.....	115	QNASL CHILDRENS.....	113
PONVORY STARTER PACK... 67		probenecid.....	29	QTERN.....	50
portia-28.....	91	PROCARE SPACER/ADULT		QUADRACEL.....	102
posaconazole.....	29	MASK.....	107	quazepam.....	47
potassium chloride.....	73	PROCARE SPACER/CHILD		quetiapine fumarate.....	43
potassium chloride crys er.....	72	MASK.....	107	quetiapine fumarate er.....	43
potassium chloride er.....	72	prochlorperazine.....	27	QUILLICHEW ER.....	65
potassium citrate er.....	73	prochlorperazine maleate.....	27	QUILLIVANT XR.....	65
potassium iodide (expectorant)		PROCRIT.....	55	quinapril hcl.....	58
.....	117	PROCTOCORT.....	104	quinapril-hydrochlorothiazide....	61
PRADAXA.....	54	PROCTOFOAM HC.....	104	quinidine gluconate er.....	58
PRALUENT.....	64	procto-med hc.....	104	quinidine sulfate.....	58
pramipexole dihydrochloride....	41	PROCYSBI.....	79	quinine sulfate.....	40
pramipexole dihydrochloride er.	41	PRODIGY AUTOCODE		QULIPTA.....	30
PRAMOSONE.....	70	BLOOD GLUCOSE.....	49	QUVIVIQ.....	119
prasugrel hcl.....	57	PRODIGY NO CODING		QVAR REDIHALER.....	114
pravastatin sodium.....	63	BLOOD GLUC.....	49	RABEPRAZOLE SODIUM.....	78
praziquantel.....	40	PRODIGY VOICE BLOOD		rabeprazole sodium.....	78
prazosin hcl.....	57	GLUCOSE.....	49	RADICAVA ORS.....	66
PRED MILD.....	111	PROFILNINE.....	56	RADICAVA ORS STARTER	
prednisolone.....	83, 84	progesterone.....	94	KIT.....	66
prednisolone acetate.....	111	PROGRAF.....	98	RADIOGARDASE.....	107
PREDNISOLONE ACETATE		PROLATE.....	16	RAGWITEK.....	107
P-F.....	111	promethazine hcl.....	27	RALDESY.....	26
prednisolone sodium		PROMETHEGAN.....	27	raloxifene hcl.....	94
phosphate.....	84, 111	propafenone hcl.....	58	ramelteon.....	119
prednisone.....	84	propafenone hcl er.....	58	ramipril.....	58
PREDNISONA.....	84	propranolol hcl.....	59	RANITIDINE HCL.....	76
prednisone intensol.....	84	propranolol hcl er.....	59	ranolazine er.....	61
pregabalin.....	66	propylthiouracil.....	95	rasagiline mesylate.....	41
pregabalin er.....	66	PROQUAD.....	102	RASUVO.....	98

RAYALDEE.....	104	risperidone microspheres er.....	43	selenium sulfide.....	70
RAYOS.....	84	ritonavir.....	46	SELZENTRY.....	46
react.....	94	rivaroxaban.....	54	SEMGLEE (YFGN).....	53
REBIF.....	67	rivastigmine.....	24	SENSILANCE SAFETY	
REBIF REBIDOSE.....	67	rivastigmine tartrate.....	24	LANCETS 21G.....	49
REBIF REBIDOSE		rivelsa.....	91	SENSILANCE SAFETY	
TITRATION PACK.....	67	RIVFLOZA.....	81	LANCETS 26G.....	49
REBIF TITRATION PACK.....	67	RIVIVE.....	17	SENSILANCE SAFETY	
REBINYN.....	56	RIXUBIS.....	57	LANCETS 28G.....	49
reclipsen.....	91	rizatriptan benzoate.....	30	SEPHIENCE.....	79
RECOMBINATE.....	57	ROCKLATAN.....	110	SEREVENT DISKUS.....	115
RECOMBIVAX HB.....	102	roflumilast.....	115	SERNIVO.....	84
RECORLEV.....	86	ROLVEDON.....	55	SEROSTIM.....	75
REGRANEX.....	70	ROMVIMZA.....	38	sertraline hcl.....	26
RELAFEN DS.....	14	ropinirole hcl.....	41	setlakin.....	92
RELENZA DISKHALER.....	46	ropinirole hcl er.....	41	sevelamer carbonate.....	73
RELEUKO.....	55	rosuvastatin calcium.....	63	sevelamer hcl.....	73
RELEXXII.....	65	rosyrah.....	91	SEVENFACT.....	57
RELISTOR.....	75	ROTARIX.....	102	SEYSARA.....	21
RELTONE.....	75	ROTATEQ.....	102	SFROWASA.....	103
REMODULIN.....	116	roweepra.....	22	sharobel.....	94
RENACIDIN.....	81	ROXYBOND.....	16	shewise.....	94
RENTHYROID.....	94	ROZLYTREK.....	38	SHINGRIX.....	103
repaglinide.....	50	RUBRACA.....	35	SIGNIFOR.....	95
REPATHA.....	64	RUCONEST.....	96	SIKLOS.....	32
REPATHA SURECLICK.....	64	rufinamide.....	24	sildenafil citrate.....	116
RESTASIS MULTIDOSE.....	109	RUKOBIA.....	46	SILIQ.....	70
RETACRIT.....	55	RYALTRIS.....	117	silodosin.....	81
RETEVMO.....	38	RYBELSUS.....	50	silver sulfadiazine.....	19
RETIN-A MICRO PUMP.....	70	RYCLORA.....	112	SIMBRINZA.....	110
REVCОВI.....	79	RYDAPT.....	38	SIMLANDI (1 PEN).....	99
REVLIMID.....	32	RYKINDO.....	43	SIMLANDI (1 SYRINGE).....	99
REVUFORJ.....	34	RYPLAZIM.....	107	SIMLANDI (2 PEN).....	99
REXTOVY.....	17	RYTARY.....	41	SIMLANDI (2 SYRINGE).....	99
REXULTI.....	43	ryvent.....	112	simliya.....	92
REYATAZ.....	46	sacubitril-valsartan.....	61	simpesse.....	92
REYVOW.....	30	saline flush.....	73	SIMPONI.....	99
REZDIFFRA.....	75	salsalate.....	14	simvastatin.....	63
REZLIDHIA.....	38	SANCUSO.....	27	sirolimus.....	99
REZUROCK.....	98	SANTYL.....	70	SIRTURO.....	31
REZVOGLAR KWIKPEN.....	53	sapropterin dihydrochloride.....	79	SITAGLIPT BASE-METFORM	
RHAPSIDO.....	99	SAVAYSA.....	54	HCL ER.....	51
RHOPRESSA.....	110	SAVELLA.....	66	SITAGLIPTIN.....	51
ribavirin.....	44	SAVELLA TITRATION PACK... ..	66	SITAGLIPTIN BASE-	
RIDAURA.....	100	saxagliptin hcl.....	50	METFORMIN HCL.....	51
rifabutin.....	31	saxagliptin-metformin er.....	51	SITAVIG.....	44
rifampin.....	31	SCEMBLIX.....	38	SIVEXTRO.....	19
riluzole.....	66	scopolamine.....	27	SKYCLARYS.....	66
rimantadine hcl.....	46	SDAMLO.....	60	SKYRIZI.....	71, 99
RINVOQ.....	100	SECUADO.....	43	SKYRIZI PEN.....	99
RINVOQ LQ.....	100	SEGLUROMET.....	51	SKYTROFA.....	86
risedronate sodium.....	104	SELARSDI.....	100	SLYND.....	94
risperidone.....	43	selegiline hcl.....	41	smooth lax.....	78

SOAAZ	62	STRIBILD	44	TAGRISSE	38
sodium chloride	81, 117	STRIVERDI RESPIMAT	115	take action	94
sodium chloride flush	73	SUBVENITE	23	TAKHZYRO	96
SODIUM CHLORIDE FLUSH	73	subvenite	23	TALICIA	75
sodium fluoride	73	subvenite starter kit-blue	23	TALTZ	71
sodium oxybate	119	subvenite starter kit-green	23	TALZENNA	35
SODIUM OXYBATE	119	subvenite starter kit-orange	23	TAMIFLU	46
sodium phenylbutyrate	80	SUCRAID	80	tamoxifen citrate	32
sodium polystyrene sulfonate	73	sucralfate	78	tamsulosin hcl	81
sodium sulfacetamide wash	71	SUFLAVE	78	TAPERDEX 12-DAY	84
SOFDRA	71	SULCONAZOLE NITRATE	29	TAPERDEX 6-DAY	84
SOFOSBUVIR-VELPATASVIR	44	sulfacetamide sodium	71, 112	TAPERDEX 7-DAY	84
SOGROYA	86	sulfacetamide sodium (acne)	71	tarina 24 fe	92
SOHONOS	107	sulfacetamide sodium-sulfur	71	tarina fe 1/20 eq	92
solifenacin succinate	80	sulfacetamide sod-sulfur wash	71	TARPEYO	104
SOLIQUA	51	sulfacetamide-prednisolone	109	TASCENSO ODT	67
SOLOSEC	19	sulfadiazine	20	tasimelteon	119
SOLTAMOX	32	sulfamethoxazole-trimethoprim	20	tavaborole	29
SOMAVERT	95	SULFAMYLLON	19	TAVALISSE	55
sorafenib tosylate	38	sulfasalazine	104	TAVNEOS	107
SORILUX	71	sulfatrim pediatric	21	taysofy	92
sotalol hcl	58	sulindac	14	tazarotene	71
sotalol hcl (af)	58	sumatriptan	30	TAZAROTENE	71
SOTYKTU	71	sumatriptan succinate	30	TAZVERIK	34
SOTYLIZE	58	sumatriptan succinate refill		TDVAX	103
SOVALDI	44	subcutaneous solution		TECHLITE LANCETS 26G	49
SOVUNA	40	cartridge	30	TEGLUTIK	66
SPEVIGO	71	sumatriptan-naproxen sodium	30	telmisartan	58
SPIKEVAX	103	sunitinib malate	38	telmisartan-amlodipine	61
SPIKEVAX 6M-11Y	103	SUNLENCA	46	telmisartan-hctz	61
spinosad	40	SUNOSI	119	temazepam	118
SPIRIVA RESPIMAT	114	SUTAB	78	temozolomide	31
spironolactone	62	syeda	92	TENCON	16
spironolactone-hctz	61	SYMBICORT	114	TENIVAC	103
sprintec 28	92	SYMBRAVO	29	tenofovir disoproxil fumarate	45
SPRITAM	22	SYMDEKO	115	TEPMETKO	38
SPRIX	14	SYMFI LO	45	terazosin hcl	81
SPS (SODIUM		SYMLINPEN 120	51	terbinafine hcl	29
POLYSTYRENE SULF)	73	SYMLINPEN 60	51	terbutaline sulfate	115
sronyx	92	SYMPAZAN	22	terconazole	29
ssd	19	SYMPROIC	75	teriflunomide	67
SSKI	117	SYMTUZA	46	teriparatide	104
sss 10-5	71	SYNAREL	95	TERIPARATIDE	104
STARJEMZA	99	SYNDROS	27	testosterone	86
STEGLATRO	51	SYNJARDY	51	TESTOSTERONE	
STEGLUJAN	51	SYNJARDY XR	51	CYPIONATE	86
STELARA	100	TABLOID	32	testosterone cypionate	86
STEQEYMA	99	TABRECTA	38	testosterone enanthate	86
sterile water for irrigation	107	tacrolimus	71, 99	tetrabenazine	66
STIMUFEND	55	tadalafil (pah)	116	tetracycline hcl	21
STIOLTO RESPIMAT	117	TADLIQ	116	TETRACYCLINE HCL	21
STIVARGA	38	TAFINLAR	38	TEXACORT	84
STRENSIQ	80	tafluprost (pf)	111	TEZRULY	81

TEZSPIRE.....	117	TOUJEO SOLOSTAR.....	54	trimipramine maleate.....	27
THALITONE.....	62	tovet.....	84	TRINTELLIX.....	26
THALOMID.....	32	TRADJENTA.....	51	tri-sprintec.....	92
THEO-24.....	115	TRAMADOL HCL (ER		TRIUMEQ.....	45
theophylline.....	115	BIPHASIC).....	15	TRIUMEQ PD.....	45
theophylline er.....	115	tramadol hcl (er biphasic).....	15	trivora (28).....	92
thioridazine hcl.....	42	tramadol hcl er.....	15	tri-vylibra.....	92
thiothixene.....	42	TRAMADOL HCL IR.....	15	tri-vylibra lo.....	92
THYQUIDITY.....	95	tramadol hcl ir.....	16	tropicamide.....	109
thyroid.....	95	tramadol-acetaminophen.....	16	tropium chloride.....	80
tiadylt er.....	60	trandolapril.....	58	tropium chloride er.....	80
tiagabine hcl.....	22	trandolapril-verapamil hcl er.....	61	TRUDHESA.....	30
TIBSOVO.....	38	tranexamic acid.....	57	TRUE COVER.....	107
ticagrelor.....	57	tranylcypromine sulfate.....	25	true laxative.....	78
TIGLUTIK.....	66	travoprost (bak free).....	111	TRULANCE.....	75
tilia fe.....	92	trazodone hcl.....	26	TRULICITY.....	51
timolol hemihydrate.....	110	TRECATOR.....	31	TRUMENBA.....	103
timolol maleate.....	59, 110	TRELEGY ELLIPTA.....	117	TRUQAP.....	38
timolol maleate (once-daily)....	110	TREMFYA.....	101	TRYNGOLZA.....	64
timolol maleate ocudose.....	110	TREMFYA ONE-PRESS.....	101	TRYPTYR.....	109
timolol maleate pf.....	110	TREMFYA PEN.....	101	TRYVIO.....	61
tinidazole.....	19	TREMFYA-CD/UC		TUDORZA PRESSAIR.....	114
tiopronin.....	81	INDUCTION.....	101	TUKYSA.....	38
tiotropium bromide.....	114	treprostinil.....	116	TURALIO.....	39
TIROSINT.....	95	TRESIBA.....	54	turqoz.....	92
TIROSINT-SOL.....	95	TRESIBA FLEXTOUCH.....	54	TWINRIX.....	103
TIVICAY.....	44	tretinoin.....	39, 71	TWIRLA.....	92
TIVICAY PD.....	44	tretinoin microsphere.....	71	TWYNEO.....	71
tizanidine hcl.....	118	tretinoin microsphere pump.....	71	TYBLUME.....	92
TLANDO.....	86	TRETTEN.....	57	TYBOST.....	44
TOBI PODHALER.....	115	TREXALL.....	99	tydemy.....	92
TOBRADEX.....	108	triamcinolone acetonide.....	68, 84	TYENNE.....	101
TOBRADEX ST.....	108	triamcinolone in absorbbase.....	84	TYMLOS.....	104
tobramycin.....	108, 115	triamterene.....	62	TYRVAYA.....	109
tobramycin-dexamethasone....	108	triamterene-hctz.....	61	TYVASO.....	116
TOBREX.....	108	triazolam.....	118	TYVASO DPI MAINTENANCE	
TODAY SPONGE.....	81	triderm.....	84	KIT.....	116
TOLAK.....	34	trientine hcl.....	73	TYVASO DPI TITRATION KIT	116
tolcapone.....	41	tri-estarylla.....	92	TYVASO REFILL KIT.....	116
TOLECTIN 600.....	14	trifluoperazine hcl.....	42	TYVASO STARTER KIT.....	116
tolmetin sodium.....	14	trifluridine.....	108	UBRELVY.....	30
TOLSURA.....	29	trihexyphenidyl hcl.....	40	UDENYCA.....	55
tolterodine tartrate.....	80	TRIJARDY XR.....	51	ULTRAVATE.....	84
tolterodine tartrate er.....	80	TRIKAFTA.....	115	UMECLIDINIUM-	
tolvaptan.....	73	tri-legest fe.....	92	VILANTEROL.....	117
TONMYA.....	66	tri-linyah.....	92	UNDECATREX.....	86
topiramate.....	23	tri-lo-estarylla.....	92	unithroid.....	95
topiramate er.....	23	tri-lo-marzia.....	92	UPNEEQ.....	109
toremifene citrate.....	32	tri-lo-mili.....	92	UPTRAVI.....	116
torpenz.....	38	tri-lo-sprintec.....	92	UPTRAVI TITRATION.....	116
torse mide.....	62	trimethobenzamide hcl.....	27	URSODIOL.....	75
TOSYMRA.....	30	trimethoprim.....	19	ursodiol.....	75
TOUJEO MAX SOLOSTAR.....	54	tri-mili.....	92	USTEKINUMAB.....	101

USTEKINUMAB-AAUZ.....	99	VERIFINE SAFE LANCET		VUSION.....	29
USTEKINUMAB-AEKN.....	101	MINI 28G.....	49	VYALEV.....	41
USTEKINUMAB-TTWE.....	101	VERIFINE SAFE LANCET		vyfemla.....	92
UZEDY.....	43	MINI 30G.....	49	VYKAT XR.....	107
VAFSEO.....	55	VERKAZIA.....	109	VYKOURA.....	34
valacyclovir hcl.....	44	VERQUVO.....	61	vylibra.....	92
VALCHLOR.....	31	VERSACLOZ.....	43	VYNDAMAX.....	61
valganciclovir hcl.....	43	VERZENIO.....	34	VYNDAQEL.....	61
valproic acid.....	22	VESICARE LS.....	80	VYSCOXA.....	14
valsartan.....	58	vestura.....	92	VYVGART HYTRULO.....	31
valsartan-hydrochlorothiazide...	61	VEVYE.....	109	VYZULTA.....	111
VALTOCO 10 MG DOSE.....	22	V-GO 20.....	107	WAINUA.....	80
VALTOCO 15 MG DOSE.....	22	V-GO 30.....	107	WAKIX.....	119
VALTOCO 20 MG DOSE.....	22	V-GO 40.....	107	warfarin sodium.....	54
VALTOCO 5 MG DOSE.....	22	VIBERZI.....	76	water for irrigation, sterile.....	107
valtya 1/35.....	92	vienna.....	92	WAYRILZ.....	55
valtya 1/50.....	92	vigabatrin.....	22	WELIREG.....	34
vancomycin hcl.....	19	VIGAFYDE.....	22	wera.....	92
VANDAZOLE.....	19	vigpoder.....	22	WEZLANA.....	101
VANFLYTA.....	39	VIJOICE.....	39	WIDE-SEAL DIAPHRAGM 60	107
VANRAFIA.....	81	vilazodone hcl.....	26	WIDE-SEAL DIAPHRAGM 65	107
VAQTA.....	103	VIOKACE.....	80	WIDE-SEAL DIAPHRAGM 70	107
varenicline tartrate.....	18	viorele.....	92	WIDE-SEAL DIAPHRAGM 75	107
varenicline tartrate (starter).....	18	VIRACEPT.....	46	WIDE-SEAL DIAPHRAGM 80	107
varenicline tartrate(continue)....	18	VIREAD.....	45	WIDE-SEAL DIAPHRAGM 85	107
VARIVAX.....	103	VISTOGARD.....	107	WIDE-SEAL DIAPHRAGM 90	107
VARUBI (180 MG DOSE).....	27	vitamin d (ergocalciferol).....	74	WIDE-SEAL DIAPHRAGM 95	107
VAXELIS.....	103	vitamin k1.....	74	WILATE.....	57
VAXNEUVANCE.....	103	VITRAKVI.....	39	WINLEVI.....	71
VCF VAGINAL		VIVAGUARD LANCETS 30G...	49	WINREVAIR.....	116
CONTRACEPTIVE.....	81	VIVAGUARD SAFETY		wixela inhub.....	114
VECAMYL.....	61	LANCETS 28G.....	49	wymzya fe.....	93
velivet.....	92	VIVJOA.....	29	WYNZORA.....	71
VELPHORO.....	74	VIZIMPRO.....	39	XACIATO.....	19
VELSIPITY.....	101	volnea.....	92	XADAGO.....	41
VELTASSA.....	73	VONJO.....	34	XALKORI.....	39
VEMLIDY.....	44	VONVENDI.....	57	xarah fe.....	93
VENCLEXTA.....	39	VOQUEZNA.....	75	XARELTO.....	54
VENCLEXTA STARTING		VOQUEZNA DUAL PAK.....	75	XARELTO STARTER PACK.....	54
PACK.....	39	VOQUEZNA TRIPLE PAK.....	75	XATMEP.....	99
VENLAFAXINE BESYLATE		VORANIGO.....	35	XCOPRI.....	22
ER.....	26	voriconazole.....	29	XDEMVY.....	108
venlafaxine hcl.....	26	VORTEX VALVE CHAMBER-		XELJANZ.....	99
venlafaxine hcl er.....	26	PEDI MASK.....	107	XELJANZ XR.....	99
VENTAVIS.....	116	VORTEX VALVED HOLDING		XELPROS.....	111
VEOZAH.....	107	CHAMBER.....	107	xelria fe.....	93
verapamil hcl.....	60	VOSEVI.....	44	XELSTRYM.....	65
verapamil hcl er.....	60	VOWST.....	76	XEMBIFY.....	100
VEREGEN.....	71	VOXZOGO.....	80	XERESE.....	44
VERIFINE SAFE LANCET		VOYDEYA.....	54	XERMELO.....	76
MINI 21G.....	49	VRAYLAR.....	43	XHANCE.....	114
VERIFINE SAFE LANCET		VTAMA.....	71	XIFAXAN.....	19
MINI 23G.....	49	VUMERITY.....	67	XIGDUO XR.....	51

XIIDRA.....	109	ZANAFLEX.....	118	ZYFLO.....	114
XOFLUZA (40 MG DOSE).....	46	ZARXIO.....	55	ZYKADIA.....	39
XOFLUZA (80 MG DOSE).....	46	ZAVZPRET.....	30	ZYMFENTRA (1 PEN).....	99
XOLAIR.....	101	ZEGALOGUE.....	51	ZYMFENTRA (2 PEN).....	99
XOLREMDI.....	55	ZEJULA.....	35	ZYMFENTRA (2 SYRINGE).....	99
XOPENEX HFA.....	115	ZELAPAR.....	41	ZYPITAMAG.....	63
XOSPATA.....	39	ZELBORAF.....	39	ZYPREXA RELPREVV.....	43
XPHOZAH.....	107	ZELSUVMI.....	71		
XPOVIO (100 MG ONCE WEEKLY).....	34	zelvysia.....	80		
XPOVIO (40 MG ONCE WEEKLY).....	34	ZEMBRACE SYMTOUCH.....	30		
XPOVIO (40 MG TWICE WEEKLY).....	34	zenatane.....	71		
XPOVIO (60 MG ONCE WEEKLY).....	34	ZENPEP.....	80		
XPOVIO (60 MG TWICE WEEKLY).....	34	ZEPOSIA.....	67		
XPOVIO (80 MG ONCE WEEKLY).....	34	ZEPOSIA 7-DAY STARTER PACK.....	67		
XPOVIO (80 MG TWICE WEEKLY).....	34	ZEPOSIA STARTER KIT.....	67		
XROMI.....	32	ZERVIATE.....	109		
XTAMPZA ER.....	15	zidovudine.....	46		
XTANDI.....	32	ZIEXTENZO.....	55		
xulane.....	93	ZILBRYSQ.....	108		
XULTOPHY.....	51	zileuton er.....	114		
XURIDEN.....	80	ZILXI.....	71		
XYNTHA.....	57	ZIMHI.....	17		
XYNTHA SOLOFUSE.....	57	ziprasidone hcl.....	43		
XYOSTED.....	86	ZIRGAN.....	108		
XYREM.....	119	ZITHROMAX.....	20		
xyvona.....	15	ZITUVIMET.....	51		
XYWAV.....	119	ZITUVIMET XR.....	51		
yargesa.....	80	ZITUVIO.....	51		
YESINTEK.....	99	ZOKINVY.....	108		
YEZTUGO.....	46	ZOLINZA.....	34		
yl folic acid.....	74	ZOLMITRIPTAN.....	30		
YONSA.....	32	zolmitriptan.....	30		
YORVIPATH.....	108	ZOLPIDEM TARTRATE.....	118		
YOSPRALA.....	57	zolpidem tartrate.....	118		
YUFLYMA (1 PEN).....	99	zolpidem tartrate er.....	118		
YUFLYMA (2 PEN).....	99	ZOMACTON.....	86		
YUFLYMA (2 SYRINGE).....	99	ZOMIG.....	30		
YUFLYMA-CD/UC/HS STARTER.....	99	ZONISADE.....	22		
YUPELRI.....	114	zonisamide.....	22		
YUSIMRY.....	99	ZONTIVITY.....	54		
YUTREPIA.....	116	ZORYVE.....	71, 72		
yuvafem.....	93	zovia 1/35 (28).....	93		
zafemy.....	93	ZTALMY.....	23		
zafirlukast.....	114	ZTLIDO.....	17		
zaleplon.....	118	ZUBSOLV.....	17		
		zumandimine.....	93		
		ZUNVEYL.....	24		
		ZURNAI.....	17		
		ZURZUVAE.....	25		
		ZYBIC.....	14		
		ZYCLARA PUMP.....	72		
		ZYDELIG.....	39		

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PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga 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.

Discrimination is against the law

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

Blue Cross Blue Shield of Michigan and Blue Care Network, along with our contracted vendors:

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

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call the Customer Service number on the back of your card. If you aren't already a member, call 877-469-2583 or, if you're 65 or older, call 888-563-3307, TTY: 711. Here's how you can file a civil 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://www.hhs.gov/ocr/portal) <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) <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/](https://www.hhs.gov/ocr/complaints/index.html)



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Blue Cross Blue Shield of Michigan Custom Select Drug List