

Blue Cross Blue Shield of Michigan and Blue Care Network

Custom Select Drug List

Alternatives for nonpreferred and nonformulary (not covered) drugs

Our goals are to provide you with safe, high-quality prescription drug therapies and keep your medical costs low. To help accomplish this, we encourage the use of drugs that have similar effectiveness, quality and safety, but at a fraction of the cost to more costly alternatives.

The list below shows the drugs that are nonpreferred or nonformulary (not covered) on the *Custom Select Drug List* along with suggested covered preferred alternatives. In most cases, if you fill a prescription for a nonformulary drug, you'll pay the full retail price. Most brand-name drugs with a generic equivalent aren't covered. Unless otherwise listed as an alternative, the generic equivalents of nonformulary brand-name drugs also aren't covered.

If you're currently using one of these drugs, ask your doctor if one of the preferred alternatives on the list, which has similar effectiveness and safety, is right for you.

This list is intended as a reference guide and doesn't dictate coverage. For tiering information specific to your drug benefit, check your plan documents. Additional coverage requirements may apply for preferred alternatives, such as prior authorization.

For a complete list of drugs and coverage requirements, go to bcbsm.com/pharmacy. 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 or BCN member ID card.

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ABILIFY MYCI TAB 10MG	NOT COVERED	OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, ZIPRASIDONE CAP 40MG
ABILIFY MYCI TAB 10MG MNT	NOT COVERED	OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG, ZIPRASIDONE CAP 40MG
ABILIFY MYCI TAB 10MG STR	NOT COVERED	OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, ZIPRASIDONE CAP 40MG
ABILIFY MYCI TAB 15MG	NOT COVERED	OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, ZIPRASIDONE CAP 60MG
ABILIFY MYCI TAB 15MG MNT	NOT COVERED	OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, ZIPRASIDONE CAP 60MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ABILIFY MYCI TAB 15MG STR	NOT COVERED	OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 150MG, ZIPRASIDONE CAP 60MG
ABILIFY MYCI TAB 20MG	NOT COVERED	OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG, ZIPRASIDONE CAP 60MG
ABILIFY MYCI TAB 20MG MNT	NOT COVERED	OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG, ZIPRASIDONE CAP 60MG
ABILIFY MYCI TAB 20MG STR	NOT COVERED	OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 200MG, ZIPRASIDONE CAP 60MG
ABILIFY MYCI TAB 2MG	NOT COVERED	OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, ZIPRASIDONE CAP 20MG
ABILIFY MYCI TAB 2MG MANT	NOT COVERED	OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 50MG, ZIPRASIDONE CAP 20MG
ABILIFY MYCI TAB 2MG STRT	NOT COVERED	OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, ZIPRASIDONE CAP 20MG
ABILIFY MYCI TAB 30MG	NOT COVERED	OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, ZIPRASIDONE CAP 80MG
ABILIFY MYCI TAB 30MG MNT	NOT COVERED	OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, ZIPRASIDONE CAP 80MG
ABILIFY MYCI TAB 30MG STR	NOT COVERED	OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 300MG, ZIPRASIDONE CAP 80MG
ABILIFY MYCI TAB 5MG	NOT COVERED	OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG, ZIPRASIDONE CAP 40MG
ABILIFY MYCI TAB 5MG MANT	NOT COVERED	OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 100MG, ZIPRASIDONE CAP 40MG
ABILIFY MYCI TAB 5MG STRT	NOT COVERED	OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG, ZIPRASIDONE CAP 40MG
ABIRATERONE TAB 500MG	NOT COVERED	ABIRATERONE TAB 250MG, XTANDI TAB 80MG, ERLEADA TAB 60MG
ABSORICA LD CAP 16MG	NOT COVERED	ACUTANE CAP 20MG, AMNESTEEM CAP 20MG, CLARAVIS CAP 20MG, ISOTRETINOIN CAP 20MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ABSORICA LD CAP 24MG	NOT COVERED	ACUTANE CAP 30MG, CLARAVIS CAP 30MG, ISOTRETINOIN CAP 30MG, MYORISAN CAP 30MG
ABSORICA LD CAP 32MG	NOT COVERED	ACUTANE CAP 40MG, AMNESTEEM CAP 40MG, CLARAVIS CAP 40MG, ISOTRETINOIN CAP 40MG
ABSORICA LD CAP 8MG	NOT COVERED	ACUTANE CAP 10MG, AMNESTEEM CAP 10MG, CLARAVIS CAP 10MG, ISOTRETINOIN CAP 10MG
ACCURETIC TAB 10-12.5	NONPREFERRED BRAND	QNAPRIL/HCTZ TAB 20-12.5, BENAZEP/HCTZ TAB 5-6.25, ENALAPR/HCTZ TAB 5-12.5MG, FOSINOP/HCTZ TAB 10/12.5
ACIPHEX SPR CAP 10MG	NOT COVERED	RABEPRAZOLE TAB 20MG, LANSOPRAZOLE CAP 30MG DR, OMEPRAZOLE CAP 40MG
ACIPHEX SPR CAP 5MG	NOT COVERED	RABEPRAZOLE TAB 20MG, LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG
ACTEMRA INJ 162/0.9	NONPREFERRED SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
ACTEMRA INJ ACTPEN	NONPREFERRED SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
ACUVAIL SOL 0.45%	NOT COVERED	KETOROLAC SOL 0.4%, BROMFENAC SOL 0.09% OP, DICLOFENAC SOL 0.1% OP
ACYCLOVIR CRE 5%	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
ADAPAL/BEN P GEL 0.1-2.5%	NOT COVERED	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
ADAPAL/BEN P GEL 0.3-2.5%	NOT COVERED	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.025%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
ADAPALENE GEL 0.3%	NOT COVERED	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.025%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
ADAPALENE PAD 0.1%SWAB	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
ADAPALENE SOL 0.1%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
ADHANSIA XR CAP 25MG	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHENID CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, VYVANSE CAP 30MG
ADHANSIA XR CAP 35MG	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHENID CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, VYVANSE CAP 40MG
ADHANSIA XR CAP 45MG	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHENID CAP 20MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 50MG
ADHANSIA XR CAP 55MG	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHENID CAP 30MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 50MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ADHANSIA XR CAP 70MG	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP ER 35MG, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 60MG
ADHANSIA XR CAP 85MG	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPHE CAP 40MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 70MG
ADLARITY DIS 10MG/DAY	NONPREFERRED BRAND	RIVASTIGMINE DIS 13.3/24, DONEPEZIL TAB 10MG, GALANTAMINE TAB 12MG
ADLARITY DIS 5MG/DAY	NONPREFERRED BRAND	RIVASTIGMINE DIS 4.6MG/24, DONEPEZIL TAB 5MG, GALANTAMINE TAB 4MG
ADLYXIN INJ 10/20MCG	NOT COVERED	OZEMPIC INJ 2/1.5ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
ADLYXIN INJ 20MCG	NOT COVERED	OZEMPIC INJ 2/1.5ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
ADZENYS XR TAB 12.5MG	NOT COVERED	AMPHET/DEXTR CAP 30MG ER, METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP ER 25MG, VYVANSE CHW 40MG
ADZENYS XR TAB 15.7 MG	NOT COVERED	AMPHET/DEXTR CAP 30MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP ER 35MG, VYVANSE CHW 50MG
ADZENYS XR TAB 18.8MG	NOT COVERED	AMPHET/DEXTR CAP 30MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPHE CAP 40MG ER, VYVANSE CHW 60MG
ADZENYS XR TAB 3.1MG	NOT COVERED	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, VYVANSE CHW 10MG
ADZENYS XR TAB 6.3MG	NOT COVERED	AMPHET/DEXTR CAP 15MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 10MG ER, VYVANSE CHW 20MG
ADZENYS XR TAB 9.4MG	NOT COVERED	AMPHET/DEXTR CAP 25MG ER, METHYLPHENID TAB 27MG ER, DEXMETHYLPHE CAP 20MG ER, VYVANSE CHW 30MG
AEMCOLO TAB 194MG	NOT COVERED	AZITHROMYCIN TAB 250MG, CIPROFLOXACIN TAB 100MG, LEVOFLOXACIN TAB 250MG
AFREZZA POW 12 UNIT	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
AFREZZA POW 4-8 UNIT	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
AFREZZA POW 4-8-12	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
AFREZZA POW 4UNIT	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
AFREZZA POW 8 UNIT	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
AFREZZA POW 8-12UNIT	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
AIRDUO DGHLR INH 113-14	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25

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AIRDUO DGHLR INH 232-14	NOT COVERED	FLUTIC/SALME AER 500/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 200-25
AIRDUO DGHLR INH 55-14	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
AKLIEF CRE 0.005%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
AKYNZEO CAP 300-0.5	NONPREFERRED BRAND	GRANISETRON TAB 1MG, APREPITANT CAP 40MG, ONDANSETRON TAB 4MG
ALA SCALP LOT 2%	NONPREFERRED BRAND	HYDROCORT LOT 2.5%, BETAMETH DIP LOT 0.05%, DESONIDE LOT 0.05%, FLUTICASONE LOT 0.05%
ALDACTAZIDE TAB 50/50	NONPREFERRED BRAND	SPIRONO/HCTZ TAB 25/25, AMILOR/HCTZ TAB 5-50, TRIAMT/HCTZ TAB 75-50MG, SPIRONOLACT TAB 50MG
ALKINDI SPRI CAP 0.5MG	NONPREFERRED BRAND	HYDROCORT TAB 5MG
ALKINDI SPRI CAP 1MG	NONPREFERRED BRAND	HYDROCORT TAB 10MG
ALKINDI SPRI CAP 2MG	NONPREFERRED BRAND	HYDROCORT TAB 10MG
ALKINDI SPRI CAP 5MG	NONPREFERRED BRAND	HYDROCORT TAB 5MG
ALLOPURINOL TAB 200MG	NOT COVERED	ALLOPURINOL TAB 100MG
ALLZITAL TAB 25-325MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BAC TAB, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG
ALOCRI SOL 2%	NONPREFERRED BRAND	CROMOLYN SOD SOL 4% OP
ALOG/PIOGLIT TAB 12.5-15	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
ALOG/PIOGLIT TAB 12.5-30	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
ALOG/PIOGLIT TAB 12.5-45	NOT COVERED	JENTADUETO TAB 2.5-850, JANUMET TAB 50-500MG
ALOG/PIOGLIT TAB 25-15MG	NOT COVERED	JENTADUETO TAB 2.5-850, JANUMET TAB 50-1000
ALOG/PIOGLIT TAB 25-30MG	NOT COVERED	JENTADUETO TAB 2.5-1000, JANUMET TAB 50-1000
ALOG/PIOGLIT TAB 25-45MG	NOT COVERED	JENTADUETO TAB 2.5-1000, JANUMET TAB 50-1000
ALOGLIPTIN TAB 12.5MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 50MG
ALOGLIPTIN TAB 25MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 100MG
ALOGLIPTIN TAB 6.25MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 25MG
ALOGLIPTIN/ TAB METFORM	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
ALOMIDE SOL 0.1% OP	NONPREFERRED BRAND	CROMOLYN SOD SOL 4% OP
ALTABAX OIN 1%	NOT COVERED	MUPIROCIN OIN 2%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ALTOPREV TAB 20MG ER	NOT COVERED	FLUVASTATIN TAB 80MG ER, LOVASTATIN TAB 20MG, PRAVASTATIN TAB 20MG, SIMVASTATIN TAB 10MG
ALTOPREV TAB 40MG ER	NOT COVERED	FLUVASTATIN TAB 80MG ER, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 40MG, SIMVASTATIN TAB 20MG
ALTOPREV TAB 60MG ER	NOT COVERED	FLUVASTATIN TAB 80MG ER, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 40MG
ALTRENO LOT 0.05%	NONPREFERRED BRAND	TRETINOIN GEL 0.01%, ADAPALENE GEL 0.1%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
ALVESCO AER 160MCG	NOT COVERED	PULMICORT INH 180MCG, QVAR REDIIHA AER 80MCG, ARNUITY ELPT INH 200MCG
ALVESCO AER 80MCG	NOT COVERED	PULMICORT INH 90MCG, QVAR REDIIHAL AER 40MCG, ARNUITY ELPT INH 50MCG
AMCINONIDE CRE 0.1%	NOT COVERED	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.05%
AMCINONIDE LOT 0.1%	NOT COVERED	BETA DIPROP LOT 0.05%, CLOBETASOL GEL 0.05%, FLUOCINONIDE GEL 0.05%, TRIAMCINOLON CRE 0.5%
AMCINONIDE OIN 0.1%	NOT COVERED	TRIAMCINOLON OIN 0.5%, BETAMETH DIP OIN 0.05%, CLOBETASOL OIN 0.05%, FLUTICASONE OIN 0.005%
AMPHETAMI ER SUS 1.25/ML	NOT COVERED	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, VYVANSE CHW 10MG
AMZEEQ AER 4%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%
ANALPRAM HC CRE 2.5-1%	NONPREFERRED BRAND	HC PRAMOXINE CRE 2.5-1%, LIDOCAINE/HC CRE 3%-0.5%, HYDROCORTISO CRE 2.5%, HYDROCORT AC SUP 30MG
ANALPRAM-HC LOT 2.5%	NONPREFERRED BRAND	HC PRAMOXINE CRE 1-1%, LIDOCAINE/HC CRE 3%-0.5%, HYDROCORT CRE 1%, ANUCORT-HC SUP 25MG
ANGELIQ TAB 0.25-0.5	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5, PREMPRO TAB 0.3-1.5
ANGELIQ TAB 0.5-1MG	NONPREFERRED BRAND	AMABELZ TAB 1-0.5MG, FYAVOLV TAB 1-5, PREMPRO TAB 0.625-5
ANNOVERA MIS	NONPREFERRED BRAND	ELURYNG MIS, AZURETTE TAB, APRI TAB, DROSPIR/ETHI TAB 3-0.02MG
ANTARA CAP 30MG	NONPREFERRED BRAND	FENOFIBRATE CAP 67MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ANTARA CAP 90MG	NONPREFERRED BRAND	FENOFIBRATE CAP 67MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
ANTIVERT TAB 50MG	NOT COVERED	TRIMETHOBENZ CAP 300MG, PROCHLORPER TAB 10MG
ANUSOL-HC SUP 25MG	NONPREFERRED BRAND	ANUCORT-HC SUP 25MG, HYDROCORT AC SUP 25MG, HEMMOREX-HC SUP 25MG, HYDROCORT CRE 1%
ANZEMET TAB 100MG	NONPREFERRED BRAND	GRANISETRON TAB 1MG, ONDANSETRON TAB 24MG
ANZEMET TAB 50MG	NONPREFERRED BRAND	GRANISETRON TAB 1MG, ONDANSETRON TAB 4MG
APADAZ TAB 4.08-325	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, TRAMADL/APAP TAB 37.5-325
APADAZ TAB 6.12-325	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 7.5-300, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325
APADAZ TAB 8.16-325	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP TAB 10-300MG, HYDROCOD/IBU TAB 10-200MG, TRAMADL/APAP TAB 37.5-325
APAP/CAFFEIN TAB DIHYDROC	NOT COVERED	APAP-CAFFEIN CAP DIHYDROC, TRAMADL/APAP TAB 37.5-325, APAP/CODEINE TAB 300-15MG
APEXICON E CRE 0.05%	NOT COVERED	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.05%
APIDRA INJ SOLOSTAR	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
APIDRA INJ U-100	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
APLENZIN TAB 174MG	NOT COVERED	BUPROPN HCL TAB 150MG XL, DULOXETINE CAP 20MG, DESVENLAFAX TAB 25MG ER, FLUOXETINE CAP 90MG DR
APLENZIN TAB 348MG	NOT COVERED	BUPROPN HCL TAB 300MG XL, DULOXETINE CAP 30MG, DESVENLAFAX TAB 50MG ER, FLUOXETINE CAP 90MG DR
APLENZIN TAB 522MG	NOT COVERED	BUPROPN HCL TAB 300MG XL, DULOXETINE CAP 60MG, DESVENLAFAX TAB 100MG ER, FLUOXETINE CAP 90MG DR
APOMORPHINE INJ 30MG/3ML	NOT COVERED	KYNMOBI MIS 10MG
APTIOM TAB 200MG	NOT COVERED	OXCARBAZEPIN TAB 150MG
APTIOM TAB 400MG	NOT COVERED	OXCARBAZEPIN TAB 300MG
APTIOM TAB 600MG	NOT COVERED	OXCARBAZEPIN TAB 300MG
APTIOM TAB 800MG	NOT COVERED	OXCARBAZEPIN TAB 600MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ARAKODA TAB 100MG	NONPREFERRED BRAND	KRINTAFEL TAB 150MG, PRIMAQUINE TAB 26.3MG
ARANESP INJ 100MCG	NOT COVERED	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
ARANESP INJ 10MCG	NOT COVERED	PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT
ARANESP INJ 150MCG	NOT COVERED	PROCRIT INJ 10000/ML, RETACRIT INJ 10000UNT
ARANESP INJ 200MCG	NOT COVERED	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
ARANESP INJ 25MCG	NOT COVERED	PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT
ARANESP INJ 300MCG	NOT COVERED	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
ARANESP INJ 40MCG	NOT COVERED	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT
ARANESP INJ 500MCG	NOT COVERED	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
ARANESP INJ 60MCG	NOT COVERED	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
ARAZLO LOT 0.045%	NOT COVERED	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
ARCAPTA CAP 75MCG	NONPREFERRED BRAND	SEREVENT DIS AER 50MCG, SPIRIVA CAP HANDIHLR, STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
ARMONAIR DIG AER 113MCG	NOT COVERED	ARNUITY ELPT INH 100MCG, FLOVENT DISK AER 100MCG, PULMICORT INH 90MCG
ARMONAIR DIG AER 232MCG	NOT COVERED	ARNUITY ELPT INH 200MCG, FLOVENT DISK AER 250MCG, PULMICORT INH 180MCG
ARMONAIR DIG AER 55MCG	NOT COVERED	ARNUITY ELPT INH 50MCG, FLOVENT DISK AER 50MCG, PULMICORT INH 90MCG
ARMOUR THYRO TAB 120MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG
ARMOUR THYRO TAB 15MG	NONPREFERRED BRAND	NP THYROID TAB 15MG, EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG
ARMOUR THYRO TAB 180MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG
ARMOUR THYRO TAB 240MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG
ARMOUR THYRO TAB 300MG	NONPREFERRED BRAND	NP THYROID TAB 120MG, LEVO-T TAB 300 MCG, LEVOTHYROXIN TAB 300MCG, UNITHROID TAB 300MCG
ARMOUR THYRO TAB 30MG	NONPREFERRED BRAND	NP THYROID TAB 30MG, EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG
ARMOUR THYRO TAB 60MG	NONPREFERRED BRAND	NP THYROID TAB 60MG, EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG
ARMOUR THYRO TAB 90MG	NONPREFERRED BRAND	NP THYROID TAB 90MG, EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG

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ARYMO ER TAB 15MG	NOT COVERED	XTAMPZA ER CAP 9MG
ARYMO ER TAB 30MG	NOT COVERED	XTAMPZA ER CAP 18MG
ARYMO ER TAB 60MG	NOT COVERED	XTAMPZA ER CAP 36MG
ASMANEX 120 AER 220MCG	NOT COVERED	PULMICORT INH 180MCG, QVAR REDIIHA AER 80MCG, ARNUITY ELPT INH 200MCG
ASMANEX 30 AER 110MCG	NOT COVERED	PULMICORT INH 90MCG, QVAR REDIIHAL AER 40MCG, ARNUITY ELPT INH 50MCG
ASMANEX HFA AER 100 MCG	NOT COVERED	PULMICORT INH 90MCG, QVAR REDIIHAL AER 40MCG, ARNUITY ELPT INH 100MCG
ASMANEX HFA AER 200 MCG	NOT COVERED	PULMICORT INH 180MCG, QVAR REDIIHA AER 80MCG, ARNUITY ELPT INH 200MCG
ASMANEX HFA AER 50MCG	NOT COVERED	PULMICORT INH 90MCG, QVAR REDIIHAL AER 40MCG, ARNUITY ELPT INH 50MCG
ASPRUZYO SPR GRA 1000MG	NONPREFERRED BRAND	RANOLAZINE TAB 1000MG, ATENOLOL TAB 100MG, METOPROL TAR TAB 100MG, AMLODIPINE TAB 10MG
ASPRUZYO SPR GRA 500MG	NONPREFERRED BRAND	RANOLAZINE TAB 500MG ER, ATENOLOL TAB 25MG, METOPROL TAR TAB 25MG, AMLODIPINE TAB 2.5MG
ASTAGRAF XL CAP 0.5MG	NONPREFERRED SPECIALTY	TACROLIMUS CAP 0.5MG
ASTAGRAF XL CAP 1MG	NONPREFERRED SPECIALTY	TACROLIMUS CAP 1MG
ASTAGRAF XL CAP 5MG	NONPREFERRED SPECIALTY	TACROLIMUS CAP 5MG
AUBAGIO TAB 14MG	NONPREFERRED SPECIALTY	DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG, FINGOLIMOD CAP 0.5MG
AUBAGIO TAB 7MG	NONPREFERRED SPECIALTY	DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG, FINGOLIMOD CAP 0.5MG
AURYXIA TAB 210MG	NONPREFERRED BRAND	SEVELAMER TAB 800MG, LANTHANUM CHW 500MG
AUVELITY	NONPREFERRED BRAND	TRETINOIN CRE 0.025%, ADAPALENE CRE 0.1%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5
AUVI-Q INJ 0.15MG	NOT COVERED	EPINEPHRINE INJ 0.15MG
AUVI-Q INJ 0.1MG	NOT COVERED	EPINEPHRINE INJ 0.15MG
AUVI-Q INJ 0.3MG	NOT COVERED	EPINEPHRINE INJ 0.3MG
AVANDIA TAB 2MG	NONPREFERRED BRAND	PIOGLITAZONE TAB 15MG
AVANDIA TAB 4MG	NONPREFERRED BRAND	PIOGLITAZONE TAB 45MG
AVAR CLEANSE LIQ 10-5%	NONPREFERRED BRAND	SOD SUL/SULF LIQ 10-5%, SODIUM SULFA LIQ 10% WASH, CLINDAMYCIN GEL 1%
AVAR-E GREEN CRE 10-5%	NONPREFERRED BRAND	SOD SUL/SULF CRE 10-5%, CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
AVITA CRE 0.025%	NOT COVERED	TRETINOIN CRE 0.025%, ADAPALENE CRE 0.1%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
AVITA GEL 0.025%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
AZASITE SOL 1%	NONPREFERRED BRAND	ERYTHROMYCIN OIN 5MG/GM, GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, CIPROFLOXACN SOL 0.3% OP
AZEL/FLUTIC SPR 137-50	NOT COVERED	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%
AZELASTINE SPR 0.15%	NOT COVERED	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%
AZELEX CRE 20%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
AZSTARYS CAP 26.1-5.2	NOT COVERED	METHYLPHENID CAP 10MG, VYVANSE CAP 10MG, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER
AZSTARYS CAP 39.2-7.8	NOT COVERED	METHYLPHENID CAP 30MG, VYVANSE CAP 40MG, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER
AZSTARYS CAP 52.3-10.	NOT COVERED	METHYLPHENID CAP 60MG, VYVANSE CAP 70MG, DEXMETHYLPHE CAP 40MG ER, AMPHET/DEXTR CAP 30MG ER
BACLOFEN SOL 5MG/5ML	NOT COVERED	BACLOFEN TAB 5MG, DANTROLENE CAP 100MG
BALCOLTRA TAB 0.1-20	NONPREFERRED BRAND	DROS/ETH EST TAB LEVOMEFO, AUROVELA FE TAB 1/20, DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35
BASAGLAR INJ 100UNIT	NONPREFERRED BRAND	LANTUS SOLOS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML, LEVEMIR INJ
BECONASE AQ SUS 0.042%	NOT COVERED	FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, MOMETASONE SPR 50MCG
BELBUCA MIS 150MCG	NOT COVERED	BUPRENORPHIN DIS 7.5/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 300MCG	NOT COVERED	BUPRENORPHIN DIS 7.5/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 450MCG	NOT COVERED	BUPRENORPHIN DIS 10MCG/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 600MCG	NOT COVERED	BUPRENORPHIN DIS 15MCG/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 750MCG	NOT COVERED	BUPRENORPHIN DIS 15MCG/HR, TRAMADOL HCL TAB 300MG ER
BELBUCA MIS 75MCG	NOT COVERED	BUPRENORPHIN DIS 5MCG/HR, TRAMADOL HCL TAB 100MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
BELBUCA MIS 900MCG	NOT COVERED	BUPRENORPHIN DIS 20MCG/HR, TRAMADOL HCL TAB 300MG ER
BELSOMRA TAB 10MG	NOT COVERED	ESZOPICLONE TAB 2MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
BELSOMRA TAB 15MG	NOT COVERED	ESZOPICLONE TAB 2MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
BELSOMRA TAB 20MG	NOT COVERED	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
BELSOMRA TAB 5MG	NOT COVERED	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
BESIVANCE SUS 0.6%	NONPREFERRED BRAND	CIPROFLOXACN SOL 0.3% OP, GATIFLOXACIN SOL 0.5%, LEVOFLOXACIN SOL 0.5%, MOXIFLOXACIN SOL HCL 0.5%
BETAMETH VAL AER 0.12%	NOT COVERED	BETA DIPROP GEL 0.05%, CLOBETASOL GEL 0.05%, FLUOCINONIDE GEL 0.05%, BETAMETH VAL OIN 0.1%
BETIMOL SOL 0.25%	NOT COVERED	TIMOLOL MAL SOL 0.25% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
BETIMOL SOL 0.5%	NOT COVERED	TIMOLOL MAL SOL 0.5% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
BEVESPI AER 9-4.8MCG	NOT COVERED	STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
BIJUVA CAP 1-100MG	NOT COVERED	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5, PREMPRO TAB 0.3-1.5
BINOSTO TAB 70MG	NOT COVERED	ALENDRONATE SOL 70/75ML, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG
BROMSITE DRO 0.075%	NOT COVERED	BROMFENAC SOL 0.09% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP
BRONCHITOL CAP TOL TEST	NONPREFERRED SPECIALTY	PULMOZYME SOL 1MG/ML
BRYHALI LOT 0.01%	NONPREFERRED BRAND	BETA DIPROP LOT 0.05%, CLOBETASOL GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
BUDES/FORMOT AER 160-4.5	NOT COVERED	FLUTIC/SALME AER 500/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 200-25
BUDES/FORMOT AER 80-4.5	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
BUNAVAIL MIS 2.1-0.3	NONPREFERRED BRAND	BUPREN/NALOX MIS 4-1MG, BUPRENORPHIN SUB 8MG, ZUBSOLV SUB 2.9-0.71
BUNAVAIL MIS 4.2-0.7	NONPREFERRED BRAND	BUPREN/NALOX MIS 8-2MG, BUPRENORPHIN SUB 8MG, ZUBSOLV SUB 5.7-1.4
BUNAVAIL MIS 6.3-1MG	NONPREFERRED BRAND	BUPREN/NALOX MIS 12-3MG, BUPRENORPHIN SUB 8MG, ZUBSOLV SUB 8.6-2.1

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
BUPROPN HCL TAB 450MG XL	NOT COVERED	BUPROPN HCL TAB 300MG XL, DULOXETINE CAP 60MG, DESVENLAFAX TAB 100MG ER, FLUOXETINE CAP 90MG DR
BUTAL/APAP CAP 50-300MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BUT/APAP/CAF CAP, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG
BUTAL/APAP TAB 25-325MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BAC TAB, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG
BUTALB/ACETA TAB 50-300MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BAC TAB, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG
BYDUREON BC INJ 2/0.85ML	NOT COVERED	OZEMPIC INJ 2/1.5ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
BYDUREON PEN INJ 2MG	NOT COVERED	OZEMPIC INJ 2/1.5ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
BYETTA INJ 10MCG	NOT COVERED	OZEMPIC INJ 8MG/3ML, TRULICITY INJ 4.5/0.5, VICTOZA INJ 18MG/3ML
BYETTA INJ 5MCG	NOT COVERED	OZEMPIC INJ 2/1.5ML, TRULICITY INJ 0.75/0.5, VICTOZA INJ 18MG/3ML
CAMBIA POW 50MG	NOT COVERED	IBUPROFEN SUS 100/5ML, NAPROXEN TAB 250MG, DICLOFENAC TAB 25MG DR, KETOPROFEN CAP 50MG
CAPLYTA CAP 10.5MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG
CAPLYTA CAP 21MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 40MG, OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG
CAPLYTA CAP 42MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 80MG, OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG
CARAC CRE 0.5%	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
CARBINOXAMIN SOL 4MG/5ML	NOT COVERED	CLEMASTINE TAB 2.68MG, PROMETHAZINE SYP 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, AZELASTINE SPR 0.1%
CARBINOXAMIN TAB 4MG	NOT COVERED	CLEMASTINE TAB 2.68MG, PROMETHAZINE TAB 12.5MG, CYPROHEPTAD TAB 4MG, AZELASTINE SPR 0.1%
CARDIZEM LA TAB 120MG	NONPREFERRED BRAND	DILTIAZEM ER TAB 180MG, VERAPAMIL CAP 100MG ER, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER
CARDURA XL TAB 4MG	NONPREFERRED BRAND	ALFUZOSIN TAB 10MG ER, SILODOSIN CAP 4MG, TAMSULOSIN CAP 0.4MG, DOXAZOSIN TAB 1MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CARDURA XL TAB 8MG	NONPREFERRED BRAND	ALFUZOSIN TAB 10MG ER, SILODOSIN CAP 8MG, TAMSULOSIN CAP 0.4MG, DOXAZOSIN TAB 8MG
CARISOPRODOL TAB 250MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, ORPH/ASA/CAF TAB
CARISOPRODOL TAB 350MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, ORPH/ASA/CAF TAB
CARISOPRODOL TAB ASA/COD	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, ORPH/ASA/CAF TAB
CAROSPIR SUS 25MG/5ML	NOT COVERED	SPIRONOLACT TAB 25MG, AMILORIDE TAB 5MG, EPLERENONE TAB 25MG
CARVEDILOL CAP 10MG ER	NOT COVERED	METOPROL SUC TAB 25MG ER, CARVEDILOL TAB 3.125MG, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 25MG
CARVEDILOL CAP 20MG ER	NOT COVERED	METOPROL SUC TAB 50MG ER, CARVEDILOL TAB 6.25MG, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 50MG
CARVEDILOL CAP 40MG ER	NOT COVERED	METOPROL SUC TAB 100MG ER, CARVEDILOL TAB 12.5MG, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 50MG
CARVEDILOL CAP 80MG ER	NOT COVERED	METOPROL SUC TAB 200MG ER, CARVEDILOL TAB 25MG, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 100MG
CELONTIN CAP 300MG	NONPREFERRED BRAND	ETHOSUXIMIDE CAP 250MG
CEQUA SOL 0.09%	NOT COVERED	XIIDRA DRO 5%, CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP
CHENODAL TAB 250MG	NONPREFERRED SPECIALTY	URSODIOL TAB 250MG
CHLORZOXAZON TAB 250MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, ORPH/ASA/CAF TAB
CHLORZOXAZON TAB 375MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 750MG, ORPH/ASA/CAF TAB
CHLORZOXAZON TAB 750MG	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, ORPH/ASA/CAF TAB
CHOR GONADOT INJ 10000UNT	NOT COVERED	PREGNYL INJ 10000UNT, GONAL-F INJ 1050UNIT, OVIDREL INJ
CIPRO (10%) SUS 500MG/5	NONPREFERRED BRAND	CIPROFLOXACN TAB 500MG
CIPRO (5%) SUS 250MG/5	NONPREFERRED BRAND	CIPROFLOXACN TAB 250MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CIPRO HC SUS OTIC	NONPREFERRED BRAND	CIPRO/DEXA SUS 0.3-0.1%, CIPROFLOXACN SOL 0.2%, OFLOXACIN DRO 0.3%OTIC
CITALOPRAM CAP 30MG	NOT COVERED	CITALOPRAM TAB 10MG, FLUOXETINE CAP 10MG, ESCITALOPRAM TAB 5MG, PAROXETINE TAB 10MG
CLEMASTINE SYP 0.5/5ML	NOT COVERED	CLEMASTINE TAB 2.68MG, PROMETHAZINE SYP 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, AZELASTINE SPR 0.1%
CLENPIQ SOL	NONPREFERRED BRAND	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NAACL/POT
CLEOCIN SUP 100MG	NONPREFERRED BRAND	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
CLIMARA PRO DIS WEEKLY	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5, PREMPRO TAB 0.3-1.5
CLINDAM/BENZ GEL 1.2-2.5%	NOT COVERED	CLINDAMY/BEN GEL 1-5%, ERY/BENZOYL GEL 3-5%, CLINDAMYCIN GEL 1%
CLINDAMY/BEN GEL 1.2-5%	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAMY/BEN GEL 1-5%, CLINDAMYCIN GEL 1%
CLINDAMYCIN AER 1%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%
CLINDAMYCIN GEL 1%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%
CLINDAMYCIN GEL TRETINOI	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAMY/BEN GEL 1-5%, CLINDAMYCIN GEL 1%
CLINDAMYCIN LOT 1%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%
CLINDAMYCIN SOL 1%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%
CLINDESSE CRE 2%	NONPREFERRED BRAND	CLINDAMYCIN CRE 2% VAG, METRONIDAZOL GEL 0.75%VAG
CLOBETASOL AER 0.05%	NOT COVERED	CLOBETASOL GEL 0.05%, BETA DIPROP GEL 0.05%, FLUOCINONIDE GEL 0.05%, TRIAMCINOLON CRE 0.5%
CLOBETASOL LOT 0.05%	NOT COVERED	CLOBETASOL GEL 0.05%, BETA DIPROP LOT 0.05%, FLUOCINONIDE GEL 0.05%, TRIAMCINOLON CRE 0.5%
CLOBETASOL SPR 0.05%	NOT COVERED	CLOBETASOL SOL 0.05%, FLUOCINONIDE SOL 0.05%, BETA DIPROP GEL 0.05%, TRIAMCINOLON CRE 0.5%
CLOCORTOLONE CRE 0.1%	NOT COVERED	TRIAMCINOLON CRE 0.1%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.025%, FLUTICASONE CRE 0.05%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
CLONIDINE ER TAB 0.17MG	NOT COVERED	CLONIDINE TAB 0.1MG
COLCHICINE CAP 0.6MG	NOT COVERED	COLCHICINE TAB 0.6MG
COMBIPATCH DIS	NONPREFERRED BRAND	AMABELZ TAB 0.5-0.1, FYAVOLV TAB 0.5-2.5, PREMPRO TAB 0.3-1.5
CONSENSI TAB 10-200MG	NOT COVERED	AMLODIPINE TAB 10MG, CELECOXIB CAP 200MG
CONSENSI TAB 2.5-200	NOT COVERED	AMLODIPINE TAB 2.5MG, CELECOXIB CAP 200MG
CONSENSI TAB 5-200MG	NOT COVERED	AMLODIPINE TAB 5MG, CELECOXIB CAP 200MG
CORDRAN 80X3 TAP 4MCG/CM	NOT COVERED	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.1%
CORDRAN CRE 0.025%	NOT COVERED	TRIAMCINOLON CRE 0.025%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.01%, FLUTICASONE CRE 0.05%
CORDRAN CRE 0.05%	NOT COVERED	TRIAMCINOLON CRE 0.1%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.025%, FLUTICASONE CRE 0.05%
CORDRAN OIN 0.05%	NOT COVERED	TRIAMCINOLON OIN 0.05%, FLUOCIN ACET OIN 0.025%, ALCLOMETASON OIN 0.05%, DESONIDE OIN 0.05%
CORTIFOAM AER 90MG	NONPREFERRED BRAND	BUDESONIDE TAB ER 9MG, BALSALAZIDE CAP 750MG, MESALAMINE CAP 500MG ER, PENTASA CAP 250MG CR
CORTISPORIN SUS -TC OTIC	NONPREFERRED BRAND	NEO/POLY/HC SUS 1% OTIC
CORTROPHIN GEL 80UNIT	NOT COVERED	METHYLPRED TAB 4MG, PREDNISOLONE SOL 15MG/5ML, PREDNISON TAB 1MG
COSENTYX INJ 150MG/ML	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, HUMIRA PEN INJ 40/0.4ML
COSENTYX INJ 300DOSE	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, HUMIRA PEN KIT PS/UV
COSENTYX INJ 75MG/0.5	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, HUMIRA PEN INJ 40MG/0.8
COSENTYX PEN INJ 150MG/ML	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, HUMIRA PEN INJ 40MG/0.8
COSENTYX PEN INJ 300DOSE	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, HUMIRA PEN KIT PS/UV

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
COTEMPLA TAB 17.3MG	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPHE CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, VYVANSE CHW 30MG
COTEMPLA TAB 25.9MG	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 40MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CHW 60MG
COTEMPLA TAB 8.6MG	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPHE CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, VYVANSE CHW 10MG
COVARYX HS TAB	NOT COVERED	EST ESTROGEN TAB MTEST HS, DOTTI DIS 0.025MG, ESTRADIOL DIS 0.025MG
COVARYX TAB 1.25-2.5	NOT COVERED	ESTROG/MTEST TAB 1.25-2.5, DOTTI DIS 0.1MG, ESTRADIOL DIS 0.1MG
CYCLOBENZAPR CAP 15MG ER	NOT COVERED	ORPHENADRINE TAB 100MG ER, EC-NAPROXEN TAB 375MG, CYCLOBENZAPR TAB 10MG, CHLORZOXAZON TAB 500MG
CYCLOBENZAPR CAP 30MG ER	NOT COVERED	ORPHENADRINE TAB 100MG ER, EC-NAPROXEN TAB 500MG, CYCLOBENZAPR TAB 10MG, CHLORZOXAZON TAB 500MG
CYCLOBENZAPR TAB 7.5MG	NOT COVERED	CYCLOBENZAPR TAB 5MG, CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 750MG
CYCLOPHOSPH TAB 25MG	NONPREFERRED BRAND	CYCLOPHOSPH CAP 25MG
CYCLOPHOSPH TAB 50MG	NONPREFERRED BRAND	CYCLOPHOSPH CAP 50MG
CYCLOSET TAB 0.8MG	NONPREFERRED BRAND	METFORMIN TAB 500MG, TRADJENTA TAB 5MG, JANUVIA TAB 25MG, FARXIGA TAB 5MG
CYSTADROPS SOL 0.37%	NONPREFERRED SPECIALTY	CYSTARAN SOL 0.44%
DAPSONE GEL 5%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%
DAPSONE GEL 7.5%	NOT COVERED	CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%
DARIFENACIN TAB 15MG	NOT COVERED	OXYBUTYNIN TAB 15MG ER, FESOTERODINE TAB 8MG ER, TOLTERODINE CAP 4MG ER, TROSPIUM CHL CAP 60MG ER
DARIFENACIN TAB 7.5MG	NOT COVERED	OXYBUTYNIN TAB 5MG ER, FESOTERODINE TAB 4MG ER, TOLTERODINE CAP 2MG ER, TROSPIUM CHL CAP 60MG ER
DARTISLA ODT TAB 1.7MG	NOT COVERED	GLYCOPYRROL TAB 1MG, CIMETIDINE SOL 300/5ML, FAMOTIDINE SUS 40MG/5ML, NIZATIDINE CAP 150MG
DAYVIGO TAB 10MG	NOT COVERED	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DAYVIGO TAB 5MG	NOT COVERED	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
DDAVP SOL 0.01%	NOT COVERED	DESMOPRESSIN SPR 0.01%
DECADRON TAB 0.5MG	NOT COVERED	DEXAMETHASON TAB 0.5MG
DECADRON TAB 0.75MG	NOT COVERED	DEXAMETHASON TAB 0.75MG
DECADRON TAB 4MG	NOT COVERED	DEXAMETHASON TAB 4MG
DECADRON TAB 6MG	NOT COVERED	DEXAMETHASON TAB 6MG
DEFERASIROX GRA 180MG	NOT COVERED	DEFERASIROX TAB 250MG, DEFERIPRONE TAB 1000MG
DEFERASIROX GRA 360MG	NOT COVERED	DEFERASIROX TAB 500MG, DEFERIPRONE TAB 1000MG
DEFERASIROX GRA 90MG	NOT COVERED	DEFERASIROX TAB 125MG, DEFERIPRONE TAB 500MG
DEFERASIROX TAB 180MG	NOT COVERED	DEFERIPRONE TAB 1000MG, DEFERASIROX TAB 250MG
DEFERASIROX TAB 360MG	NOT COVERED	DEFERIPRONE TAB 1000MG, DEFERASIROX TAB 500MG
DEFERASIROX TAB 90MG	NOT COVERED	DEFERIPRONE TAB 500MG, DEFERASIROX TAB 125MG
DELESTROGEN INJ 10MG/ML	NONPREFERRED BRAND	ESTRAD VAL INJ 20MG/ML
DEMSEER CAP 250MG	NONPREFERRED BRAND	METYROSINE CAP 250MG
DEPO-ESTRADI INJ 5MG/ML	NONPREFERRED BRAND	ESTRAD VAL INJ 20MG/ML
DESONIDE GEL 0.05%	NOT COVERED	DESONIDE LOT 0.05%, BETAMETH DIP LOT 0.05%, FLUTICASONE LOT 0.05%, HYDROCORT LOT 2.5%
DESOXIMETAS CRE 0.05%	NOT COVERED	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.05%
DESOXIMETAS CRE 0.25%	NOT COVERED	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.05%
DESOXIMETAS GEL 0.05%	NOT COVERED	BETA DIPROP GEL 0.05%, CLOBETASOL GEL 0.05%, FLUOCINONIDE GEL 0.05%, TRIAMCINOLON CRE 0.5%
DESOXIMETAS OIN 0.05%	NOT COVERED	TRIAMCINOLON OIN 0.5%, BETAMETH DIP OIN 0.05%, CLOBETASOL OIN 0.05%, FLUTICASONE OIN 0.005%
DESOXIMETAS OIN 0.25%	NOT COVERED	TRIAMCINOLON OIN 0.5%, BETAMETH DIP OIN 0.05%, CLOBETASOL OIN 0.05%, FLUTICASONE OIN 0.005%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DESOXIMETASO SPR 0.25%	NOT COVERED	CLOBETASOL SOL 0.05%, FLUOCINONIDE SOL 0.05%, BETA DIPROP GEL 0.05%, TRIAMCINOLON CRE 0.5%
DESVENLAFAX TAB 100MG ER	NOT COVERED	DESVENLAFAX TAB 100MG ER, FLUOXETINE CAP 90MG DR, PAROXETIN ER TAB 37.5MG, VENLAFAXINE CAP 150MG ER
DESVENLAFAX TAB 50MG ER	NOT COVERED	DESVENLAFAX TAB 50MG ER, FLUOXETINE CAP 90MG DR, PAROXETIN ER TAB 12.5MG, VENLAFAXINE CAP 37.5 ER
DEXCHLORPHEN SOL 2MG/5ML	NOT COVERED	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%
DEXLANSOPRAZ CAP 30MG DR	NOT COVERED	LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG
DEXLANSOPRAZ CAP 60MG DR	NOT COVERED	LANSOPRAZOLE CAP 30MG DR, OMEPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG
DHIVY TAB 25-100MG	NOT COVERED	CARB/LEVO TAB 25-100MG, CARB/LEVO100 TAB /ENTACAP
DICLOFENAC CAP 25MG	NOT COVERED	DICLOFENAC TAB 25MG DR, IBU TAB 400MG, NAPROXEN TAB 250MG, MEFENAM ACID CAP 250MG
DICLOFENAC DIS 1.3%	NOT COVERED	MELOXICAM TAB 7.5MG, ETODOLAC CAP 200MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG
DICLOFENAC POW 50MG	NOT COVERED	DICLOFENAC TAB 25MG DR, IBUPROFEN SUS 100/5ML, NAPROXEN TAB 250MG, FLURBIPROFEN TAB 50MG
DICLOFENAC SOL 1.5%	NOT COVERED	DICLOFENAC GEL 1%, MELOXICAM TAB 7.5MG, ETODOLAC CAP 200MG, NABUMETONE TAB 500MG
DICLOFENAC SOL 2%	NOT COVERED	DICLOFENAC GEL 1%, MELOXICAM TAB 15MG, ETODOLAC CAP 300MG, NABUMETONE TAB 750MG
DICLOFENAC TAB 25MG	NOT COVERED	DICLOFENAC TAB 25MG DR, IBU TAB 400MG, NAPROXEN TAB 250MG, FLURBIPROFEN TAB 50MG
DIFFERIN LOT 0.1%	NOT COVERED	ADAPALENE GEL 0.1%, TRETINOIN GEL 0.01%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
DIFICID SUS	NONPREFERRED BRAND	VANCOMYCIN SOL 250/5ML
DIFICID TAB 200MG	NONPREFERRED BRAND	VANCOMYCIN CAP 125MG
DIFLORASONE CRE 0.05%	NOT COVERED	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.05%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DIFLORASONE OIN 0.05%	NOT COVERED	TRIAMCINOLON OIN 0.5%, BETAMETH DIP OIN 0.05%, CLOBETASOL OIN 0.05%, FLUTICASONE OIN 0.005%
DIGOXIN TAB 0.0625MG	NOT COVERED	DIGOXIN TAB 0.125MG
DIHYDROERGOT SPR 4MG/ML	NOT COVERED	SUMATRIPTAN SPR 20MG/ACT, ZOLMITRIPTAN SPR 5MG, ERGOT/CAFFEN TAB 1-100MG, NARATRIPTAN TAB 2.5MG
DIPENTUM CAP 250MG	NONPREFERRED BRAND	SULFASALAZIN TAB 500MG, BALSALAZIDE CAP 750MG, MESALAMINE CAP 400MG DR
DIURIL SUS 250/5ML	NONPREFERRED BRAND	HYDROCHLOROT TAB 12.5MG
DONEPEZIL TAB 23MG	NOT COVERED	DONEPEZIL TAB 10MG, GALANTAMINE TAB 12MG, RIVASTIGMINE CAP 6MG
DORYX MPC TAB 120MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG
DORYX MPC TAB 60MG	NOT COVERED	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 50MG
DORYX TAB 80MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, DOXYCYC MONO TAB 75MG
DOXEPIN TAB 3MG	NOT COVERED	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
DOXEPIN TAB 6MG	NOT COVERED	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
DOXYCYC MONO CAP 150MG	NOT COVERED	DOXYCYC MONO CAP 100MG, DOXYCYCL HYC CAP 100MG
DOXYCYCL HYC TAB 100MG DR	NOT COVERED	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG
DOXYCYCL HYC TAB 150MG DR	NOT COVERED	DOXYCYCL HYC TAB 100MG, DOXYCYC MONO TAB 150MG
DOXYCYCL HYC TAB 200MG DR	NOT COVERED	DOXYCYCL HYC TAB 100MG, DOXYCYC MONO TAB 150MG
DOXYCYCL HYC TAB 50MG	NOT COVERED	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 50MG
DOXYCYCL HYC TAB 50MG DR	NOT COVERED	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 50MG
DOXYCYCL HYC TAB 75MG DR	NOT COVERED	DOXYCYCLINE TAB 20MG, DOXYCYC MONO TAB 75MG
DOXYCYCLINE CAP 40MG	NOT COVERED	AZELAIC ACID GEL 15%, METRONIDAZOL CRE 0.75%
DOXYCYCLINE TAB 150MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, DOXYCYC MONO TAB 150MG
DOXYCYCLINE TAB 75MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, DOXYCYC MONO TAB 75MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DRIZALMA CAP 20MG DR	NOT COVERED	DULOXETINE CAP 20MG, BUPROPN HCL TAB 150MG XL, MIRTAZAPINE TAB 15MG ODT, DESVENLAFAX TAB 25MG ER
DRIZALMA CAP 30MG DR	NOT COVERED	DULOXETINE CAP 30MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 30MG ODT, DESVENLAFAX TAB 50MG ER
DRIZALMA CAP 40MG DR	NOT COVERED	DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 30MG ODT, DESVENLAFAX TAB 50MG ER
DRIZALMA CAP 60MG DR	NOT COVERED	DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 45MG ODT, DESVENLAFAX TAB 100MG ER
DROXIDOPA CAP 100MG	NOT COVERED	MIDODRINE TAB 2.5MG, FLUDROCORT TAB 0.1MG
DROXIDOPA CAP 200MG	NOT COVERED	MIDODRINE TAB 5MG, FLUDROCORT TAB 0.1MG
DROXIDOPA CAP 300MG	NOT COVERED	MIDODRINE TAB 10MG, FLUDROCORT TAB 0.1MG
DUAKLIR AER 400/12	NOT COVERED	STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
DUAVEE TAB 0.45-20	NONPREFERRED BRAND	RALOXIFENE TAB 60MG, ALENDRONATE TAB 5MG, RISEDRONATE TAB 5MG
DULERA AER 100-5MCG	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
DULERA AER 200-5MCG	NOT COVERED	FLUTIC/SALME AER 500/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 200-25
DULERA AER 50-5MCG	NOT COVERED	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
DULOXETINE CAP 40MG	NOT COVERED	DULOXETINE CAP 60MG, BUPROPN HCL TAB 300MG XL, MIRTAZAPINE TAB 30MG, DESVENLAFAX TAB 50MG ER
DUOBRII LOT	NONPREFERRED BRAND	CALCIPOTRIEN OIN BETAMETH, TAZAROTENE GEL 0.05%
DUTOPROL TAB 100-12.5	NONPREFERRED BRAND	METOPRL/HCTZ TAB 100-50MG, ATENOL/CHLOR TAB 100-25MG, BISOPRL/HCTZ TAB 10/6.25, METOPROL SUC TAB 100MG ER
DUTOPROL TAB 25-12.5	NONPREFERRED BRAND	METOPRL/HCTZ TAB 50-25MG, ATENOL/CHLOR TAB 50-25MG, BISOPRL/HCTZ TAB 2.5/6.25, METOPROL SUC TAB 25MG ER
DUTOPROL TAB 50-12.5	NONPREFERRED BRAND	METOPRL/HCTZ TAB 100-25MG, ATENOL/CHLOR TAB 50-25MG, BISOPRL/HCTZ TAB 5-6.25MG, METOPROL SUC TAB 50MG ER
DXEVO 11-DAY PAK 1.5MG	NOT COVERED	DEXAMETHASON TAB 1.5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
DYANAVAL XR CHW 10MG	NOT COVERED	AMPHET/DEXTR CAP 20MG ER, METHYLPHENID TAB 27MG ER, DEXMETHYLPH CAP 15MG ER, VYVANSE CHW 30MG
DYANAVAL XR CHW 15MG	NOT COVERED	AMPHET/DEXTR CAP 30MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 30MG ER, VYVANSE CHW 40MG
DYANAVAL XR CHW 20MG	NOT COVERED	AMPHET/DEXTR CAP 30MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, VYVANSE CHW 60MG
DYANAVAL XR CHW 5MG	NOT COVERED	AMPHET/DEXTR CAP 5MG ER, METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 5MG ER, VYVANSE CHW 10MG
DYANAVAL XR SUS 2.5MG/ML	NOT COVERED	AMPHET/DEXTR CAP 30MG ER, METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, VYVANSE CHW 60MG
E.E.S. 400 TAB 400MG	NOT COVERED	ERYTHROM ETH TAB 400MG
ECOZA AER 1%	NOT COVERED	ECONAZOLE CRE 1%, KETOCONAZOLE AER 2%, CLOTRIMAZOLE CRE 1%, CICLOPIROX CRE 0.77%
EDARBI TAB 40MG	NONPREFERRED BRAND	IRBESARTAN TAB 75MG, LOSARTAN POT TAB 25MG, OLMESA MEDOX TAB 5MG, TELMISARTAN TAB 20MG
EDARBI TAB 80MG	NONPREFERRED BRAND	IRBESARTAN TAB 300MG, LOSARTAN POT TAB 100MG, OLMESA MEDOX TAB 40MG, TELMISARTAN TAB 80MG
EDARBYCLOR TAB 40-12.5	NONPREFERRED BRAND	IRBESAR/HCTZ TAB 150-12.5, LOSARTAN/HCT TAB 50-12.5, OLM MED/HCTZ TAB 20-12.5, TELMISA/HCTZ TAB 40-12.5
EDARBYCLOR TAB 40-25MG	NONPREFERRED BRAND	IRBESAR/HCTZ TAB 300-12.5, LOSARTAN/HCT TAB 100-25, OLM MED/HCTZ TAB 40-25MG, TELMISA/HCTZ TAB 80-25MG
EDLUAR SUB 10MG	NOT COVERED	ZOLPIDEM TAB 10MG, ESZOPICLONE TAB 3MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
EDLUAR SUB 5MG	NOT COVERED	ZOLPIDEM TAB 5MG, ESZOPICLONE TAB 2MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
ELEPSIA XR TAB 1000MG	NOT COVERED	LEVETIRACETA TAB 750MG ER
ELEPSIA XR TAB 1500MG	NOT COVERED	LEVETIRACETA TAB 750MG ER
ELESTRIN GEL 0.06%	NONPREFERRED BRAND	ESTRADIOL GEL 0.25MG, DOTI DIS 0.025MG, ESTROGEL GEL
ELYXYB SOL 120/4.8	NOT COVERED	IBUPROFEN SUS 100/5ML, NAPROXEN TAB 250MG, DICLOFEN POT TAB 50MG, KETOPROFEN CAP 50MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
EMGALITY INJ 120MG/ML	NONPREFERRED BRAND	AIMOVIJ INJ 140MG/ML, AJOVY INJ 225/1.5, PROPRANOLOL TAB 80MG, VENLAFAXINE TAB 100MG
EMSAM DIS 12MG/24H	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
EMSAM DIS 6MG/24HR	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG
EMSAM DIS 9MG/24HR	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG
ENALAPRIL SOL 1MG/ML	NOT COVERED	ENALAPRIL TAB 2.5MG, BENAZEPRIL TAB 5MG, CAPTOPRIL TAB 12.5MG, FOSINOPRIL TAB 10MG
ENDARI POW 5GM	NONPREFERRED BRAND	DROXIA CAP 200MG
ENSTILAR AER	NOT COVERED	CALCIPOTRIEN OIN BETAMETH, TAZAROTENE CRE 0.1%
ENTADFI CAP 5-5MG	NOT COVERED	DUTAST/TAMSU CAP 0.5-0.4, SILODOSIN CAP 4MG, TAMSULOSIN CAP 0.4MG, DUTASTERIDE CAP 0.5MG
ENVARUSUS XR TAB 0.75MG	NONPREFERRED SPECIALTY	TACROLIMUS CAP 0.5MG
ENVARUSUS XR TAB 1MG	NONPREFERRED SPECIALTY	TACROLIMUS CAP 1MG
ENVARUSUS XR TAB 4MG	NONPREFERRED SPECIALTY	TACROLIMUS CAP 5MG
EPOGEN INJ 10000/ML	NOT COVERED	PROCRIT INJ 10000/ML, RETACRIT INJ 10000UNT
EPOGEN INJ 2000/ML	NOT COVERED	PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT
EPOGEN INJ 20000/ML	NOT COVERED	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
EPOGEN INJ 3000/ML	NOT COVERED	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT
EPOGEN INJ 4000/ML	NOT COVERED	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
EPRONTIA SOL 25MG/ML	NONPREFERRED BRAND	TOPIRAMATE CAP 25MG
EPSOLAY CRE 5%	NOT COVERED	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%
EQUETRO CAP 100MG	NONPREFERRED BRAND	CARBAMAZEPIN CAP 100MG ER
EQUETRO CAP 200MG	NONPREFERRED BRAND	CARBAMAZEPIN CAP 200MG ER
EQUETRO CAP 300MG	NONPREFERRED BRAND	CARBAMAZEPIN CAP 300MG ER
ERGOMAR SUB 2MG	NOT COVERED	ERGOT/CAFFEN TAB 1-100MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, SUMATRIPTAN TAB 25MG
ERMEZA SOL 150/5ML	NOT COVERED	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ERTACZO CRE 2%	NOT COVERED	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%
ERY PAD 2%	NOT COVERED	ERYTHROMYCIN SOL 2%, SULFACETAMID LOT 10%, CLINDAMYCIN GEL 1%, SOD SUL/SULF CRE 10-5%
ERYTHROMYCIN GEL 2%	NOT COVERED	ERYTHROMYCIN SOL 2%, CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%, SOD SUL/SULF CRE 10-5%
ESOMEPRA MAG CAP 20MG DR	NOT COVERED	LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG
ESOMEPRA MAG CAP 40MG DR	NOT COVERED	LANSOPRAZOLE CAP 30MG DR, OMEPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG
ESOMEPRAZOLE CAP 49.3MG	NOT COVERED	LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG
ESOMEPRAZOLE GRA 10MG DR	NOT COVERED	LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 20MG
ESOMEPRAZOLE GRA 20MG DR	NOT COVERED	LANSOPRAZOLE CAP 30MG DR, OMEPRAZOLE CAP 20MG, PANTOPRAZOLE TAB 40MG
ESOMEPRAZOLE GRA 40MG DR	NOT COVERED	LANSOPRAZOLE CAP 30MG DR, OMEPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG
EVAMIST SPR 1.53MG	NONPREFERRED BRAND	DOTTI DIS 0.025MG, ESTRADIOL DIS 0.025MG, ESTROGEL GEL
EVEKEO ODT TAB 10MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 10MG, METHYLPHENID CHW 5MG, DEXMETHYLPH TAB 5MG
EVEKEO ODT TAB 15MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 15MG, METHYLPHENID CHW 5MG, DEXMETHYLPH TAB 5MG
EVEKEO ODT TAB 20MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 30MG, METHYLPHENID CHW 10MG, DEXMETHYLPH TAB 10MG
EVEKEO ODT TAB 5MG	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, METHYLPHENID CHW 2.5MG, DEXMETHYLPH TAB 2.5MG
EXELDERM CRE 1%	NONPREFERRED BRAND	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%
EXELDERM SOL 1%	NONPREFERRED BRAND	CLOTRIMAZOLE SOL 1%, KETOCONAZOLE CRE 2%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%
EXSERVAN MIS 50MG	NONPREFERRED SPECIALTY	RILUZOLE TAB 50MG
EXTAVIA INJ 0.3MG	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
EYSUVIS DRO 0.25%	NOT COVERED	LOTEPREDNOL SUS 0.5%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
EZALLOR SPR CAP 10MG	NOT COVERED	ROSUVASTATIN TAB 10MG, ATORVASTATIN TAB 20MG
EZALLOR SPR CAP 20MG	NOT COVERED	ROSUVASTATIN TAB 20MG, ATORVASTATIN TAB 40MG
EZALLOR SPR CAP 40MG	NOT COVERED	ROSUVASTATIN TAB 40MG, ATORVASTATIN TAB 80MG
EZALLOR SPR CAP 5MG	NOT COVERED	ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 20MG
FABIOR AER 0.1%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
FANAPT PAK	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, OLANZAPINE TAB 2.5MG, QUETIAPINE TAB 25MG, ZIPRASIDONE CAP 20MG
FANAPT TAB 10MG	NONPREFERRED BRAND	RISPERIDONE TAB 3MG, OLANZAPINE TAB 15MG, QUETIAPINE TAB 300MG, ZIPRASIDONE CAP 60MG
FANAPT TAB 12MG	NONPREFERRED BRAND	RISPERIDONE TAB 4MG, OLANZAPINE TAB 20MG, QUETIAPINE TAB 400MG, ZIPRASIDONE CAP 80MG
FANAPT TAB 1MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.25MG, OLANZAPINE TAB 2.5MG, QUETIAPINE TAB 25MG, ZIPRASIDONE CAP 20MG
FANAPT TAB 2MG	NONPREFERRED BRAND	RISPERIDONE TAB 0.5MG, OLANZAPINE TAB 5MG, QUETIAPINE TAB 50MG, ZIPRASIDONE CAP 40MG
FANAPT TAB 4MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, OLANZAPINE TAB 7.5MG, QUETIAPINE TAB 100MG, ZIPRASIDONE CAP 40MG
FANAPT TAB 6MG	NONPREFERRED BRAND	RISPERIDONE TAB 1MG, OLANZAPINE TAB 7.5MG, QUETIAPINE TAB 150MG, ZIPRASIDONE CAP 40MG
FANAPT TAB 8MG	NONPREFERRED BRAND	RISPERIDONE TAB 2MG, OLANZAPINE TAB 10MG, QUETIAPINE TAB 200MG, ZIPRASIDONE CAP 60MG
FEMRING MIS 0.05/24H	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 2MG, PREMARIN VAG CRE 0.625MG, DOTTI DIS 0.025MG
FEMRING MIS 0.1MG/24	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 2MG, PREMARIN VAG CRE 0.625MG, DOTTI DIS 0.1MG
FENOFIBRATE CAP 150MG	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
FENOFIBRATE CAP 50MG	NOT COVERED	FENOFIBRATE TAB 48MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FENOFIBRATE TAB 120MG	NOT COVERED	FENOFIBRATE TAB 54MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
FENOFIBRATE TAB 40MG	NOT COVERED	FENOFIBRATE TAB 48MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FENOFIBRIC TAB 105MG	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
FENOFIBRIC TAB 35MG	NOT COVERED	FENOFIBRATE TAB 48MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FENOPROFEN CAP 200MG	NOT COVERED	IBU TAB 400MG, NAPROXEN TAB 250MG, DICLOFENAC TAB 25MG DR, MEFENAM ACID CAP 250MG
FENOPROFEN CAP 400MG	NOT COVERED	IBU TAB 800MG, NAPROXEN TAB 500MG, DICLOFENAC TAB 75MG DR, MEFENAM ACID CAP 250MG
FENTANYL CIT TAB 100MCG	NOT COVERED	FENTANYL OT LOZ 200MCG
FENTANYL CIT TAB 200MCG	NOT COVERED	FENTANYL OT LOZ 400MCG
FENTANYL CIT TAB 400MCG	NOT COVERED	FENTANYL OT LOZ 600MCG
FENTANYL CIT TAB 600MCG	NOT COVERED	FENTANYL OT LOZ 1200MCG
FENTANYL CIT TAB 800MCG	NOT COVERED	FENTANYL OT LOZ 1600MCG
FENTANYL DIS 37.5MCG	NOT COVERED	FENTANYL DIS 25MCG/HR, XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, HYDROCODONE CAP 15MG ER
FENTANYL DIS 62.5MCG	NOT COVERED	FENTANYL DIS 50MCG/HR, XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, HYDROCODONE CAP 30MG ER
FENTANYL DIS 87.5MCG	NOT COVERED	FENTANYL DIS 75MCG/HR, XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, HYDROCODONE CAP 40MG ER
FERPRX 2-DAY TAB 1000MG	NONPREFERRED SPECIALTY	DEFERIPRONE TAB 1000MG, DEFERASIROX TAB 500MG
FERRIPROX SOL 100MG/ML	NONPREFERRED SPECIALTY	DEFERIPRONE TAB 500MG, DEFERASIROX TAB 125MG
FETZIMA CAP 120MG	NOT COVERED	DESVENLAFAX TAB 100MG ER, FLUOXETINE CAP 90MG DR, PAROXETIN ER TAB 37.5MG, VENLAFAXINE CAP 150MG ER
FETZIMA CAP 20MG	NOT COVERED	DESVENLAFAX TAB 25MG ER, FLUOXETINE CAP 90MG DR, PAROXETIN ER TAB 12.5MG, VENLAFAXINE CAP 37.5 ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FETZIMA CAP 40MG	NOT COVERED	DESVENLAFAX TAB 50MG ER, FLUOXETINE CAP 90MG DR, PAROXETINE TAB 25MG ER, VENLAFAXINE CAP 75MG ER
FETZIMA CAP 80MG	NOT COVERED	DESVENLAFAX TAB 50MG ER, FLUOXETINE CAP 90MG DR, PAROXETINE TAB 25MG ER, VENLAFAXINE CAP 75MG ER
FETZIMA CAP TITRATIO	NOT COVERED	DESVENLAFAX TAB 25MG ER, FLUOXETINE CAP 90MG DR, PAROXETIN ER TAB 12.5MG, VENLAFAXINE CAP 37.5 ER
FIBRICOR TAB 105MG	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
FIBRICOR TAB 35MG	NOT COVERED	FENOFIBRATE TAB 48MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
FINACEA AER 15%	NOT COVERED	AZELAIC ACID GEL 15%, METRONIDAZOL CRE 0.75%
FIRVANQ SOL 25MG/ML	NONPREFERRED BRAND	VANCOMYCIN SOL 250/5ML
FIRVANQ SOL 50MG/ML	NONPREFERRED BRAND	VANCOMYCIN SOL 250/5ML
FLAREX SUS 0.1% OP	NOT COVERED	FLUOROMETHOL SUS 0.1% OP, LOTEPREDNOL SUS 0.5%
FLEQSUVY SUS 25MG/5ML	NOT COVERED	BACLOFEN TAB 20MG, DANTROLENE CAP 100MG
FLOLIPID SUS 20MG/5ML	NOT COVERED	SIMVASTATIN TAB 20MG, LOVASTATIN TAB 10MG, PRAVASTATIN TAB 10MG, FLUVASTATIN CAP 20MG
FLOLIPID SUS 40MG/5ML	NOT COVERED	SIMVASTATIN TAB 40MG, LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, FLUVASTATIN CAP 40MG
FLUOROPLEX CRE 1%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
FLURANDRENOL CRE 0.05%	NOT COVERED	TRIAMCINOLON CRE 0.1%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.025%, FLUTICASONE CRE 0.05%
FLURANDRENOL LOT 0.05%	NOT COVERED	BETAMETH DIP LOT 0.05%, DESONIDE LOT 0.05%, FLUTICASONE LOT 0.05%, HYDROCORT LOT 2.5%
FLURANDRENOL OIN 0.05%	NOT COVERED	TRIAMCINOLON OIN 0.05%, FLUOCIN ACET OIN 0.025%, ALCLOMETASON OIN 0.05%, DESONIDE OIN 0.05%
FLUTIC/SALME INH 113/14	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25
FLUTIC/SALME INH 232/14	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 200-25
FLUTIC/SALME INH 55/14	NONPREFERRED BRAND	FLUTIC/SALME AER 100/50, SYMBICORT AER 80-4.5, BREO ELLIPTA INH 100-25

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FLUTIC/VILAN INH 100-25	NOT COVERED	FLUTIC/SALME AER 100/50, BREO ELLIPTA INH 100-25, SYMBICORT AER 80-4.5
FLUTIC/VILAN INH 200-25	NOT COVERED	FLUTIC/SALME AER 500/50, BREO ELLIPTA INH 200-25, SYMBICORT AER 160-4.5
FLUTICAS HFA AER 110MCG	NOT COVERED	FLOVENT HFA AER 110MCG, ARNUITY ELPT INH 100MCG, PULMICORT INH 90MCG
FLUTICAS HFA AER 220MCG	NOT COVERED	FLOVENT HFA AER 220MCG, ARNUITY ELPT INH 200MCG, PULMICORT INH 180MCG
FLUTICAS HFA AER 44MCG	NOT COVERED	FLOVENT HFA AER 44MCG, ARNUITY ELPT INH 50MCG, PULMICORT INH 90MCG
FOLLISTIM AQ INJ 300UNIT	NONPREFERRED SPECIALTY	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 450UNIT, OVIDREL INJ
FOLLISTIM AQ INJ 600UNIT	NONPREFERRED SPECIALTY	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 450UNIT, OVIDREL INJ
FOLLISTIM AQ INJ 900UNIT	NONPREFERRED SPECIALTY	GONAL-F RFF INJ 75UNIT, GONAL-F INJ 1050UNIT, OVIDREL INJ
FOSAMAX + D TAB 70-2800	NOT COVERED	ALENDRONATE TAB 70MG, RISEDRONATE TAB 5MG, IBANDRONATE TAB 150MG
FOSAMAX + D TAB 70-5600	NOT COVERED	ALENDRONATE TAB 70MG, RISEDRONATE TAB 150MG, IBANDRONATE TAB 150MG
FOSRENOL POW 1000MG	NOT COVERED	LANTHANUM CHW 1000MG, SEVELAMER POW 2.4GM
FOSRENOL POW 750MG	NOT COVERED	LANTHANUM CHW 750MG, SEVELAMER POW 0.8GM
FRAGMIN INJ 10000/ML	NONPREFERRED BRAND	FONDAPARINUX INJ 5/0.4ML, ENOXAPARIN INJ 300/3ML
FRAGMIN INJ 12500UNT	NONPREFERRED BRAND	FONDAPARINUX INJ 7.5/0.6, ENOXAPARIN INJ 300/3ML
FRAGMIN INJ 15000UNT	NONPREFERRED BRAND	FONDAPARINUX INJ 7.5/0.6, ENOXAPARIN INJ 300/3ML
FRAGMIN INJ 18000UNT	NONPREFERRED BRAND	FONDAPARINUX INJ 10/0.8ML, ENOXAPARIN INJ 300/3ML
FRAGMIN INJ 2500/0.2	NONPREFERRED BRAND	FONDAPARINUX INJ 2.5/0.5, ENOXAPARIN INJ 300/3ML
FRAGMIN INJ 2500/ML	NONPREFERRED BRAND	ENOXAPARIN INJ 300/3ML, FONDAPARINUX INJ 2.5/0.5
FRAGMIN INJ 5000/0.2	NONPREFERRED BRAND	FONDAPARINUX INJ 5/0.4ML, ENOXAPARIN INJ 300/3ML
FRAGMIN INJ 7500/0.3	NONPREFERRED BRAND	FONDAPARINUX INJ 5/0.4ML, ENOXAPARIN INJ 300/3ML
FRAGMIN INJ 95000UNT	NONPREFERRED BRAND	FONDAPARINUX INJ 2.5/0.5, ENOXAPARIN INJ 300/3ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
FULPHILA INJ 6/0.6ML	NONPREFERRED SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
FUROSCIX	NONPREFERRED BRAND	FUROSEMIDE TAB, FUROSEMIDE ORAL SOLUTION
FYLNETRA INJ 6MG/0.6	NOT COVERED	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
GELNIQUE GEL 10%	NOT COVERED	OXYBUTYNIN TAB 5MG, SOLIFENACIN TAB 5MG, FESOTERODINE TAB 4MG ER, TOLTERODINE TAB 1MG
GEMTESA TAB 75MG	NOT COVERED	OXYBUTYNIN TAB 5MG, SOLIFENACIN TAB 5MG, TOLTERODINE TAB 1MG, TROSPIUM CL TAB 20MG
GIMOTI SPR 15MG	NOT COVERED	METOCLOPRAM SOL 5MG/5ML
GLOPERBA SOL 0.6/5ML	NOT COVERED	COLCHICINE TAB 0.6MG
GLUCAGEN INJ HYPOKIT	NOT COVERED	GLUCAGON KIT 1MG, GVOKE KIT SOL 1MG/0.2M, ZEGALOGUE INJ 0.6/0.6
GLUCAGON EMR SOL 1MG	NOT COVERED	GLUCAGON KIT 1MG, GVOKE KIT SOL 1MG/0.2M, ZEGALOGUE INJ 0.6/0.6
GLYCATE TAB 1.5MG	NOT COVERED	GLYCOPYRROL TAB 1MG, PANTOPRAZOLE TAB 20MG, RABEPRAZOLE TAB 20MG, LANSOPRAZOLE CAP 15MG DR
GOCOVRI CAP 137MG	NOT COVERED	AMANTADINE CAP 100MG
GOCOVRI CAP 68.5MG	NOT COVERED	AMANTADINE CAP 100MG
GOJJI BLOOD TES GLUCOSE	NONPREFERRED BRAND	ACCU-CHEK TES AVIVA PL, ACCUTREND TES GLUCOSE, ADVANCE TES INTUITIO, ADVOCATE TES REDICODE
GOJJI STRIPS MIS W/LANCET	NONPREFERRED BRAND	ACCU-CHEK TES AVIVA PL, ACCUTREND TES GLUCOSE, ADVANCE TES INTUITIO, ADVOCATE TES REDICODE
GONITRO POW 400MCG	NOT COVERED	NITROGLYCERN SUB 0.4MG
GRALISE TAB 300MG	NOT COVERED	GABAPENTIN TAB 600MG, PREGABALIN CAP 25MG
GRALISE TAB 600MG	NOT COVERED	GABAPENTIN TAB 600MG, PREGABALIN CAP 300MG
GRANIX INJ 300/0.5	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
GRANIX INJ 300/1ML	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
GRANIX INJ 480/0.8	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
GRANIX INJ 480/1.6	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
GRASTEK SUB 2800BAU	NOT COVERED	MONTELUKAST TAB 10MG, AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%
GYNAZOLE-1 CRE 2%	NONPREFERRED BRAND	MICONAZOLE 3 SUP 200MG, TERCONAZOLE CRE 0.4%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
HALCINONIDE CRE 0.1%	NOT COVERED	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.05%
HALOG OIN 0.1%	NOT COVERED	TRIAMCINOLON OIN 0.5%, BETAMETH DIP OIN 0.05%, CLOBETASOL OIN 0.05%, FLUTICASONE OIN 0.005%
HALOG SOL 0.1%	NOT COVERED	CLOBETASOL SOL 0.05%, FLUOCINONIDE SOL 0.05%, BETA DIPROP GEL 0.05%, TRIAMCINOLON CRE 0.5%
HARVONI PAK	NONPREFERRED SPECIALTY	EPCLUSA PAK 150-37.5, ZEPATIER TAB 50-100MG, SOFOS/VELPAT TAB 400-100
HARVONI PAK 45-200MG	NONPREFERRED SPECIALTY	EPCLUSA PAK 200-50MG, ZEPATIER TAB 50-100MG, SOFOS/VELPAT TAB 400-100
HARVONI TAB 45-200MG	NOT COVERED	ZEPATIER TAB 50-100MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
HARVONI TAB 90-400MG	NOT COVERED	ZEPATIER TAB 50-100MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
HC/ACET ACID SOL OTIC	NOT COVERED	ACETIC ACID SOL 2% OTIC
HELIDAC MIS THERAPY	NOT COVERED	LANSOPR/AMOX MIS /CLARITH, AMOXICILLIN CAP 250MG, CLARITHROMYC TAB 250MG
HEMADY TAB 20MG	NOT COVERED	DEXAMETHASON TAB 6MG
HEMANGEOL SOL 4.28/ML	NOT COVERED	PROPRANOLOL SOL 40MG/5ML
HEMMOREX-HC SUP 30MG	NONPREFERRED BRAND	HYDROCORT AC SUP 30MG, ANUCORT-HC SUP 25MG, HEMMOREX-HC SUP 25MG, HYDROCORTISO CRE 2.5%
HIDEX 6-DAY PAK 1.5MG	NOT COVERED	DEXAMETHASON TAB 1.5MG
HORIZANT TAB 300MG ER	NOT COVERED	GABAPENTIN TAB 600MG, PREGABALIN CAP 25MG, PRAMIPEXOLE TAB 0.125MG
HORIZANT TAB 600MG ER	NOT COVERED	GABAPENTIN TAB 600MG, PREGABALIN CAP 300MG, PRAMIPEXOLE TAB 1.5MG
HUMALOG INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG JR INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG KWIK INJ 200/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX INJ 50/50	NOT COVERED	NOVOLIN N INJ U-100, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX INJ 50/50KWP	NOT COVERED	NOVOLIN N INJ U-100, NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
HUMALOG MIX SUS 75/25	NOT COVERED	NOVOLOG MIX INJ 70/30
HUMATROPE INJ 12MG	NONPREFERRED SPECIALTY	GENOTROPIN INJ 5MG, NORDITROPIN INJ 5/1.5ML
HUMATROPE INJ 24MG	NONPREFERRED SPECIALTY	GENOTROPIN INJ 5MG, NORDITROPIN INJ 10/1.5ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
HUMATROPE INJ 6MG	NONPREFERRED SPECIALTY	GENOTROPIN INJ 5MG, NORDITROPIN INJ 5/1.5ML
HUMULIN INJ 70/30	NOT COVERED	NOVOLIN INJ 70/30
HUMULIN INJ 70/30KWP	NOT COVERED	NOVOLIN INJ 70/30 FP
HUMULIN N INJ U-100	NOT COVERED	NOVOLIN N INJ U-100
HUMULIN N INJ U-100KWP	NOT COVERED	NOVOLIN N INJ 100 UNIT
HUMULIN R INJ U-100	NOT COVERED	NOVOLIN R INJ U-100
HYDRO/ACETA SOL 10-325MG	NOT COVERED	HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 10-200MG, ENDOCET TAB 10-325MG, APAP/CODEINE SOL 120-12/5
HYDROCODONE TAB 100MG ER	NOT COVERED	XTAMPZA ER CAP 27MG
HYDROCODONE TAB 120MG ER	NOT COVERED	XTAMPZA ER CAP 36MG
HYDROCODONE TAB 20MG ER	NOT COVERED	XTAMPZA ER CAP 9MG
HYDROCODONE TAB 30MG ER	NOT COVERED	XTAMPZA ER CAP 13.5MG
HYDROCODONE TAB 40MG ER	NOT COVERED	XTAMPZA ER CAP 13.5MG
HYDROCODONE TAB 60MG ER	NOT COVERED	XTAMPZA ER CAP 18MG
HYDROCODONE TAB 80MG ER	NOT COVERED	XTAMPZA ER CAP 27MG
HYDROMORPHON TAB 12MG ER	NOT COVERED	XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 10MG ER, HYDROCODONE CAP 20MG ER
HYDROMORPHON TAB 16MG ER	NOT COVERED	XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER, HYDROCODONE CAP 30MG ER
HYDROMORPHON TAB 32MG ER	NOT COVERED	XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER, HYDROCODONE CAP 50MG ER
HYDROMORPHON TAB 8MG ER	NOT COVERED	XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER, HYDROCODONE CAP 10MG ER
IBSRELA TAB 50MG	NOT COVERED	LINZESS CAP 72MCG, AMITIZA CAP 8MCG
IBU/FAMOT TAB 800-26.6	NOT COVERED	IBU TAB 800MG, FAMOTIDINE TAB 20MG
ILEVRO DRO 0.3% OP	NOT COVERED	BROMFENAC SOL 0.09% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP
IMBRUVICA TAB 140MG	NOT COVERED	IMBRUVICA TAB 280MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
IMIQUIMOD CRE 3.75%PMP	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%, CONDYLOX GEL 0.5%
IMPEKLO LOT 0.05%	NOT COVERED	CLOBETASOL GEL 0.05%, BETA DIPROP LOT 0.05%, FLUOCINONIDE GEL 0.05%, TRIAMCINOLON CRE 0.5%
IMPOYZ CRE 0.025%	NOT COVERED	CLOBETASOL CRE 0.05%, TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, FLUOCINONIDE CRE 0.05%
IMVEXXY MAIN SUP 10MCG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 2MG, PREMARIN VAG CRE 0.625MG
IMVEXXY MAIN SUP 4MCG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 2MG, PREMARIN VAG CRE 0.625MG
IMVEXXY STRT SUP 10MCG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 2MG, PREMARIN VAG CRE 0.625MG
IMVEXXY STRT SUP 4MCG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 2MG, PREMARIN VAG CRE 0.625MG
INBRIJA CAP 42MG	NONPREFERRED BRAND	KYNMOBI MIS 10MG
INCRUSE ELPT INH 62.5MCG	NOT COVERED	SPIRIVA CAP HANDIHLR, FLUTIC/SALME AER 250/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 100-25
INDOCIN SUP 50MG	NONPREFERRED BRAND	DICLOFENAC GEL 1%, INDOMETHACIN CAP 25MG, IBU TAB 400MG, MELOXICAM TAB 7.5MG
INDOCIN SUS 25MG/5ML	NOT COVERED	IBUPROFEN SUS 100/5ML, NAPROXEN SUS 125/5ML, INDOMETHACIN CAP 25MG, MELOXICAM TAB 7.5MG
INDOMETHACIN SUP 100MG	NONPREFERRED BRAND	DICLOFENAC GEL 1%, INDOMETHACIN CAP 50MG, IBU TAB 800MG, MELOXICAM TAB 15MG
INGREZZA CAP 40-80MG	NONPREFERRED SPECIALTY	AUSTEDO TAB 6MG
INGREZZA CAP 40MG	NONPREFERRED SPECIALTY	AUSTEDO TAB 6MG
INGREZZA CAP 60MG	NONPREFERRED SPECIALTY	AUSTEDO TAB 9MG
INGREZZA CAP 80MG	NONPREFERRED SPECIALTY	AUSTEDO TAB 12MG
INNOPRAN XL CAP 120MG	NOT COVERED	PROPRANOLOL CAP 120MG ER, NADOLOL TAB 80MG, PINDOLOL TAB 10MG
INNOPRAN XL CAP 80MG	NOT COVERED	PROPRANOLOL CAP 80MG ER, NADOLOL TAB 20MG, PINDOLOL TAB 5MG
INS ASP PROT INJ FLEXPEN	NOT COVERED	NOVOLOG MIX INJ FLEXPEN
INS DEGL FLX INJ 100UNIT	NOT COVERED	TRESIBA FLEX INJ 100UNIT, LANTUS INJ 100/ML, LEVEMIR INJ
INS DEGL FLX INJ 200UNIT	NOT COVERED	TRESIBA FLEX INJ 200UNIT, LANTUS INJ 100/ML, LEVEMIR INJ
INSULIN ASPA INJ 100/ML	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
INSULIN ASPA INJ 70/30	NOT COVERED	NOVOLOG MIX INJ 70/30

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
INSULIN ASPA INJ FLEXPEN	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
INSULIN ASPA INJ PENFILL	NOT COVERED	NOVOLOG INJ PENFILL, FIASP FLEX INJ TOUCH
INSULIN DEGL INJ 100UNIT	NOT COVERED	TRESIBA INJ 100UNIT, LANTUS INJ 100/ML, LEVEMIR INJ
INSULIN GLAR INJ 100U/ML	NOT COVERED	LANTUS SOLOS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML, LEVEMIR INJ
INSULIN GLAR SOL 100U/ML	NOT COVERED	LANTUS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML, LEVEMIR INJ
INSULIN LISP INJ 100/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
INSULIN LISP INJ PROTAMIN	NOT COVERED	NOVOLOG MIX INJ 70/30
INTRAROSA SUP 6.5MG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 2MG, PREMARIN VAG CRE 0.625MG
INVELTYS SUS 1%	NOT COVERED	LOTEPREDNOL SUS 0.5%, FLUOROMETHOL SUS 0.1% OP, PREDNISOLONE SUS 1% OP, DEXAMETH PHO SOL 0.1% OP
INVOKAMET TAB 150-1000	NOT COVERED	SYNJARDY TAB, XIGDUO XR TAB 10-1000
INVOKAMET TAB 150-500	NOT COVERED	SYNJARDY TAB 12.5-500, XIGDUO XR TAB 10-500MG
INVOKAMET TAB 50-1000	NOT COVERED	SYNJARDY TAB 5-1000MG, XIGDUO XR TAB 5-500MG
INVOKAMET TAB 50-500MG	NOT COVERED	SYNJARDY TAB 5-500MG, XIGDUO XR TAB 2.5-1000
INVOKAMET XR TAB 150-1000	NOT COVERED	XIGDUO XR TAB 10-1000, SYNJARDY XR TAB 25-1000
INVOKAMET XR TAB 150-500	NOT COVERED	XIGDUO XR TAB 10-500MG, SYNJARDY XR TAB
INVOKAMET XR TAB 50-1000	NOT COVERED	XIGDUO XR TAB 5-500MG, SYNJARDY XR TAB 10-1000
INVOKAMET XR TAB 50-500MG	NOT COVERED	XIGDUO XR TAB 2.5-1000, SYNJARDY XR TAB 5-1000MG
INVOKANA TAB 100MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
INVOKANA TAB 300MG	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
IOPIDINE SOL 1% OP	NONPREFERRED BRAND	APRACLONIDIN SOL 0.5% OP, BRIMONIDINE SOL 0.2% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
ISOPTO ATROP SOL 1% OP	NOT COVERED	ATROPINE SUL SOL 1% OP
ISOTRETINOIN CAP 25MG	NOT COVERED	ACUTANE CAP 20MG, AMNESTEEM CAP 20MG, CLARAVIS CAP 20MG, ISOTRETINOIN CAP 20MG
ISOTRETINOIN CAP 35MG	NOT COVERED	ACUTANE CAP 30MG, CLARAVIS CAP 30MG, ISOTRETINOIN CAP 30MG, MYORISAN CAP 30MG
ISTURISA TAB 10MG	NONPREFERRED SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.9MG/ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ISTURISA TAB 1MG	NONPREFERRED SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.3MG/ML
ISTURISA TAB 5MG	NONPREFERRED SPECIALTY	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.6MG/ML
IVERMECTIN CRE 1%	NOT COVERED	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%
JATENZO CAP 158MG	NOT COVERED	TESTOSTERONE GEL 1.62%, ANDRODERM DIS 2MG/24HR
JATENZO CAP 198MG	NOT COVERED	TESTOSTERONE GEL 1.62%, ANDRODERM DIS 4MG/24HR
JATENZO CAP 237MG	NOT COVERED	TESTOSTERONE GEL 1.62%, ANDRODERM DIS 4MG/24HR
JORNAY PM CAP 100MG ER	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 70MG
JORNAY PM CAP 20MG ER	NOT COVERED	METHYLPHENID CAP 20MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 20MG ER, VYVANSE CAP 30MG
JORNAY PM CAP 40MG ER	NOT COVERED	METHYLPHENID CAP 40MG ER, DEXMETHYLPH CAP ER 25MG, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 50MG
JORNAY PM CAP 60MG ER	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP ER 35MG, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 60MG
JORNAY PM CAP 80MG ER	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP ER 35MG, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 60MG
JUBLIA SOL 10%	NOT COVERED	CICLODAN SOL 8%, ITRACONAZOLE CAP 100MG, TERBINAFINE TAB 250MG
JUXTAPID CAP 10MG	NOT COVERED	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 20MG	NOT COVERED	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 30MG	NOT COVERED	REPATHA SURE INJ 140MG/ML
JUXTAPID CAP 5MG	NOT COVERED	REPATHA SURE INJ 140MG/ML
KAPSPARGO CAP 100MG	NOT COVERED	METOPROL SUC TAB 100MG ER, CARVEDILOL TAB 12.5MG, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 50MG
KAPSPARGO CAP 200MG	NOT COVERED	METOPROL SUC TAB 200MG ER, CARVEDILOL TAB 25MG, ACEBUTOLOL CAP 400MG, ATENOLOL TAB 100MG
KAPSPARGO CAP 25MG	NOT COVERED	METOPROL SUC TAB 25MG ER, CARVEDILOL TAB 3.125MG, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 25MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
KAPSPARGO CAP 50MG	NOT COVERED	METOPROLOL SUC TAB 50MG ER, CARVEDILOL TAB 6.25MG, ACEBUTOLOL CAP 200MG, ATENOLOL TAB 50MG
KATERZIA SUS 1MG/ML	NOT COVERED	AMLODIPINE TAB 2.5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER
KETOR TROMET SPR 15.75MG	NOT COVERED	KETOROLAC TAB 10MG, MELOXICAM TAB 15MG, ETODOLAC CAP 300MG, NABUMETONE TAB 750MG
KEVEYIS TAB 50MG	NONPREFERRED SPECIALTY	ACETAZOLAMID TAB 125MG
KEVZARA INJ 150/1.14	NONPREFERRED SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
KEVZARA INJ 200/1.14	NONPREFERRED SPECIALTY	HUMIRA PEN KIT PS/UV, ENBREL INJ 25MG
KINERET INJ	NONPREFERRED SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
KLISYRI OIN 1%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
KOMBIGLYZ XR TAB 2.5- 1000	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 50-500MG
KOMBIGLYZ XR TAB 5- 1000MG	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 100-1000
KOMBIGLYZ XR TAB 5- 500MG	NOT COVERED	JENTADUETO TAB XR, JANUMET XR TAB 50-1000
KRISTALOSE PAK 10GM	NOT COVERED	CONSTULOSE SOL 10GM/15
KRISTALOSE PAK 20GM	NOT COVERED	CONSTULOSE SOL 10GM/15
KYZATREX CAP 100MG	NOT COVERED	TESTOSTERONE GEL 1%(25MG), ANDRODERM DIS 2MG/24HR
KYZATREX CAP 150MG	NOT COVERED	TESTOSTERONE GEL PUMP 1%, ANDRODERM DIS 2MG/24HR
KYZATREX CAP 200MG	NOT COVERED	TESTOSTERONE GEL 1.62%, ANDRODERM DIS 4MG/24HR
LACTULOSE PAK 10GM	NOT COVERED	CONSTULOSE SOL 10GM/15
LAMICTAL ODT KIT	NONPREFERRED BRAND	LAMOTRIGINE KIT START 35
LAMICTAL XR KIT	NONPREFERRED BRAND	LAMOTRIGINE KIT START 98
LAMPIT TAB 120MG	NONPREFERRED BRAND	BENZNIDAZOLE TAB 100MG
LAMPIT TAB 30MG	NONPREFERRED BRAND	BENZNIDAZOLE TAB 12.5MG
LANREOTIDE INJ 120/.5ML	NOT COVERED	OCTREOTIDE INJ 500MCG, SOMATULINE INJ 120/.5ML, SOMAVERT INJ 30MG
LANSOPRAZOLE TAB 15MG ODT	NOT COVERED	LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG
LANSOPRAZOLE TAB 30MG	NOT COVERED	LANSOPRAZOLE CAP 30MG DR, OMEPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG
LASTACFT SOL 0.25%	NONPREFERRED BRAND	AZELASTINE DRO 0.05%, BEPOTASTINE DRO 1.5%, EPINASTINE DRO 0.05%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LATUDA TAB 120MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 80MG, OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG
LATUDA TAB 20MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG
LATUDA TAB 40MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 40MG, OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG
LATUDA TAB 60MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 40MG, OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG
LATUDA TAB 80MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 60MG, OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 200MG
LAZANDA SPR 100MCG	NOT COVERED	FENTANYL OT LOZ 1200MCG
LAZANDA SPR 300MCG	NOT COVERED	FENTANYL OT LOZ 1200MCG
LAZANDA SPR 400MCG	NOT COVERED	FENTANYL OT LOZ 1600MCG
LEUKINE INJ 250MCG	NONPREFERRED SPECIALTY	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
LEVALBUTEROL AER 45/ACT	NONPREFERRED BRAND	ALBUTEROL AER HFA
LEVAMLODIPIN TAB 2.5MG	NOT COVERED	AMLODIPINE TAB 5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER
LEVAMLODIPIN TAB 5MG	NOT COVERED	AMLODIPINE TAB 10MG, FELODIPINE TAB 10MG ER, NIFEDIPINE TAB 90MG ER
LEVBID TAB 0.375 ER	NOT COVERED	HYOSCYAMINE TAB 0.375 ER
LEVOTHYROXIN CAP 100MCG	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG
LEVOTHYROXIN CAP 112MCG	NONPREFERRED BRAND	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG
LEVOTHYROXIN CAP 125MCG	NONPREFERRED BRAND	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG
LEVOTHYROXIN CAP 137MCG	NONPREFERRED BRAND	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG
LEVOTHYROXIN CAP 13MCG	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LEVOTHYROXIN CAP 150MCG	NONPREFERRED BRAND	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG
LEVOTHYROXIN CAP 175MCG	NONPREFERRED BRAND	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG
LEVOTHYROXIN CAP 200MCG	NONPREFERRED BRAND	EUTHYROX TAB 200MCG, LEVO-T TAB 200 MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG
LEVOTHYROXIN CAP 25MCG	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG
LEVOTHYROXIN CAP 50MCG	NONPREFERRED BRAND	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG
LEVOTHYROXIN CAP 75MCG	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG
LEVOTHYROXIN CAP 88MCG	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG
LEXETTE AER 0.05%	NOT COVERED	BETA DIPROP GEL 0.05%, CLOBETASOL GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
LICART DIS 1.3%	NOT COVERED	MELOXICAM TAB 7.5MG, ETODOLAC ER TAB 400MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG
LIDOCAINE GEL 2% JELLY	NOT COVERED	LIDOCAINE SOL 4%, LIDO/PRILOCN CRE 2.5-2.5%
LIDOCAINE OIN 5%	NOT COVERED	LIDO/PRILOCN CRE 2.5-2.5%, LIDOCAINE SOL 4%
LIDOCAINE PAD 5%	NOT COVERED	DULOXETINE CAP 60MG, PREGABALIN CAP 300MG, GABAPENTIN CAP 300MG, VENLAFAXINE TAB 100MG
LIPOFEN CAP 150MG	NOT COVERED	FENOFIBRATE TAB 160MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 135MG DR
LIPOFEN CAP 50MG	NOT COVERED	FENOFIBRATE TAB 48MG, GEMFIBROZIL TAB 600MG, FENOFIBRIC CAP 45MG DR
LIVALO TAB 1MG	NONPREFERRED BRAND	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 40MG, SIMVASTATIN TAB 20MG, FLUVASTATIN CAP 40MG
LIVALO TAB 2MG	NONPREFERRED BRAND	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 20MG, FLUVASTATIN CAP 40MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LIVALO TAB 4MG	NONPREFERRED BRAND	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 40MG, FLUVASTATIN CAP 40MG
LO LOESTRIN TAB 1-10-10	NONPREFERRED BRAND	DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, CRYSELLE-28 TAB 28 TABS, DROS/ETH EST TAB LEVOMEFO
LONHALA MAGN SOL 25MCG	NOT COVERED	YUPELRI SOL
LOPERAMIDE CAP 2MG	NOT COVERED	DIPHEN/ATROP TAB 2.5MG
LOREEV XR CAP 1.5MG	NOT COVERED	LORAZEPAM TAB 1MG
LOREEV XR CAP 1MG	NOT COVERED	LORAZEPAM TAB 1MG
LOREEV XR CAP 2MG	NOT COVERED	LORAZEPAM TAB 2MG
LOREEV XR CAP 3MG	NOT COVERED	LORAZEPAM TAB 1MG
LORTAB ELX 10-300MG	NOT COVERED	HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 7.5-200, ENDOCET TAB 5-325MG, APAP/CODEINE SOL 120-12/5
LOTEMAX OIN 0.5%	NONPREFERRED BRAND	LOTEPREDNOL GEL 0.5%, DEXAMETH PHO SOL 0.1% OP, PRED SOD PHO SOL 1% OP, DIFLUPREDNAT EMU 0.05%
LOTEMAX SM GEL 0.38%	NOT COVERED	LOTEPREDNOL GEL 0.5%, DEXAMETH PHO SOL 0.1% OP, PRED SOD PHO SOL 1% OP, DIFLUPREDNAT EMU 0.05%
LULICONAZOLE CRE 1%	NONPREFERRED BRAND	KETOCONAZOLE CRE 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CICLOPIROX CRE 0.77%
LUPANETA KIT 11.25-5	NOT COVERED	LUPRON DEPOT INJ 3.75MG, NORETHIN ACE TAB 5MG
LUPANETA KIT 3.75-5	NOT COVERED	LUPRON DEPOT INJ 3.75MG, NORETHIN ACE TAB 5MG
LUPKYNIS CAP 7.9MG	NONPREFERRED SPECIALTY	AZATHIOPRINE TAB 50MG, CYCLOPHOSPH CAP 25MG, LEFLUNOMIDE TAB 10MG, HYDROXYCHLOR TAB 100MG
LYBALVI TAB 10-10MG	NONPREFERRED BRAND	OLANZAPINE TAB 10MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, ZIPRASIDONE CAP 40MG
LYBALVI TAB 15-10MG	NONPREFERRED BRAND	OLANZAPINE TAB 15MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, ZIPRASIDONE CAP 60MG
LYBALVI TAB 20-10MG	NONPREFERRED BRAND	OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, ZIPRASIDONE CAP 80MG
LYBALVI TAB 5-10MG	NONPREFERRED BRAND	OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, ZIPRASIDONE CAP 20MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
LYMEPAK TAB 100MG	NOT COVERED	DOXYCYCL HYC TAB 100MG, AVIDOXY TAB 100MG
LYUMJEV INJ 100UT/ML	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
LYUMJEV KWPN INJ 100UT/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
LYUMJEV KWPN INJ 200UT/ML	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
LYVISPAH GRA 10MG	NOT COVERED	BACLOFEN TAB 10MG, DANTROLENE CAP 50MG
LYVISPAH GRA 20MG	NOT COVERED	BACLOFEN TAB 20MG, DANTROLENE CAP 100MG
LYVISPAH GRA 5MG	NOT COVERED	BACLOFEN TAB 5MG, DANTROLENE CAP 25MG
MAFENIDE ACE PAK 5%	NOT COVERED	SILVER SULFA CRE 1%
MARPLAN TAB 10MG	NONPREFERRED BRAND	PHENELZINE TAB 15MG, TRANLYCYPROM TAB 10MG
MAVENCLAD PAK 10MG(10)	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(4)	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(5)	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(6)	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(7)	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(8)	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVENCLAD PAK 10MG(9)	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAVYRET PAK 50-20MG	NONPREFERRED SPECIALTY	EPCLUSA PAK 150-37.5, ZEPATIER TAB 50-100MG, SOFOS/VELPAT TAB 400-100
MAVYRET TAB 100-40MG	NONPREFERRED SPECIALTY	ZEPATIER TAB 50-100MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
MAXIDEX SUS 0.1% OP	NONPREFERRED BRAND	DEXAMETH PHO SOL 0.1% OP, LOTEPREDNOL GEL 0.5%, PRED SOD PHO SOL 1% OP, DIFLUPREDNAT EMU 0.05%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MAYZENT PAK STARTER	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAYZENT TAB 0.25MG	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAYZENT TAB 1MG	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MAYZENT TAB 2MG	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 240MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
MECLIZINE TAB 12.5MG	NOT COVERED	TRIMETHOBENZ CAP 300MG, PROCHLORPER TAB 5MG
MECLIZINE TAB 25MG	NOT COVERED	TRIMETHOBENZ CAP 300MG, PROCHLORPER TAB 5MG
MECLIZINE TAB 50MG	NOT COVERED	TRIMETHOBENZ CAP 300MG, PROCHLORPER TAB 10MG
MEDROL TAB 2MG	NONPREFERRED BRAND	METHYLPRED TAB 4MG, PREDNISONE TAB 1MG, MILLIPRED TAB 5MG
MELOXICAM CAP 10MG	NOT COVERED	MELOXICAM TAB 15MG, ETODOLAC CAP 300MG, NABUMETONE TAB 750MG, CELECOXIB CAP 400MG
MELOXICAM CAP 5MG	NOT COVERED	MELOXICAM TAB 7.5MG, ETODOLAC CAP 200MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG
MELOXICAM SUS 7.5/5ML	NOT COVERED	MELOXICAM TAB 7.5MG, ETODOLAC TAB 400MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG
MENEST TAB 0.3MG	NONPREFERRED BRAND	ESTRADIOL TAB 0.5MG, PREMARIN TAB 0.3MG, DOTTI DIS 0.025MG, ESTROGEL GEL
MENEST TAB 0.625MG	NONPREFERRED BRAND	ESTRADIOL TAB 1MG, PREMARIN TAB 0.45MG, DOTTI DIS 0.0375MG, ESTROGEL GEL
MENEST TAB 1.25MG	NONPREFERRED BRAND	ESTRADIOL TAB 1MG, PREMARIN TAB 0.9MG, DOTTI DIS 0.075MG, ESTROGEL GEL
MENEST TAB 2.5MG	NONPREFERRED BRAND	ESTRADIOL TAB 2MG, PREMARIN TAB 1.25MG, DOTTI DIS 0.1MG, ESTROGEL GEL
MENOSTAR DIS 14MCG	NONPREFERRED BRAND	ESTRADIOL DIS 0.025MG, DOTTI DIS 0.025MG, RALOXIFENE TAB 60MG, ALENDRONATE TAB 5MG
MEPERIDINE SOL 50MG/5ML	NOT COVERED	MORPHINE SUL SOL 100/5ML, OXYCODONE SOL 5MG/5ML, HYDROMORPHON LIQ 1MG/ML, CODEINE SULF TAB 60MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MEPERIDINE TAB 50MG	NOT COVERED	HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG, OXYCODONE TAB 5MG
METFORMIN ER TAB 1000MG	NOT COVERED	METFORMIN TAB 500MG ER
METFORMIN SOL 500/5ML	NOT COVERED	METFORMIN TAB 500MG
METFORMIN TAB 1000 ER	NOT COVERED	METFORMIN TAB 500MG ER
METFORMIN TAB 500MG ER	NOT COVERED	METFORMIN TAB 500MG ER
METFORMIN TAB 625MG	NOT COVERED	METFORMIN TAB 500MG
METHITEST TAB 10MG	NONPREFERRED BRAND	TESTOSTERONE GEL 1%(25MG), ANDRODERM DIS 2MG/24HR
METHOCARBAMO TAB 1000MG	NOT COVERED	METHOCARBAM TAB 750MG, CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, ORPH/ASA/CAF TAB
METHYLPHENID CAP 10MG ER	NOT COVERED	METHYLPHENID CAP 10MG ER, DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 15MG ER, VYVANSE CAP 20MG
METHYLPHENID CAP 15MG ER	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 15MG ER, VYVANSE CAP 30MG
METHYLPHENID CAP 20MG ER	NOT COVERED	METHYLPHENID CAP 20MG ER, DEXMETHYLPH CAP 15MG ER, AMPHET/DEXTR CAP 20MG ER, VYVANSE CAP 30MG
METHYLPHENID CAP 30MG ER	NOT COVERED	METHYLPHENID CAP 30MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, VYVANSE CAP 40MG
METHYLPHENID CAP 40MG ER	NOT COVERED	METHYLPHENID CAP 40MG ER, DEXMETHYLPH CAP ER 25MG, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 40MG
METHYLPHENID CAP 50MG ER	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 30MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 50MG
METHYLPHENID CAP 60MG ER	NOT COVERED	METHYLPHENID CAP 60MG LA, DEXMETHYLPH CAP 30MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 60MG
METHYLPHENID TAB 45MG ER	NOT COVERED	METHYLPHENID TAB 36MG ER, DEXMETHYLPH CAP ER 25MG, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 50MG
METHYLPHENID TAB 63MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP ER 35MG, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 60MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
METHYLPHENID TAB 72MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CAP 70MG
METHYLTESTOS CAP 10MG	NOT COVERED	TESTOSTERONE GEL 1%(25MG), ANDRODERM DIS 2MG/24HR
METOCLOPRAM TAB 5MG ODT	NOT COVERED	METOCLOPRAM SOL 5MG/5ML
METOCLOPRAMI TAB 10MG ODT	NOT COVERED	METOCLOPRAM SOL 5MG/5ML
METRONIDAZOL GEL 1%	NOT COVERED	METRONIDAZOL GEL 0.75%, AZELAIC ACID GEL 15%
MICO-ZN-PETR OIN	NOT COVERED	CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, KETOCONAZOLE CRE 2%
MIGERGOT SUP 2/100	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, ERGOT/CAFFEN TAB 1-100MG, NARATRIPTAN TAB 1MG
MINITRAN DIS 0.1MG/HR	NOT COVERED	NITROGLYCER DIS 0.1MG/HR
MINITRAN DIS 0.2MG/HR	NOT COVERED	NITROGLYCER DIS 0.2MG/HR
MINITRAN DIS 0.4MG/HR	NOT COVERED	NITROGLYCER DIS 0.4MG/HR
MINITRAN DIS 0.6MG/HR	NOT COVERED	NITROGLYCER DIS 0.6MG/HR
MINOCYCLINE TAB 105MG ER	NOT COVERED	MINOCYCLINE TAB 75MG
MINOCYCLINE TAB 115MG ER	NOT COVERED	MINOCYCLINE TAB 75MG
MINOCYCLINE TAB 135MG ER	NOT COVERED	MINOCYCLINE TAB 100MG
MINOCYCLINE TAB 45MG ER	NOT COVERED	MINOCYCLINE TAB 50MG
MINOCYCLINE TAB 55MG ER	NOT COVERED	MINOCYCLINE TAB 50MG
MINOCYCLINE TAB 65MG ER	NOT COVERED	MINOCYCLINE TAB 50MG
MINOCYCLINE TAB 80MG ER	NOT COVERED	MINOCYCLINE TAB 75MG
MINOCYCLINE TAB 90MG ER	NOT COVERED	MINOCYCLINE TAB 75MG
MINOLIRA TAB 105MG	NOT COVERED	MINOCYCLINE TAB 100MG
MINOLIRA TAB 135MG	NOT COVERED	MINOCYCLINE TAB 100MG
MIRCERA INJ 100MCG	NOT COVERED	PROCRIT INJ 10000/ML, RETACRIT INJ 10000UNT
MIRCERA INJ 150MCG	NOT COVERED	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
MIRCERA INJ 200MCG	NOT COVERED	PROCRIT INJ 20000/ML, RETACRIT INJ 20000UNI
MIRCERA INJ 30MCG	NOT COVERED	PROCRIT INJ 2000/ML, RETACRIT INJ 2000UNIT

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MIRCERA INJ 50MCG	NOT COVERED	PROCRIT INJ 3000/ML, RETACRIT INJ 3000UNIT
MIRCERA INJ 75MCG	NOT COVERED	PROCRIT INJ 4000/ML, RETACRIT INJ 4000UNIT
MOLINDONE TAB HCL 10MG	NOT COVERED	OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 150MG, ZIPRASIDONE CAP 40MG
MOLINDONE TAB HCL 25MG	NOT COVERED	OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, ZIPRASIDONE CAP 80MG
MOLINDONE TAB HCL 5MG	NOT COVERED	OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, ZIPRASIDONE CAP 20MG
MORPHINE SUL CAP 100MG ER	NOT COVERED	XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 100MG ER, HYDROCODONE CAP 50MG ER, OXYMORPHONE TAB 40MG ER
MORPHINE SUL CAP 10MG ER	NOT COVERED	XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, HYDROCODONE CAP 10MG ER, OXYMORPHONE TAB 5MG ER
MORPHINE SUL CAP 120MG ER	NOT COVERED	XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, HYDROCODONE CAP 50MG ER, OXYMORPHONE TAB 40MG ER
MORPHINE SUL CAP 20MG ER	NOT COVERED	XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 15MG ER, HYDROCODONE CAP 15MG ER, OXYMORPHONE TAB 7.5MG ER
MORPHINE SUL CAP 30MG ER	NOT COVERED	XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 30MG ER, HYDROCODONE CAP 10MG ER, OXYMORPHONE TAB 5MG ER
MORPHINE SUL CAP 40MG ER	NOT COVERED	XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 30MG ER, HYDROCODONE CAP 20MG ER, OXYMORPHONE TAB 15MG ER
MORPHINE SUL CAP 45MG ER	NOT COVERED	XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, HYDROCODONE CAP 15MG ER, OXYMORPHONE TAB 7.5MG ER
MORPHINE SUL CAP 50MG ER	NOT COVERED	XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 30MG ER, HYDROCODONE CAP 30MG ER, OXYMORPHONE TAB 15MG ER
MORPHINE SUL CAP 60MG ER	NOT COVERED	XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 60MG ER, HYDROCODONE CAP 40MG ER, OXYMORPHONE TAB 20MG ER
MORPHINE SUL CAP 75MG ER	NOT COVERED	XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, HYDROCODONE CAP 30MG ER, OXYMORPHONE TAB 20MG ER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
MORPHINE SUL CAP 80MG ER	NOT COVERED	XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 30MG ER, HYDROCODONE CAP 40MG ER, OXYMORPHONE TAB 30MG ER
MORPHINE SUL CAP 90MG ER	NOT COVERED	XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, HYDROCODONE CAP 40MG ER, OXYMORPHONE TAB 30MG ER
MOTEGRITY TAB 1MG	NONPREFERRED BRAND	AMITIZA CAP 8MCG, LINZESS CAP 72MCG
MOTEGRITY TAB 2MG	NONPREFERRED BRAND	AMITIZA CAP 24MCG, LINZESS CAP 290MCG
MOVANTIK TAB 12.5MG	NOT COVERED	SYMPROIC TAB 0.2MG, AMITIZA CAP 8MCG, CONSTULOSE SOL 10GM/15
MOVANTIK TAB 25MG	NOT COVERED	SYMPROIC TAB 0.2MG, AMITIZA CAP 24MCG, CONSTULOSE SOL 10GM/15
MULPLETA TAB 3MG	NOT COVERED	DOPTELET TAB 20MG
MUPIROCIN CRE 2%	NOT COVERED	MUPIROCIN OIN 2%
MYALEPT INJ 11.3MG	NONPREFERRED SPECIALTY	NOVOLIN R INJ U-100, ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 10MG
MYCAPSSA CAP 20MG	NOT COVERED	OCTREOTIDE INJ 50MCG/ML, SOMATULINE INJ 60/0.2ML, SOMAVERT INJ 10MG
MYFEMBREE TAB	NONPREFERRED BRAND	TRANEX ACID TAB 650MG, CAMILA TAB 0.35MG, AZURETTE TAB, APRI TAB
MYRBETRIQ SUS 8MG/ML	NONPREFERRED BRAND	OXYBUTYNIN SYP 5MG/5ML
MYRBETRIQ TAB 25MG	NONPREFERRED BRAND	OXYBUTYNIN TAB 5MG ER, FESOTERODINE TAB 4MG ER, TOLTERODINE CAP 2MG ER, TROSPIUM CHL CAP 60MG ER
MYRBETRIQ TAB 50MG	NONPREFERRED BRAND	OXYBUTYNIN TAB 15MG ER, FESOTERODINE TAB 8MG ER, TOLTERODINE CAP 4MG ER, TROSPIUM CHL CAP 60MG ER
NAFTIFINE GEL 1%	NOT COVERED	CICLOPIROX GEL 0.77%, KETOCONAZOLE AER 2%, CLOTRIM/BETA LOT DIPROP, CLOTRIMAZOLE SOL 1%
NAFTIN GEL 1%	NOT COVERED	CICLOPIROX GEL 0.77%, KETOCONAZOLE AER 2%, CLOTRIM/BETA LOT DIPROP, CLOTRIMAZOLE SOL 1%
NAFTIN GEL 2%	NOT COVERED	CICLOPIROX GEL 0.77%, KETOCONAZOLE AER 2%, CLOTRIM/BETA LOT DIPROP, CLOTRIMAZOLE SOL 1%
NALOCET TAB 2.5-300	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 5-200MG, TRAMADL/APAP TAB 37.5-325
NAMENDA XR CAP TITRATIO	NONPREFERRED BRAND	MEMANTINE HC CAP 28MG ER
NAMZARIC CAP	NOT COVERED	MEMANTINE HC CAP 7MG ER, GALANTAMINE CAP 8MG ER, DONEPEZIL TAB 5MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NAMZARIC CAP 14-10MG	NOT COVERED	MEMANTINE HC CAP 14MG ER, GALANTAMINE CAP 16MG ER, DONEPEZIL TAB 10MG
NAMZARIC CAP 21-10MG	NOT COVERED	MEMANTINE HC CAP 21MG ER, GALANTAMINE CAP 16MG ER, DONEPEZIL TAB 10MG
NAMZARIC CAP 28-10MG	NOT COVERED	MEMANTINE HC CAP 28MG ER, GALANTAMINE CAP 24MG ER, DONEPEZIL TAB 10MG
NAMZARIC CAP 7-10MG	NOT COVERED	MEMANTINE HC CAP 7MG ER, GALANTAMINE CAP 8MG ER, DONEPEZIL TAB 10MG
NAPROXEN SOD TAB 375MG ER	NOT COVERED	EC-NAPROXEN TAB 375MG, DICLOFENAC TAB 25MG DR, KETOPROFEN CAP 200MG ER, ETODOLAC ER TAB 400MG
NAPROXEN SOD TAB 500MG ER	NOT COVERED	EC-NAPROXEN TAB 500MG, DICLOFENAC TAB 50MG DR, KETOPROFEN CAP 200MG ER, ETODOLAC ER TAB 500MG
NAPROXEN SOD TAB 750MG ER	NOT COVERED	EC-NAPROXEN TAB 375MG, DICLOFENAC TAB 75MG DR, KETOPROFEN CAP 200MG ER, ETODOLAC ER TAB 600MG
NATAZIA TAB	NONPREFERRED BRAND	DROSPIR/ETHI TAB 3-0.02MG, DROSPIRE/ETH TAB ESTR/LEV, AUROVELA 24 TAB FE 1/20, CAMRESE LO TAB
NATESTO GEL 5.5MG	NOT COVERED	TESTOSTERONE GEL 1.62%, ANDRODERM DIS 4MG/24HR
NEO-SYNALAR CRE	NOT COVERED	TRIAMCINOLON CRE 0.025%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.01%, FLUTICASONE CRE 0.05%
NEUPOGEN INJ 300/0.5	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
NEUPOGEN INJ 300MCG	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
NEUPOGEN INJ 480/0.8	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
NEUPOGEN INJ 480MCG	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
NEUPRO DIS 1MG/24HR	NOT COVERED	PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 2MG/24HR	NOT COVERED	PRAMIPEXOLE TAB 0.25MG, ROPINIROLE TAB 0.5MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 3MG/24HR	NOT COVERED	PRAMIPEXOLE TAB 0.5MG, ROPINIROLE TAB 1MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 4MG/24HR	NOT COVERED	PRAMIPEXOLE TAB 0.75MG, ROPINIROLE TAB 3MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 6MG/24HR	NOT COVERED	PRAMIPEXOLE TAB 1MG, ROPINIROLE TAB 4MG, BROMOCRIPTIN CAP 5MG
NEUPRO DIS 8MG/24HR	NOT COVERED	PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG, BROMOCRIPTIN CAP 5MG
NEVANAC SUS 0.1%	NOT COVERED	BROMFENAC SOL 0.09% OP, DICLOFENAC SOL 0.1% OP, FLURBIPROFEN SOL 0.03% OP

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NEXIUM GRA 2.5MG DR	NOT COVERED	LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG
NEXIUM GRA 5MG DR	NOT COVERED	LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG
NEXTSTELLIS TAB 3-14.2MG	NONPREFERRED BRAND	DROSPIR/ETHI TAB 3-0.02MG, DROSPIRE/ETH TAB ESTR/LEV, AUROVELA 24 TAB FE 1/20, CAMRESE LO TAB
NIACOR TAB 500MG	NOT COVERED	NIACIN ER TAB 500MG, ROSUVASTATIN TAB 5MG, ATORVASTATIN TAB 10MG, LOVASTATIN TAB 10MG
NITRO-DUR DIS 0.1MG/HR	NOT COVERED	NITROGLYCER DIS 0.1MG/HR
NITRO-DUR DIS 0.2MG/HR	NOT COVERED	NITROGLYCER DIS 0.2MG/HR
NITRO-DUR DIS 0.3MG/HR	NOT COVERED	NITROGLYCER DIS 0.2MG/HR
NITRO-DUR DIS 0.4MG/HR	NOT COVERED	NITROGLYCER DIS 0.4MG/HR
NITRO-DUR DIS 0.6MG/HR	NOT COVERED	NITROGLYCER DIS 0.6MG/HR
NITRO-DUR DIS 0.8MG/HR	NOT COVERED	NITROGLYCER DIS 0.6MG/HR
NITROMIST AER 400MCG	NOT COVERED	NITROGLYCRN SPR 0.4MG
NITYR TAB 10MG	NONPREFERRED SPECIALTY	NITISINONE CAP 10MG, ORFADIN CAP 20MG
NITYR TAB 2MG	NONPREFERRED SPECIALTY	NITISINONE CAP 2MG, ORFADIN CAP 20MG
NITYR TAB 5MG	NONPREFERRED SPECIALTY	NITISINONE CAP 5MG, ORFADIN CAP 20MG
NORGESIC TAB	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 400MG, METHOCARBAM TAB 500MG, ORPH/ASA/CAF TAB
NORGESIC TAB FORTE	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, ORPH/ASA/CAF TAB
NORITATE CRE 1%	NOT COVERED	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%
NORLIQVA SOL 1MG/ML	NOT COVERED	AMLODIPINE TAB 2.5MG, FELODIPINE TAB 2.5MG ER, NIFEDIPINE TAB 30MG ER
NOURIANZ TAB 20MG	NONPREFERRED BRAND	PRAMIPEXOLE TAB 0.125MG, ROPINIROLE TAB 0.25MG, BROMOCRIPTIN TAB 2.5MG, RASAGILINE TAB 0.5MG
NOURIANZ TAB 40MG	NONPREFERRED BRAND	PRAMIPEXOLE TAB 1.5MG, ROPINIROLE TAB 5MG, BROMOCRIPTIN TAB 2.5MG, RASAGILINE TAB 1MG
NOVAREL INJ 10000UNT	NOT COVERED	PREGNYL INJ 10000UNT, GONAL-F INJ 1050UNIT, OVIDREL INJ
NOVAREL INJ 5000UNIT	NOT COVERED	PREGNYL INJ 10000UNT, GONAL-F INJ 450UNIT, OVIDREL INJ
NOVOLIN N INJ RELION	NOT COVERED	NOVOLIN N INJ U-100
NOVOLIN R INJ RELION	NOT COVERED	NOVOLIN R INJ U-100

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NOVOLIN70/30 INJ RELION	NOT COVERED	NOVOLIN INJ 70/30
NOVOLOG INJ FLEX REL	NOT COVERED	NOVOLOG INJ FLEXPEN, FIASP FLEX INJ TOUCH
NOVOLOG INJ RELION	NOT COVERED	NOVOLOG INJ 100/ML, FIASP INJ 100/ML
NOVOLOG MIX INJ FLEX REL	NOT COVERED	NOVOLOG MIX INJ FLEXPEN
NOVOLOG RELI INJ 70/30	NOT COVERED	NOVOLOG MIX INJ 70/30
NOXAFIL PAK 300MG	NONPREFERRED BRAND	POSACONAZOLE TAB 100MG DR
NUCYNTA ER TAB 100MG	NONPREFERRED BRAND	XTAMPZA ER CAP 13.5MG, MORPHINE SUL TAB 30MG ER, OXYMORPHONE TAB 7.5MG ER, HYDROCODONE CAP 15MG ER
NUCYNTA ER TAB 150MG	NONPREFERRED BRAND	XTAMPZA ER CAP 18MG, MORPHINE SUL TAB 60MG ER, OXYMORPHONE TAB 15MG ER, HYDROCODONE CAP 20MG ER
NUCYNTA ER TAB 200MG	NONPREFERRED BRAND	XTAMPZA ER CAP 27MG, MORPHINE SUL TAB 100MG ER, OXYMORPHONE TAB 20MG ER, HYDROCODONE CAP 40MG ER
NUCYNTA ER TAB 250MG	NONPREFERRED BRAND	XTAMPZA ER CAP 36MG, MORPHINE SUL TAB 200MG ER, OXYMORPHONE TAB 40MG ER, HYDROCODONE CAP 50MG ER
NUCYNTA ER TAB 50MG	NONPREFERRED BRAND	XTAMPZA ER CAP 9MG, MORPHINE SUL TAB 15MG ER, OXYMORPHONE TAB 5MG ER, HYDROCODONE CAP 10MG ER
NUCYNTA TAB 100MG	NONPREFERRED BRAND	HYDROMORPHON TAB 8MG, MORPHINE SUL TAB 30MG, CODEINE SULF TAB 60MG, OXYCODONE TAB 30MG
NUCYNTA TAB 50MG	NONPREFERRED BRAND	HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG, OXYCODONE TAB 5MG
NUCYNTA TAB 75MG	NONPREFERRED BRAND	HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 30MG, OXYCODONE TAB 10MG
NULEV TAB 0.125MG	NOT COVERED	HYOSCYAMINE TAB 0.125MG
NUTROPIN AQ INJ 10MG/2ML	NONPREFERRED SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
NUTROPIN AQ INJ 20MG/2ML	NONPREFERRED SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
NUTROPIN AQ INJ NUSPIN 5	NONPREFERRED SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
NUVESSA GEL 1.3%	NOT COVERED	METRONIDAZOL GEL 0.75%VAG, CLINDAMYCIN CRE 2% VAG
NYMALIZE SOL	NONPREFERRED BRAND	NIMODIPINE CAP 30MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
NYVEPRIA INJ 6/0.6ML	NONPREFERRED SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ODACTRA SUB	NOT COVERED	MONTELUKAST TAB 10MG, AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%
OLOPATADINE SPR 0.6%	NOT COVERED	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%
OLUMIANT TAB 1MG	NONPREFERRED SPECIALTY	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
OLUMIANT TAB 2MG	NONPREFERRED SPECIALTY	XELJANZ TAB 5MG, RINVOQ TAB 15MG ER, HUMIRA PEN INJ 40/0.4ML, ENBREL INJ 25MG
OMECLAMOX- MIS PAK	NOT COVERED	LANSOPR/AMOX MIS /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 500MG
OMEPPRA/BICAR POW 20-1680	NOT COVERED	OMEPPRA/BICAR CAP 20-1100, LANSOPRAZOLE CAP 15MG DR, OMEPPRAZOLE CAP 10MG, PANTOPRAZOLE TAB 20MG
OMEPPRA/BICAR POW 40-1680	NOT COVERED	OMEPPRA/BICAR CAP 40-1100, LANSOPRAZOLE CAP 30MG DR, OMEPPRAZOLE CAP 40MG, PANTOPRAZOLE TAB 40MG
OMNARIS SPR	NOT COVERED	FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, MOMETASONE SPR 50MCG
OMNITROPE INJ 10/1.5ML	NONPREFERRED SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 12MG
OMNITROPE INJ 5.8MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
OMNITROPE INJ 5/1.5ML	NONPREFERRED SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
ONEXTON GEL 1.2-3.75	NOT COVERED	CLINDAMY/BEN GEL 1-5%, ERY/BENZOYL GEL 3-5%, CLINDAMYCIN GEL 1%
ONGENTYS CAP 25MG	NONPREFERRED BRAND	ENTACAPONE TAB 200MG
ONGENTYS CAP 50MG	NONPREFERRED BRAND	ENTACAPONE TAB 200MG
ONGLYZA TAB 2.5MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 25MG
ONGLYZA TAB 5MG	NOT COVERED	TRADJENTA TAB 5MG, JANUVIA TAB 100MG
ONZETRA XSAI MIS 11MG	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG
OPZELURA CRE 1.5%	NONPREFERRED BRAND	TRIAMCINOLON CRE 0.5%, BETAMETH DIP CRE 0.05%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.05%
ORALAIR SUB 300 IR	NOT COVERED	MONTELUKAST TAB 10MG, AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ORAVIG TAB 50MG	NOT COVERED	NYSTATIN SUS 100000, CLOTRIMAZOLE TRO 10MG, ITRACONAZOLE SOL 10MG/ML, VORICONAZOLE TAB 50MG
ORENCIA CLCK INJ 125MG/ML	NONPREFERRED SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, STELARA INJ 45MG/0.5
ORENCIA INJ 125MG/ML	NONPREFERRED SPECIALTY	HUMIRA PEN KIT PS/UV, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, STELARA INJ 45MG/0.5
ORENCIA INJ 50/0.4ML	NONPREFERRED SPECIALTY	HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, STELARA INJ 45MG/0.5
ORENCIA INJ 87.5/0.7	NONPREFERRED SPECIALTY	HUMIRA PEN INJ 40/0.4ML, ENBREL INJ 25MG, TREMFYA INJ 100MG/ML, STELARA INJ 45MG/0.5
ORENITRAM TAB 0.125MG	NONPREFERRED SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16MCG
ORENITRAM TAB 0.25MG	NONPREFERRED SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 32MCG
ORENITRAM TAB 1MG	NONPREFERRED SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 64MCG
ORENITRAM TAB 2.5MG	NONPREFERRED SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 32-48MCG
ORENITRAM TAB 5MG	NONPREFERRED SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16-32-48
ORIAHNN CAP	NONPREFERRED BRAND	TRANEX ACID TAB 650MG, CAMILA TAB 0.35MG, GEMMILY CAP 1/20, AZURETTE TAB
ORLADEYO CAP 110MG	NONPREFERRED SPECIALTY	TAKHZYRO INJ 300/2ML, HAEGARDA INJ 2000UNIT
ORLADEYO CAP 150MG	NONPREFERRED SPECIALTY	TAKHZYRO INJ 300/2ML, HAEGARDA INJ 3000UNIT
ORPH/ASA/CAF TAB	NOT COVERED	CHLORZOXAZON TAB 500MG, METAXALONE TAB 800MG, METHOCARBAM TAB 750MG, ORPH/ASA/CAF TAB
ORTIKOS CAP 6MG ER	NOT COVERED	BUDESONIDE CAP 3MG DR
ORTIKOS CAP 9MG ER	NOT COVERED	BUDESONIDE CAP 3MG DR
OSCIMIN SUB 0.125MG	NOT COVERED	HYOSCYAMINE SUB 0.125MG
OSCIMIN TAB 0.125MG	NOT COVERED	HYOSCYAMINE TAB 0.125MG
OSENI TAB 12.5-15	NOT COVERED	JENTADUETO TAB 2.5-500, JANUMET TAB 50-500MG
OSMOLEX ER TAB	NOT COVERED	AMANTADINE TAB 100MG, ROPINIROLE TAB 2MG ER, CARB/LEVO ER TAB 25-100MG, PRAMIPEXOLE TAB 0.125MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OSMOLEX ER TAB 129MG	NOT COVERED	AMANTADINE TAB 100MG, ROPINIROLE TAB 2MG ER, CARB/LEVO ER TAB 25-100MG, PRAMIPEXOLE TAB 0.125MG
OSMOLEX ER TAB 193MG	NOT COVERED	AMANTADINE TAB 100MG, ROPINIROLE TAB 6MG ER, CARB/LEVO ER TAB 25-100MG, PRAMIPEXOLE TAB 0.5MG
OSMOLEX ER TAB 258MG	NOT COVERED	AMANTADINE TAB 100MG, ROPINIROLE TAB 12MG ER, CARB/LEVO ER TAB 50-200MG, PRAMIPEXOLE TAB 1.5MG
OSMOPREP TAB 1.5GM	NOT COVERED	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NACL/POT
OSPHENA TAB 60MG	NONPREFERRED BRAND	ESTRADIOL TAB 10MCG, ESTRING MIS 2MG, PREMARIN VAG CRE 0.625MG
OTREXUP INJ 10MG	NOT COVERED	METHOTREXATE INJ 50MG/2ML
OTREXUP INJ 12.5/0.4	NOT COVERED	METHOTREXATE INJ 50MG/2ML
OTREXUP INJ 15MG	NOT COVERED	METHOTREXATE INJ 25MG/ML
OTREXUP INJ 17.5/0.4	NOT COVERED	METHOTREXATE INJ 25MG/ML
OTREXUP INJ 20MG	NOT COVERED	METHOTREXATE INJ 250/10ML
OTREXUP INJ 22.5/0.4	NOT COVERED	METHOTREXATE INJ 250/10ML
OTREXUP INJ 25MG	NOT COVERED	METHOTREXATE INJ 250/10ML
OVACE WASH LIQ 10%	NOT COVERED	SODIUM SULFA LIQ 10% WASH, SOD SUL/SULF LIQ 10-5%, CLINDAMYCIN GEL 1%
OXAYDO TAB 5MG	NOT COVERED	OXYCODONE TAB 5MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG
OXAYDO TAB 7.5MG	NOT COVERED	OXYCODONE TAB 5MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG
OXBRYTA TAB 300MG	NONPREFERRED SPECIALTY	DROXIA CAP 200MG
OXBRYTA TAB 500MG	NONPREFERRED SPECIALTY	DROXIA CAP 400MG
OXISTAT LOT 1%	NOT COVERED	KETOCONAZOLE AER 2%, CLOTRIMAZOLE CRE 1%, ECONAZOLE CRE 1%, CLOTRIM/BETA LOT DIPROP
OXTELLAR XR TAB 150MG	NOT COVERED	OXCARBAZEPIN TAB 150MG
OXTELLAR XR TAB 300MG	NOT COVERED	OXCARBAZEPIN TAB 300MG
OXTELLAR XR TAB 600MG	NOT COVERED	OXCARBAZEPIN TAB 600MG
OXYCOD/ACETA SOL 5/325MG	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 5-200MG, APAP/CODEINE SOL 120-12/5
OXYCODONE TAB 10MG ER	NOT COVERED	XTAMPZA ER CAP 9MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
OXYCODONE TAB 15MG ER	NOT COVERED	XTAMPZA ER CAP 13.5MG
OXYCODONE TAB 20MG ER	NOT COVERED	XTAMPZA ER CAP 13.5MG
OXYCODONE TAB 30MG ER	NOT COVERED	XTAMPZA ER CAP 18MG
OXYCODONE TAB 40MG ER	NOT COVERED	XTAMPZA ER CAP 27MG
OXYCODONE TAB 60MG ER	NOT COVERED	XTAMPZA ER CAP 27MG
OXYCODONE TAB 80MG ER	NOT COVERED	XTAMPZA ER CAP 36MG
OXYCONTIN TAB 15MG ER	NOT COVERED	XTAMPZA ER CAP 13.5MG
OXYCONTIN TAB 30MG ER	NOT COVERED	XTAMPZA ER CAP 18MG
OXYCONTIN TAB 60MG ER	NOT COVERED	XTAMPZA ER CAP 27MG
OXYTROL DIS 3.9MG/24	NOT COVERED	OXYBUTYNIN TAB 5MG, SOLIFENACIN TAB 5MG, FESOTERODINE TAB 4MG ER, TOLTERODINE TAB 1MG
OZOBAX SOL 5MG/5ML	NOT COVERED	BACLOFEN TAB 5MG, DANTROLENE CAP 100MG
PANCREAZE CAP 10500UNT	NOT COVERED	CREON CAP 12000UNT, ZENPEP CAP 10000UNT
PANCREAZE CAP 16800UNT	NOT COVERED	ZENPEP CAP 20000UNT, CREON CAP 12000UNT
PANCREAZE CAP 21000UNT	NOT COVERED	ZENPEP CAP 20000UNT, CREON CAP 24000UNT
PANCREAZE CAP 2600UNIT	NOT COVERED	CREON CAP 3000UNIT, ZENPEP CAP 3000UNIT
PANCREAZE CAP 37000	NOT COVERED	CREON CAP 36000UNT, ZENPEP CAP 40000UNT
PANCREAZE CAP 4200UNIT	NOT COVERED	ZENPEP CAP 5000UNIT, CREON CAP 6000UNIT
PANDEL CRE 0.1%	NOT COVERED	ALA-CORT CRE 1%, TRIAMCINOLON CRE 0.1%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.025%
PANTOPRAZOLE PAK 40MG	NOT COVERED	PANTOPRAZOLE TAB 40MG, LANSOPRAZOLE CAP 15MG DR, OMEPRAZOLE CAP 10MG
PAROXETINE CAP 7.5MG	NOT COVERED	DOTTI DIS 0.025MG, ESTRADIOL DIS 0.025MG, ESTROGEL GEL
PASER GRA 4GM	NONPREFERRED BRAND	ISONIAZID SYP 50MG/5ML, RIFAMPIN CAP 150MG
PEG-PREP KIT	NOT COVERED	GAVILYTE-G SOL, SODIUM/POTAS SOL MAGNESIU, PEG/NASUL/C/ SOL NACL/POT
PENCICLOVIR CRE 1%	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
PENICILLAMIN CAP 250MG	NOT COVERED	PENICILLAMIN TAB 250MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PERTZYE CAP 16000U	NOT COVERED	ZENPEP CAP 15000UNT, CREON CAP 12000UNT
PERTZYE CAP 24000U	NOT COVERED	ZENPEP CAP 25000UNT, CREON CAP 24000UNT
PERTZYE CAP 4000UNIT	NOT COVERED	ZENPEP CAP 3000UNIT, CREON CAP 3000UNIT
PERTZYE CAP 8000UNIT	NOT COVERED	CREON CAP 6000UNIT, ZENPEP CAP 10000UNT
PEXEVA TAB 10MG	NONPREFERRED BRAND	PAROXETINE TAB 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG
PEXEVA TAB 20MG	NONPREFERRED BRAND	PAROXETINE TAB 20MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE TAB 20MG
PEXEVA TAB 30MG	NONPREFERRED BRAND	PAROXETINE TAB 30MG, CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE TAB 20MG
PEXEVA TAB 40MG	NONPREFERRED BRAND	PAROXETINE TAB 40MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, FLUOXETINE TAB 20MG
PHEBURANE MIS 483/GM	NONPREFERRED SPECIALTY	SODIUM PHENY TAB 500MG
PHENER FORT SYP 25MG/5ML	NOT COVERED	PROMETHAZINE SYP 6.25/5ML, CYPROHEPTAD SYP 2MG/5ML, CLEMASTINE TAB 2.68MG, AZELASTINE SPR 0.1%
PHOSLYRA SOL	NONPREFERRED BRAND	CALC ACETATE TAB 667MG, SEVELAMER POW 0.8GM, LANTHANUM CHW 500MG
PICATO GEL 0.015%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL SOL 2%
PICATO GEL 0.05%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, FLUOROURACIL SOL 5%
PLEGRIDY INJ	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
PLEGRIDY INJ PEN	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
PLEGRIDY INJ STARTER	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, DIMETHYL FUM MIS STARTER
PLEGRIDY PEN INJ STARTER	NOT COVERED	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, DIMETHYL FUM MIS STARTER
PLENVU SOL	NOT COVERED	PEG/NASUL/C/ SOL NACL/POT, PEG-3350/KCL SOL /SODIUM, SODIUM/POTAS SOL MAGNESIU
PLIAGLIS CRE 7-7%	NOT COVERED	LIDO/PRILOCN CRE 2.5-2.5%, LIDOCAINE SOL 4%
PONVORY TAB 20MG	NOT COVERED	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PONVORY TAB STARTER	NOT COVERED	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
PRALUENT INJ 150MG/ML	NOT COVERED	REPATHA SURE INJ 140MG/ML, ROSUVASTATIN TAB 40MG, ATORVASTATIN TAB 80MG, LOVASTATIN TAB 40MG
PRALUENT INJ 75MG/ML	NOT COVERED	REPATHA SURE INJ 140MG/ML, ROSUVASTATIN TAB 40MG, ATORVASTATIN TAB 80MG, LOVASTATIN TAB 40MG
PRAMIPEXOLE TAB 0.375 ER	NOT COVERED	ROPINIROLE TAB 2MG ER, PRAMIPEXOLE TAB 0.125MG, BROMOCRIPTIN TAB 2.5MG
PRAMIPEXOLE TAB 0.75 ER	NOT COVERED	ROPINIROLE TAB 4MG ER, PRAMIPEXOLE TAB 0.25MG, BROMOCRIPTIN TAB 2.5MG
PRAMIPEXOLE TAB 1.5MG ER	NOT COVERED	ROPINIROLE TAB 4MG ER, PRAMIPEXOLE TAB 0.5MG, BROMOCRIPTIN TAB 2.5MG
PRAMIPEXOLE TAB 2.25 ER	NOT COVERED	ROPINIROLE TAB 6MG ER, PRAMIPEXOLE TAB 0.75MG, BROMOCRIPTIN TAB 2.5MG
PRAMIPEXOLE TAB 3.75 ER	NOT COVERED	ROPINIROLE TAB 8MG ER, PRAMIPEXOLE TAB 1.5MG, BROMOCRIPTIN TAB 2.5MG
PRAMIPEXOLE TAB 3MG ER	NOT COVERED	ROPINIROLE TAB 8MG ER, PRAMIPEXOLE TAB 1MG, BROMOCRIPTIN TAB 2.5MG
PRAMIPEXOLE TAB 4.5MG ER	NOT COVERED	ROPINIROLE TAB 12MG ER, PRAMIPEXOLE TAB 1.5MG, BROMOCRIPTIN TAB 2.5MG
PRAMOSONE CRE 1-1%	NOT COVERED	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE CRE 1-2.5%	NOT COVERED	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE LOT 1%	NOT COVERED	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE LOT 2.5%	NOT COVERED	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE OIN 1%	NOT COVERED	HC PRAMOXINE CRE 2.5-1%
PRAMOSONE OIN 2.5%	NOT COVERED	HC PRAMOXINE CRE 2.5-1%
PRED-G S.O.P OIN OP	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
PRED-G SUS OP	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
PREDNICARBAT CRE 0.1%	NOT COVERED	PREDNICARBAT OIN 0.1%, TRIAMCINOLON CRE 0.025%, BETAMETH VAL CRE 0.1%, FLUOCIN ACET CRE 0.025%
PREDNISOLONE TAB 10MG ODT	NOT COVERED	PREDNISOLONE SOL 10MG/5ML, PREDNISONE CON 5MG/ML, METHYLPRED TAB 4MG
PREDNISOLONE TAB 15MG ODT	NOT COVERED	PREDNISOLONE SOL 15MG/5ML, PREDNISONE CON 5MG/ML, METHYLPRED TAB 8MG
PREDNISOLONE TAB 30MG ODT	NOT COVERED	PREDNISOLONE SOL 15MG/5ML, PREDNISONE CON 5MG/ML, METHYLPRED TAB 32MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PREFEST TAB	NONPREFERRED BRAND	PREMPHASE TAB, ESTRADIOL TAB 10MCG, ESTRING MIS 2MG
PREGABALN ER TAB 165MG	NOT COVERED	DULOXETINE CAP 30MG, PREGABALIN CAP 100MG, GABAPENTIN TAB 600MG
PREGABALN ER TAB 330MG	NOT COVERED	DULOXETINE CAP 60MG, PREGABALIN CAP 300MG, GABAPENTIN TAB 800MG
PREGABALN ER TAB 82.5MG	NOT COVERED	DULOXETINE CAP 20MG, PREGABALIN CAP 25MG, GABAPENTIN TAB 600MG
PRESTALIA TAB 14-10MG	NOT COVERED	AMLOD/BENAZP CAP 10-40MG, TRANDO/VERAP TAB 4-240 ER, AMLOD/VALSAR TAB 10-320MG, AMLOD/OLMESA TAB 10-40MG
PRESTALIA TAB 3.5-2.5	NOT COVERED	AMLOD/BENAZP CAP 2.5-10MG, TRANDO/VERAP TAB 1-240 ER, AMLOD/VALSAR TAB 5-160MG, AMLOD/OLMESA TAB 5-20MG
PRESTALIA TAB 7-5MG	NOT COVERED	AMLOD/BENAZP CAP 5-20MG, TRANDO/VERAP TAB 2-180 ER, AMLOD/VALSAR TAB 5-320MG, AMLOD/OLMESA TAB 5-40MG
PREVIDENT CRE 5000 PLS	NOT COVERED	CAVAREST GEL 1.1%
PREVIDENT GEL 1.1%	NOT COVERED	CAVAREST GEL 1.1%
PREVIDENT SOL 0.2%	NOT COVERED	CAVAREST GEL 1.1%
PRILOSEC POW 10MG	NOT COVERED	OMEPRAZOLE CAP 10MG, LANSOPRAZOLE CAP 30MG DR, PANTOPRAZOLE TAB 40MG
PRILOSEC POW 2.5MG	NOT COVERED	OMEPRAZOLE CAP 10MG, LANSOPRAZOLE CAP 15MG DR, PANTOPRAZOLE TAB 20MG
PRIMSOL SOL 50MG/5ML	NONPREFERRED BRAND	TRIMETHOPRIM TAB 100MG, FOSFOMYCIN POW 3GM, NITROFURANTN SUS 25MG/5ML, LEVOFLOXACIN SOL 25MG/ML
PROAIR DIGIH AER	NOT COVERED	ALBUTEROL AER HFA
PROAIR RESPI AER	NOT COVERED	ALBUTEROL AER HFA
PROCYSBI CAP 25MG	NOT COVERED	CYSTAGON CAP 50MG
PROCYSBI CAP 75MG	NOT COVERED	CYSTAGON CAP 150MG
PROCYSBI GRA 300MG	NOT COVERED	CYSTAGON CAP 150MG
PROCYSBI GRA 75MG	NOT COVERED	CYSTAGON CAP 50MG
PROGRAF GRA 0.2MG	NONPREFERRED SPECIALTY	TACROLIMUS CAP 0.5MG
PROGRAF GRA 1MG	NONPREFERRED SPECIALTY	TACROLIMUS CAP 1MG
PROLATE SOL 10/300MG	NOT COVERED	ENDOCET TAB 10-325MG, HYDROCO/APAP SOL 7.5-325, HYDROCOD/IBU TAB 10-200MG, APAP/CODEINE SOL 120-12/5
PROLATE TAB 10-300MG	NOT COVERED	ENDOCET TAB 7.5-325, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 10-200MG, TRAMADL/APAP TAB 37.5-325

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
PROLATE TAB 5-300MG	NOT COVERED	ENDOCET TAB 2.5-325, HYDROCO/APAP TAB 5-325MG, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325
PROLATE TAB 7.5-300	NOT COVERED	ENDOCET TAB 5-325MG, HYDROCO/APAP TAB 10-325MG, HYDROCOD/IBU TAB 7.5-200, TRAMADL/APAP TAB 37.5-325
PURIXAN SUS 20MG/ML	NONPREFERRED SPECIALTY	MERCAPTOPUR TAB 50MG
PYLERA CAP	NOT COVERED	LANSOPR/AMOX MIS /CLARITH, AMOXICILLIN CAP 500MG, CLARITHROMYC TAB 250MG
PYRIDOSTIGMI TAB 30MG	NOT COVERED	PYRIDOSTIGM TAB 60MG
QBRELIS SOL 1MG/ML	NOT COVERED	LISINOPRIL TAB 2.5MG, BENAZEPRIL TAB 5MG, CAPTOPRIL TAB 12.5MG, ENALAPRIL TAB 2.5MG
QDOLO SOL 5MG/ML	NOT COVERED	TRAMADOL HCL TAB 50MG
QELBREE CAP 100MG ER	NONPREFERRED BRAND	GUANFACINE TAB 1MG ER, CLONIDINE TAB 0.1MG ER, ATOMOXETINE CAP 10MG
QELBREE CAP 150MG ER	NONPREFERRED BRAND	GUANFACINE TAB 2MG ER, CLONIDINE TAB 0.1MG ER, ATOMOXETINE CAP 40MG
QELBREE CAP 200MG ER	NONPREFERRED BRAND	GUANFACINE TAB 4MG ER, CLONIDINE TAB 0.1MG ER, ATOMOXETINE CAP 100MG
QMIIZ ODT TAB 15 MG	NOT COVERED	MELOXICAM TAB 15MG, ETODOLAC TAB 500MG, NABUMETONE TAB 750MG, CELECOXIB CAP 400MG
QMIIZ ODT TAB 7.5MG	NOT COVERED	MELOXICAM TAB 7.5MG, ETODOLAC TAB 400MG, NABUMETONE TAB 500MG, CELECOXIB CAP 50MG
QNASL AER 80MCG	NOT COVERED	FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, MOMETASONE SPR 50MCG
QNASL CHILD SPR 40MCG	NOT COVERED	FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, MOMETASONE SPR 50MCG
QTERN TAB 10-5MG	NOT COVERED	GLYXAMBI TAB 25-5 MG
QTERN TAB 5-5MG	NOT COVERED	GLYXAMBI TAB 10-5 MG
QUAZEPAM TAB 15MG	NOT COVERED	ESTAZOLAM TAB 1MG, TRIAZOLAM TAB 0.125MG, TEMAZEPAM CAP 7.5MG, ESZOPICLONE TAB 1MG
QUILLICHEW CHW 20MG ER	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPH CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, VYVANSE CHW 10MG
QUILLICHEW CHW 30MG ER	NOT COVERED	METHYLPHENID TAB 27MG ER, DEXMETHYLPH CAP 20MG ER, AMPHET/DEXTR CAP 25MG ER, VYVANSE CHW 30MG
QUILLICHEW CHW 40MG ER	NOT COVERED	METHYLPHENID TAB 54MG ER, DEXMETHYLPH CAP 40MG ER, AMPHET/DEXTR CAP 30MG ER, VYVANSE CHW 60MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
QUILLIVANT SUS 25MG/5ML	NOT COVERED	METHYLPHENID TAB 18MG ER, DEXMETHYLPHENID CAP 5MG ER, AMPHET/DEXTR CAP 5MG ER, VYVANSE CHW 10MG
QUVIVIQ TAB 25MG	NOT COVERED	ESZOPICLONE TAB 1MG, ZOLPIDEM TAB 5MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
QUVIVIQ TAB 50MG	NOT COVERED	ESZOPICLONE TAB 3MG, ZOLPIDEM TAB 10MG, ZALEPLON CAP 10MG, RAMELTEON TAB 8MG
RABEPRAZOLE CAP 10MG DR	NOT COVERED	RABEPRAZOLE TAB 20MG, LANSOPRAZOLE CAP 30MG DR, OMEPRAZOLE CAP 40MG
RADICAVA ORS SUS STARTER	NONPREFERRED SPECIALTY	RILUZOLE TAB 50MG
RAGWITEK SUB	NOT COVERED	MONTELUKAST TAB 10MG, AZELASTINE SPR 0.1%, FLUTICASONONE SPR 50MCG, FLUNISOLIDIDE SPR 0.025%
RASUVO INJ 10MG	NOT COVERED	METHOTREXATE INJ 25MG/ML
RASUVO INJ 12.5MG	NOT COVERED	METHOTREXATE INJ 50MG/2ML
RASUVO INJ 15MG	NOT COVERED	METHOTREXATE INJ 50MG/2ML
RASUVO INJ 17.5MG	NOT COVERED	METHOTREXATE INJ 25MG/ML
RASUVO INJ 22.5MG	NOT COVERED	METHOTREXATE INJ 250/10ML
RASUVO INJ 25MG	NOT COVERED	METHOTREXATE INJ 1GM/40ML
RASUVO INJ 30MG	NOT COVERED	METHOTREXATE INJ 1GM/40ML
RASUVO INJ 7.5MG	NOT COVERED	METHOTREXATE INJ 25MG/ML
RAVICTI LIQ 1.1GM/ML	NONPREFERRED SPECIALTY	PHENYLBUTYRA POW SODIUM
RAYOS TAB 1MG	NOT COVERED	PREDNISONE TAB 1MG, METHYLPRED TAB 4MG, MILLIPRED TAB 5MG
RAYOS TAB 2MG	NOT COVERED	PREDNISONE TAB 1MG, METHYLPRED TAB 4MG, MILLIPRED TAB 5MG
RAYOS TAB 5MG	NOT COVERED	PREDNISONE TAB 5MG, METHYLPRED TAB 4MG, MILLIPRED TAB 5MG
REBIF INJ 22/0.5	NONPREFERRED SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
REBIF INJ 44/0.5	NONPREFERRED SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
REBIF REBIDO INJ 22/0.5	NONPREFERRED SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER
REBIF REBIDO INJ 44/0.5	NONPREFERRED SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 20MG/ML, DIMETHYL FUM MIS STARTER

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
REBIF REBIDO INJ TITRATN	NONPREFERRED SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, DIMETHYL FUM MIS STARTER
REBIF TITRTN INJ PACK	NONPREFERRED SPECIALTY	BETASERON INJ 0.3MG, AVONEX PEN KIT 30MCG, GLATIRAMER INJ 40MG/ML, DIMETHYL FUM MIS STARTER
RECORLEV TAB 150MG	NOT COVERED	KETOCONAZOLE TAB 200MG, SIGNIFOR INJ 0.3MG/ML
REDITREX INJ 10/.4ML	NOT COVERED	METHOTREXATE INJ 50MG/2ML
REDITREX INJ 12.5/0.5	NOT COVERED	METHOTREXATE INJ 50MG/2ML
REDITREX INJ 15/.6ML	NOT COVERED	METHOTREXATE INJ 25MG/ML
REDITREX INJ 17.5/0.7	NOT COVERED	METHOTREXATE INJ 25MG/ML
REDITREX INJ 20/.8ML	NOT COVERED	METHOTREXATE INJ 250/10ML
REDITREX INJ 22.5/0.9	NOT COVERED	METHOTREXATE INJ 250/10ML
REDITREX INJ 25MG/ML	NOT COVERED	METHOTREXATE INJ 1GM/40ML
REDITREX INJ 7.5/.3ML	NOT COVERED	METHOTREXATE INJ 25MG/ML
RELAFEN DS TAB 1000MG	NOT COVERED	MELOXICAM TAB 15MG, NABUMETONE TAB 750MG, ETODOLAC TAB 500MG, CELECOXIB CAP 400MG
RELEUKO INJ 300MCG	NOT COVERED	NIVESTYM INJ 300MCG, ZARXIO INJ 300/0.5
RELEUKO INJ 480MCG	NOT COVERED	NIVESTYM INJ 480MCG, ZARXIO INJ 480/0.8
RELISTOR INJ 12/0.6ML	NOT COVERED	SYMPROIC TAB 0.2MG, CONSTULOSE SOL 10GM/15, AMITIZA CAP 24MCG
RELISTOR INJ 8/0.4ML	NOT COVERED	SYMPROIC TAB 0.2MG, CONSTULOSE SOL 10GM/15, AMITIZA CAP 8MCG
RELISTOR TAB 150MG	NOT COVERED	SYMPROIC TAB 0.2MG, AMITIZA CAP 8MCG, CONSTULOSE SOL 10GM/15
RELYVRIO	NONPRERRED SPECIALTY	RILUZOLE TAB
RETIN-A MICR GEL 0.06%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
RETIN-A MICR GEL 0.08%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
REVLIMID CAP 10MG	NONPREFERRED SPECIALTY	LENALIDOMIDE CAP 10MG
REVLIMID CAP 15MG	NONPREFERRED SPECIALTY	LENALIDOMIDE CAP 15MG
REVLIMID CAP 2.5MG	NONPREFERRED SPECIALTY	LENALIDOMIDE CAP 2.5MG
REVLIMID CAP 20MG	NONPREFERRED SPECIALTY	LENALIDOMIDE CAP 20MG
REVLIMID CAP 25MG	NONPREFERRED SPECIALTY	LENALIDOMIDE CAP 25MG
REVLIMID CAP 5MG	NONPREFERRED SPECIALTY	LENALIDOMIDE CAP 5MG
REXULTI TAB 0.25MG	NOT COVERED	OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG, ZIPRASIDONE CAP 20MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
REXULTI TAB 0.5MG	NOT COVERED	OLANZAPINE TAB 5MG, RISPERIDONE TAB 0.5MG, QUETIAPINE TAB 50MG, ZIPRASIDONE CAP 40MG
REXULTI TAB 1MG	NOT COVERED	OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG, ZIPRASIDONE CAP 40MG
REXULTI TAB 2MG	NOT COVERED	OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG, ZIPRASIDONE CAP 60MG
REXULTI TAB 3MG	NOT COVERED	OLANZAPINE TAB 15MG, RISPERIDONE TAB 3MG, QUETIAPINE TAB 300MG, ZIPRASIDONE CAP 60MG
REXULTI TAB 4MG	NOT COVERED	OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG, ZIPRASIDONE CAP 80MG
REYVOW TAB 100MG	NONPREFERRED BRAND	UBRELVY TAB 100MG, NARATRIPTAN TAB 2.5MG, RIZATRIPTAN TAB 10MG, SUMATRIPTAN TAB 100MG
REYVOW TAB 50MG	NONPREFERRED BRAND	UBRELVY TAB 50MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, SUMATRIPTAN TAB 25MG
RIOMET ER SUS 500/5ML	NOT COVERED	METFORMIN TAB 500MG ER
ROLVEDON	NONPREFERRED SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ROSZET TAB 10-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 10MG
ROSZET TAB 20-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 20MG
ROSZET TAB 40-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 40MG
ROSZET TAB 5-10MG	NOT COVERED	EZETIMIBE TAB 10MG, ROSUVASTATIN TAB 5MG
ROXYBOND TAB 15MG	NOT COVERED	OXYCODONE TAB 15MG, HYDROMORPHON TAB 4MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 30MG
ROXYBOND TAB 30MG	NOT COVERED	OXYCODONE TAB 30MG, HYDROMORPHON TAB 8MG, MORPHINE SUL TAB 30MG, CODEINE SULF TAB 60MG
ROXYBOND TAB 5MG	NOT COVERED	OXYCODONE TAB 5MG, HYDROMORPHON TAB 2MG, MORPHINE SUL TAB 15MG, CODEINE SULF TAB 15MG
RUCONEST INJ 2100UNIT	NONPREFERRED SPECIALTY	ICATIBANT INJ 30MG/3ML
RYALTRIS SPR 665-25	NOT COVERED	AZELASTINE SPR 0.1%, MOMETASONE SPR 50MCG, FLUTICASONE SPR 50MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
RYCLORA SOL 2MG/5ML	NOT COVERED	AZELASTINE SPR 0.1%, FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%
RYTARY CAP 145MG	NOT COVERED	CARB/LEVO ER TAB 25-100MG, CARB/LEVO100 TAB /ENTACAP
RYTARY CAP 195MG	NOT COVERED	CARB/LEVO ER TAB 50-200MG, CARB/LEVO125 TAB /ENTACAP
RYTARY CAP 245MG	NOT COVERED	CARB/LEVO ER TAB 50-200MG, CARB/LEVO200 TAB /ENTACAP
RYTARY CAP 95MG	NOT COVERED	CARB/LEVO ER TAB 25-100MG, CARB/LEVO 50 TAB /ENTACAP
RYVENT TAB 6MG	NOT COVERED	CLEMASTINE TAB 2.68MG, PROMETHAZINE TAB 50MG, CYPROHEPTAD TAB 4MG, AZELASTINE SPR 0.1%
SAIZEN INJ 5MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SAIZENPREP INJ 8.8MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SANCUSO DIS 3.1MG	NONPREFERRED BRAND	GRANISETRON TAB 1MG, ONDANSETRON TAB 4MG ODT
SANDIMMUNE SOL 100MG/ML	NONPREFERRED SPECIALTY	CYCLOSPORINE CAP 100MG
SAVAYSA TAB 15MG	NONPREFERRED BRAND	DABIGATRAN CAP 75MG, ELIQUIS TAB 2.5MG, XARELTO TAB 2.5MG
SAVAYSA TAB 30MG	NONPREFERRED BRAND	DABIGATRAN CAP 75MG, ELIQUIS TAB 5MG, XARELTO TAB 10MG
SAVAYSA TAB 60MG	NONPREFERRED BRAND	DABIGATRAN CAP 150MG, ELIQUIS TAB 5MG, XARELTO TAB 20MG
SAVELLA MIS TITR PAK	NONPREFERRED BRAND	DULOXETINE CAP 20MG, PREGABALIN CAP 25MG
SAVELLA TAB 100MG	NONPREFERRED BRAND	PREGABALIN CAP 300MG, DULOXETINE CAP 60MG
SAVELLA TAB 12.5MG	NONPREFERRED BRAND	PREGABALIN CAP 25MG, DULOXETINE CAP 20MG
SAVELLA TAB 25MG	NONPREFERRED BRAND	PREGABALIN CAP 75MG, DULOXETINE CAP 30MG
SAVELLA TAB 50MG	NONPREFERRED BRAND	PREGABALIN CAP 200MG, DULOXETINE CAP 60MG
SECUADO DIS 3.8MG	NONPREFERRED BRAND	OLANZAPINE TAB 2.5MG, QUETIAPINE TAB 25MG, ZIPRASIDONE CAP 20MG, RISPERIDONE TAB 0.25MG
SECUADO DIS 5.7MG	NONPREFERRED BRAND	OLANZAPINE TAB 7.5MG, QUETIAPINE TAB 150MG, ZIPRASIDONE CAP 40MG, RISPERIDONE TAB 1MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SECUADO DIS 7.6MG	NONPREFERRED BRAND	OLANZAPINE TAB 20MG, QUETIAPINE TAB 400MG, ZIPRASIDONE CAP 80MG, RISPERIDONE TAB 4MG
SEGLENTIS TAB 56-44MG	NOT COVERED	CELECOXIB CAP 50MG, TRAMADOL HCL TAB 50MG
SEGLUROMET TAB 2.5-1000	NOT COVERED	SYNJARDY TAB 5-1000MG, XIGDUO XR TAB 5-500MG
SEGLUROMET TAB 2.5-500	NOT COVERED	SYNJARDY TAB 5-500MG, XIGDUO XR TAB 2.5-1000
SEGLUROMET TAB 7.5-1000	NOT COVERED	SYNJARDY TAB, XIGDUO XR TAB 10-1000
SEGLUROMET TAB 7.5-500	NOT COVERED	SYNJARDY TAB 12.5-500, XIGDUO XR TAB 10-500MG
SEMGLEE INJ 100U/ML	NOT COVERED	LANTUS SOLOS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML, LEVEMIR INJ
SEMGLEE SOL 100U/ML	NOT COVERED	LANTUS INJ 100/ML, TOUJEO SOLO INJ 300IU/ML, LEVEMIR INJ
SERNIVO SPR	NOT COVERED	BETAMETH DIP CRE 0.05%, TRIAMCINOLON CRE 0.5%, CLOBETASOL CRE 0.05%, FLUOCINONIDE CRE 0.05%
SERTRALINE CAP 150MG	NOT COVERED	SERTRALINE TAB 25MG, FLUOXETINE CAP 10MG, CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG
SERTRALINE CAP 200MG	NOT COVERED	SERTRALINE TAB 100MG, FLUOXETINE CAP 40MG, CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG
SEYSARA TAB 100MG	NOT COVERED	AVIDOXY TAB 100MG, DOXYCYCL HYC TAB 100MG, MINOCYCLINE TAB 75MG
SEYSARA TAB 150MG	NOT COVERED	DOXYCYC MONO TAB 150MG, DOXYCYCL HYC TAB 100MG, MINOCYCLINE TAB 100MG
SEYSARA TAB 60MG	NOT COVERED	DOXYCYC MONO TAB 50MG, DOXYCYCLINE TAB 20MG, MINOCYCLINE TAB 50MG
SF GEL 1.1%	NOT COVERED	CAVAREST GEL 1.1%
SFROWASA ENE 4GM	NOT COVERED	MESALAMINE ENE 4GM, SULFASALAZIN TAB 500MG, BALSALAZIDE CAP 750MG
SIGNIFOR LAR INJ 10MG	NOT COVERED	SIGNIFOR INJ 0.3MG/ML, KETOCONAZOLE TAB 200MG, SANDOSTATIN KIT LAR 10MG, SOMATULINE INJ 60/0.2ML
SIGNIFOR LAR INJ 20MG	NOT COVERED	SIGNIFOR INJ 0.3MG/ML, KETOCONAZOLE TAB 200MG, SANDOSTATIN KIT LAR 10MG, SOMATULINE INJ 60/0.2ML

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SIGNIFOR LAR INJ 30MG	NOT COVERED	SIGNIFOR INJ 0.6MG/ML, KETOCONAZOLE TAB 200MG, SANDOSTATIN KIT LAR 20MG, SOMATULINE INJ 90/0.3ML
SIGNIFOR LAR INJ 40MG	NOT COVERED	SIGNIFOR INJ 0.6MG/ML, KETOCONAZOLE TAB 200MG, SANDOSTATIN KIT LAR 20MG, SOMATULINE INJ 90/0.3ML
SIGNIFOR LAR INJ 60MG	NOT COVERED	SIGNIFOR INJ 0.9MG/ML, KETOCONAZOLE TAB 200MG, SANDOSTATIN KIT LAR 30MG, SOMATULINE INJ 120/.5ML
SIKLOS TAB 1000MG	NONPREFERRED BRAND	DROXIA CAP 400MG
SIKLOS TAB 100MG	NONPREFERRED BRAND	DROXIA CAP 200MG
SILIQ INJ 210/1.5	NOT COVERED	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, HUMIRA PEN INJ 40MG/0.8
SIMBRINZA SUS 1-0.2%	NOT COVERED	BRIMO/TIMOLO SOL 0.2/0.5%, DORZOL/TIMOL SOL 22.3-6.8, BRINZOLAMIDE SUS 1%
SITAVIG TAB 50MG	NOT COVERED	ACYCLOVIR OIN 5%
SKYTROFA INJ 11MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 13.3MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG
SKYTROFA INJ 3.6MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 3MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 4.3MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 5.2MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 6.3MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 10/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 7.6MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SKYTROFA INJ 9.1MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 15/1.5ML, GENOTROPIN INJ 5MG
SLYND TAB 4MG	NONPREFERRED BRAND	CAMILA TAB 0.35MG
SOAAZ TAB 20MG	NOT COVERED	TORSEMIDE TAB 20MG, BUMETANIDE TAB 1MG, FUROSEMIDE TAB 40MG
SOAAZ TAB 40MG	NOT COVERED	TORSEMIDE TAB 20MG, BUMETANIDE TAB 1MG, FUROSEMIDE TAB 40MG
SOAAZ TAB 60MG	NOT COVERED	TORSEMIDE TAB 100MG, BUMETANIDE TAB 2MG, FUROSEMIDE TAB 80MG
SOD FLUORIDE GEL 1.1%	NOT COVERED	CAVAREST GEL 1.1%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SOD FLUORIDE SOL 0.2%MINT	NOT COVERED	CAVAREST GEL 1.1%
SOD OXYBATE SOL 500MG/ML	NONPREFERRED SPECIALTY	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG
SODIUM FLUOR CRE 5000 PPM	NOT COVERED	CAVAREST GEL 1.1%
SODIUM FLUOR GEL 1.1%	NOT COVERED	CAVAREST GEL 1.1%
SOLOSEC GRA 2GM	NOT COVERED	METRONIDAZOL TAB 500MG, CLINDAMYCIN CAP 75MG
SOLTAMOX SOL 10MG/5ML	NONPREFERRED BRAND	TAMOXIFEN TAB 10MG
SORILUX AER 0.005%	NOT COVERED	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%
SOTYKTU	NONPREFERRED SPECIALTY	OTEZLA, HUMIRA PEN INJ 40MG/0.8, ENBREL INJ 25MG
SOTYLIZE SOL 5MG/ML	NOT COVERED	SORINE TAB 240MG
SOVALDI PAK 150MG	NONPREFERRED SPECIALTY	EPCLUSA PAK 150-37.5, SOFOS/VELPAT TAB 400-100
SOVALDI PAK 200MG	NONPREFERRED SPECIALTY	EPCLUSA PAK 200-50MG, SOFOS/VELPAT TAB 400-100
SOVALDI TAB 200MG	NOT COVERED	EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
SOVALDI TAB 400MG	NOT COVERED	EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
SPRITAM TAB 1000MG	NOT COVERED	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 250MG	NOT COVERED	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 500MG	NOT COVERED	LEVETIRACETA SOL 100MG/ML
SPRITAM TAB 750MG	NOT COVERED	LEVETIRACETA SOL 100MG/ML
SSKI SOL 1GM/ML	NONPREFERRED BRAND	POT IODIDE SOL 1GM/ML
SSS 10-5 AER 10-5%	NOT COVERED	SOD SUL/SULF CRE 10-5%, CLINDAMYCIN GEL 1%, SULFACETAMID LOT 10%
STEGLATRO TAB 15MG	NOT COVERED	FARXIGA TAB 10MG, JARDIANCE TAB 25MG
STEGLATRO TAB 5MG	NOT COVERED	FARXIGA TAB 5MG, JARDIANCE TAB 10MG
STEGLUJAN TAB 15- 100MG	NOT COVERED	GLYXAMBI TAB 25-5 MG
STEGLUJAN TAB 5-100MG	NOT COVERED	GLYXAMBI TAB 10-5 MG
STIMUFEND	NONPREFERRED SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
STRIVERDI AER 2.5MCG	NOT COVERED	SEREVENT DIS AER 50MCG, SPIRIVA CAP HANDIHLR, STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
SUBSYS SPR 100MCG	NOT COVERED	FENTANYL OT LOZ 200MCG
SUBSYS SPR 1200MCG	NOT COVERED	FENTANYL OT LOZ 1200MCG
SUBSYS SPR 1600MCG	NOT COVERED	FENTANYL OT LOZ 1600MCG
SUBSYS SPR 200MCG	NOT COVERED	FENTANYL OT LOZ 400MCG
SUBSYS SPR 400MCG	NOT COVERED	FENTANYL OT LOZ 600MCG
SUBSYS SPR 600MCG	NOT COVERED	FENTANYL OT LOZ 600MCG
SUBSYS SPR 800MCG	NOT COVERED	FENTANYL OT LOZ 800MCG
SULFACET SOD OIN 10% OP	NOT COVERED	SULFACET SOD SOL 10% OP, GENTAMICIN SOL 0.3% OP, TOBRAMYCIN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM
SULFAMYLON CRE 85MG/GM	NONPREFERRED BRAND	SILVER SULFA CRE 1%
SUMAT-NAPROX TAB 85- 500MG	NOT COVERED	SUMATRIPTAN TAB 50MG, NAPROXEN TAB 500MG
SUNOSI TAB 150MG	NONPREFERRED BRAND	ARMODAFINIL TAB 250MG, MODAFINIL TAB 200MG
SUNOSI TAB 75MG	NONPREFERRED BRAND	ARMODAFINIL TAB 50MG, MODAFINIL TAB 100MG
SUPRAX CHW 100MG	NONPREFERRED BRAND	CEFIXIME SUS 100/5ML, CEFDINIR SUS 125/5ML, CEFPODO PROX SUS 50MG/5ML
SUPRAX CHW 200MG	NONPREFERRED BRAND	CEFIXIME SUS 200/5ML, CEFDINIR SUS 250/5ML, CEFPODO PROX SUS 100/5ML
SUPRAX SUS 500/5ML	NONPREFERRED BRAND	CEFIXIME SUS 200/5ML, CEFDINIR SUS 250/5ML, CEFPODO PROX SUS 100/5ML
SUTAB TAB	NOT COVERED	SODIUM/POTAS SOL MAGNESIU, PEG-3350/KCL SOL /SODIUM, PEG/NASUL/C/ SOL NAACL/POT
SYMLINPEN 60 INJ 1000MCG	NONPREFERRED BRAND	NOVOLIN R INJ U-100
SYMLINPEN 120 INJ 1000MCG	NONPREFERRED BRAND	NOVOLIN R INJ U-100
SYMPAZAN MIS 10MG	NOT COVERED	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE CHW 5MG, RUFINAMIDE SUS 40MG/ML
SYMPAZAN MIS 20MG	NOT COVERED	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE CHW 25MG, RUFINAMIDE SUS 40MG/ML
SYMPAZAN MIS 5MG	NOT COVERED	CLOBAZAM SUS 2.5MG/ML, LAMOTRIGINE CHW 5MG, RUFINAMIDE SUS 40MG/ML
SYNDROS SOL 5MG/ML	NOT COVERED	DRONABINOL CAP 5MG
TADLIQ SUS 20MG/5ML	NONPREFERRED SPECIALTY	SILDENAFIL SUS 10MG/ML, ALYQ TAB 20MG
TALICIA CAP	NOT COVERED	LANSOPR/AMOX MIS /CLARITH, AMOXICILLIN CAP 250MG, CLARITHROMYC TAB 250MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TALTZ INJ 80MG/ML	NONPREFERRED SPECIALTY	TREMFYA INJ 100MG/ML, SKYRIZI PEN INJ 150MG/ML, STELARA INJ 45MG/0.5, HUMIRA PEN INJ 40MG/0.8
TAPERDEX PAK 12-DAY	NOT COVERED	DEXAMETHASON TAB 1.5MG
TAPERDEX PAK 7-DAY	NOT COVERED	DEXAMETHASON TAB 1.5MG
TASCENSO ODT TAB 0.25MG	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
TASCENSO ODT TAB 0.5MG	NONPREFERRED SPECIALTY	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
TAVABOROLE SOL 5%	NOT COVERED	CICLODAN SOL 8%, ITRACONAZOLE CAP 100MG, TERBINAFINE TAB 250MG
TAVALISSE TAB 100MG	NONPREFERRED SPECIALTY	PROMACTA TAB 12.5MG, METHYLPRED TAB 4MG, PREDNISONE TAB 1MG, MILLIPRED TAB 5MG
TAVALISSE TAB 150MG	NONPREFERRED SPECIALTY	PROMACTA TAB 75MG, METHYLPRED TAB 32MG, PREDNISONE TAB 50MG, MILLIPRED TAB 5MG
TEKTURNA HCT TAB 150-12.5	NONPREFERRED BRAND	IRBESAR/HCTZ TAB 150-12.5, LOSARTAN/HCT TAB 50-12.5, OLM MED/HCTZ TAB 20-12.5, TELMISA/HCTZ TAB 40-12.5
TEKTURNA HCT TAB 150-25MG	NONPREFERRED BRAND	IRBESAR/HCTZ TAB 150-12.5, LOSARTAN/HCT TAB 100-12.5, OLM MED/HCTZ TAB 40-12.5, TELMISA/HCTZ TAB 80-12.5
TEKTURNA HCT TAB 300-12.5	NONPREFERRED BRAND	IRBESAR/HCTZ TAB 300-12.5, LOSARTAN/HCT TAB 100-12.5, OLM MED/HCTZ TAB 40-12.5, TELMISA/HCTZ TAB 80-12.5
TEKTURNA HCT TAB 300-25MG	NONPREFERRED BRAND	IRBESAR/HCTZ TAB 300-12.5, LOSARTAN/HCT TAB 100-25, OLM MED/HCTZ TAB 40-25MG, TELMISA/HCTZ TAB 80-25MG
TENCON TAB 50-325MG	NOT COVERED	BUTAL/APAP TAB 50-325MG, BAC TAB, BUT/ASA/CAFF CAP, ASCOMP/COD CAP 30MG
TERIPARATIDE INJ	NOT COVERED	FORTEO INJ 600/2.4, TYMLOS INJ, ALENDRONATE TAB 70MG, RISEDRONATE TAB 150MG
TESTOST CYP INJ 200MG/ML	NOT COVERED	TESTOST CYP INJ 200MG/ML
TESTOSTERONE GEL 10MG/ACT	NOT COVERED	TESTOSTERONE GEL 1.62%, ANDRODERM DIS 4MG/24HR
TESTOSTERONE SOL 30MG/ACT	NOT COVERED	TESTOSTERONE GEL 1%(25MG), ANDRODERM DIS 2MG/24HR

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TEXACORT SOL 2.5%	NONPREFERRED BRAND	HYDROCORT LOT 2.5%, FLUOCIN ACET SOL 0.01%, MOMETASONE SOL 0.1%, TRIAMCINOLON AER SPRAY
THALITONE TAB 15MG	NOT COVERED	CHLORTHALID TAB 25MG
THYQUIDITY SOL 100MCG	NOT COVERED	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG
TIGLUTIK SUS 50/10ML	NONPREFERRED SPECIALTY	RILUZOLE TAB 50MG
TIMOLOL MAL SOL 0.25% OP	NOT COVERED	TIMOLOL MAL SOL 0.25% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
TIMOLOL MAL SOL 0.5% OP	NOT COVERED	TIMOLOL MAL SOL 0.5% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
TIMOLOL MALE SOL 0.5%	NOT COVERED	TIMOLOL MAL SOL 0.5% OP, CARTEOLOL SOL 1% OP, LEVOBUNOLOL SOL 0.5% OP
TIROSINT-SOL SOL 100MCG	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG
TIROSINT-SOL SOL 112MCG	NONPREFERRED BRAND	EUTHYROX TAB 112MCG, LEVO-T TAB 112MCG, LEVOTHYROXIN TAB 112MCG, LEVOXYL TAB 112MCG
TIROSINT-SOL SOL 125MCG	NONPREFERRED BRAND	EUTHYROX TAB 125MCG, LEVO-T TAB 125MCG, LEVOTHYROXIN TAB 125MCG, LEVOXYL TAB 125MCG
TIROSINT-SOL SOL 137MCG	NONPREFERRED BRAND	EUTHYROX TAB 137MCG, LEVO-T TAB 137MCG, LEVOTHYROXIN TAB 137MCG, LEVOXYL TAB 137MCG
TIROSINT-SOL SOL 13MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG
TIROSINT-SOL SOL 150MCG	NONPREFERRED BRAND	EUTHYROX TAB 150MCG, LEVO-T TAB 150MCG, LEVOTHYROXIN TAB 150MCG, LEVOXYL TAB 150MCG
TIROSINT-SOL SOL 175MCG	NONPREFERRED BRAND	EUTHYROX TAB 175MCG, LEVO-T TAB 175MCG, LEVOTHYROXIN TAB 175MCG, LEVOXYL TAB 175MCG
TIROSINT-SOL SOL 200MCG	NONPREFERRED BRAND	EUTHYROX TAB 200MCG, LEVO-T TAB 200 MCG, LEVOTHYROXIN TAB 200MCG, LEVOXYL TAB 200MCG
TIROSINT-SOL SOL 25MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 25MCG, LEVO-T TAB 25MCG, LEVOTHYROXIN TAB 25MCG, LEVOXYL TAB 25MCG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TIROSINT-SOL SOL 37.5/ML	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG
TIROSINT-SOL SOL 44MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG
TIROSINT-SOL SOL 50MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 50MCG, LEVO-T TAB 50MCG, LEVOTHYROXIN TAB 50MCG, LEVOXYL TAB 50MCG
TIROSINT-SOL SOL 62.5/ML	NONPREFERRED BRAND	EUTHYROX TAB 100MCG, LEVO-T TAB 100MCG, LEVOTHYROXIN TAB 100MCG, LEVOXYL TAB 100MCG
TIROSINT-SOL SOL 75MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 75MCG, LEVO-T TAB 75MCG, LEVOTHYROXIN TAB 75MCG, LEVOXYL TAB 75MCG
TIROSINT-SOL SOL 88MCG/ML	NONPREFERRED BRAND	EUTHYROX TAB 88MCG, LEVO-T TAB 88MCG, LEVOTHYROXIN TAB 88MCG, LEVOXYL TAB 88MCG
TIVORBEX CAP 20MG	NOT COVERED	IBU TAB 400MG, NAPROXEN TAB 250MG, ETODOLAC CAP 200MG, MECLOFEN SOD CAP 50MG
TLANDO CAP 112.5 MG	NOT COVERED	TESTOSTERONE GEL 1%(50MG), ANDRODERM DIS 2MG/24HR
TOBI PODHALR CAP 28MG	NOT COVERED	TOBRAMYCIN NEB 300/5ML
TOBRADEX ST SUS 0.3-0.05	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
TOBRAMYCIN NEB 300/4ML	NOT COVERED	TOBRAMYCIN NEB 300/5ML
TOBREX OIN 0.3% OP	NONPREFERRED BRAND	TOBRAMYCIN SOL 0.3% OP, GENTAMICIN SOL 0.3% OP, ERYTHROMYCIN OIN 5MG/GM, CIPROFLOXACN SOL 0.3% OP
TOLSURA CAP 65MG	NOT COVERED	ITRACONAZOLE CAP 100MG
TOPIRAMATE CAP ER 100MG	NOT COVERED	TOPIRAMATE CAP 25MG
TOPIRAMATE CAP ER 150MG	NOT COVERED	TOPIRAMATE CAP 25MG
TOPIRAMATE CAP ER 200MG	NOT COVERED	TOPIRAMATE CAP 25MG
TOPIRAMATE CAP ER 25MG	NOT COVERED	TOPIRAMATE TAB 25MG
TOPIRAMATE CAP ER 50MG	NOT COVERED	TOPIRAMATE CAP 25MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TOSYMRA SOL 10MG	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG
TRACLEER TAB 32MG	NONPREFERRED SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG
TRAMADOL HCL CAP ER 100MG	NOT COVERED	TRAMADOL HCL TAB 100MG ER
TRAMADOL HCL CAP ER 200MG	NOT COVERED	TRAMADOL HCL TAB 200MG ER
TRAMADOL HCL CAP ER 300MG	NOT COVERED	TRAMADOL HCL TAB 300MG ER
TRAMADOL SOL 5MG/ML	NOT COVERED	TRAMADOL HCL TAB 50MG
TRETINOIN GEL 0.04%	NOT COVERED	TRETINOIN GEL 0.01%, ADAPALENE GEL 0.1%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TRETINOIN GEL 0.05%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TRETINOIN GEL 0.1%	NOT COVERED	TRETINOIN GEL 0.025%, ADAPALENE GEL 0.1%, TAZAROTENE GEL 0.1%, ERY/BENZOYL GEL 3-5%
TRIANEX OIN 0.05%	NOT COVERED	TRIAMCINOLON OIN 0.05%, FLUOCIN ACET OIN 0.025%, ALCLOMETASON OIN 0.05%, DESONIDE OIN 0.05%
TRINTELLIX TAB 10MG	NONPREFERRED BRAND	CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE TAB 20MG, PAROXETINE TAB 20MG
TRINTELLIX TAB 20MG	NONPREFERRED BRAND	CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, FLUOXETINE TAB 20MG, PAROXETINE TAB 40MG
TRINTELLIX TAB 5MG	NONPREFERRED BRAND	CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG, PAROXETINE TAB 10MG
TROKENDI XR CAP 100MG	NOT COVERED	TOPIRAMATE TAB 50MG
TROKENDI XR CAP 200MG	NOT COVERED	TOPIRAMATE TAB 100MG
TROKENDI XR CAP 25MG	NOT COVERED	TOPIRAMATE TAB 25MG
TROKENDI XR CAP 50MG	NOT COVERED	TOPIRAMATE TAB 25MG
TRUDHESA AER 0.725MG	NOT COVERED	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, ERGOT/CAFFEN TAB 1-100MG, NARATRIPTAN TAB 1MG
TRULANCE TAB 3MG	NOT COVERED	AMITIZA CAP 8MCG, LINZESS CAP 145MCG
TUDORZA PRES AER 400/ACT	NOT COVERED	SPIRIVA CAP HANDIHLR, FLUTIC/SALME AER 250/50, SYMBICORT AER 160-4.5, BREO ELLIPTA INH 100-25

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
TWIRLA DIS 120-30	NOT COVERED	XULANE DIS 150-35, DROSPIR/ETHI TAB 3-0.03MG, ETHY ETH EST TAB 1-35, CRYSELLE-28 TAB 28 TABS
TWYNEO CRE 0.1-3%	NOT COVERED	TAZAROTENE CRE 0.1%, ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, ERY/BENZOYL GEL 3-5%
TYRVAYA SOL 0.03MG	NOT COVERED	CYCLOSPORINE EMU 0.05% OP, RESTASIS MUL EMU 0.05% OP, XIIDRA DRO 5%
UCERIS AER 2MG/ACT	NOT COVERED	HYDROCORT ENE 100MG, MESALAMINE ENE 4GM, BUDESONIDE TAB ER 9MG, BALSALAZIDE CAP 750MG
UDENYCA INJ 6MG/.6ML	NONPREFERRED SPECIALTY	NEULASTA INJ 6MG/0.6M, ZIEXTENZO INJ 6/0.6ML
ULTRAVATE LOT 0.05%	NOT COVERED	BETA DIPROP LOT 0.05%, CLOBETASOL GEL 0.05%, FLUOCINONIDE GEL 0.05%, HALOBETASOL CRE 0.05%
UPTRAVI PACK TAB 200/800	NONPREFERRED SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 1000MCG	NONPREFERRED SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 1200MCG	NONPREFERRED SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 1400MCG	NONPREFERRED SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 1600MCG	NONPREFERRED SPECIALTY	BOSENTAN TAB 125MG, AMBRISENTAN TAB 10MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 200MCG	NONPREFERRED SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 400MCG	NONPREFERRED SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 600MCG	NONPREFERRED SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
UPTRAVI TAB 800MCG	NONPREFERRED SPECIALTY	BOSENTAN TAB 62.5MG, AMBRISENTAN TAB 5MG, OPSUMIT TAB 10MG, SILDENAFIL TAB 20MG
URSODIOL CAP 200MG	NOT COVERED	URSODIOL CAP 300MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
URSODIOL CAP 400MG	NOT COVERED	URSODIOL CAP 300MG
UTIBRON CAP NEOHALER	NOT COVERED	STIOLTO AER 2.5-2.5, ANORO ELLIPT AER 62.5-25
VALSARTAN SOL 20MG/5ML	NOT COVERED	VALSARTAN TAB 40MG, IRBESARTAN TAB 75MG, LOSARTAN POT TAB 25MG, OLMESA MEDOX TAB 5MG
VANAZOLE GEL 0.75%	NOT COVERED	METRONIDAZOL GEL 0.75%VAG, CLINDAMYCIN CRE 2% VAG
VARUBI TAB 90MG	NONPREFERRED BRAND	APREPITANT CAP 40MG
VECAMYL TAB 2.5MG	NOT COVERED	AMLODIPINE TAB 2.5MG, ATENOLOL TAB 25MG, BETAXOLOL TAB 10MG, BISOPROL FUM TAB 5MG
VELPHORO CHW 500MG	NOT COVERED	LANTHANUM CHW 500MG, SEVELAMER POW 0.8GM
VELTIN GEL	NOT COVERED	ERY/BENZOYL GEL 3-5%, CLINDAMY/BEN GEL 1- 5%, CLINDAMYCIN GEL 1%
VENLAFAXINE TAB 112.5MG	NOT COVERED	VENLAFAXINE CAP 37.5 ER, DESVENLAFAX TAB 25MG ER, FLUOXETINE CAP 90MG DR, PAROXETIN ER TAB 12.5MG
VENTAVIS SOL 10MCG/ML	NONPREFERRED SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16MCG
VENTAVIS SOL 20MCG/ML	NONPREFERRED SPECIALTY	TYVASO SOL 0.6MG/ML, TYVASO DPI POW 16- 32-48
VENTOLIN HFA AER	NOT COVERED	ALBUTEROL AER HFA
VERDESO AER 0.05%	NOT COVERED	DESONIDE LOT 0.05%, BETAMETH DIP LOT 0.05%, FLUTICASONE LOT 0.05%, HYDROCORT LOT 2.5%
VEREGEN OIN 15%	NONPREFERRED BRAND	IMIQUIMOD CRE 5%, PODOFILOX SOL 0.5%
VERKAZIA EMU 0.1% OP	NOT COVERED	LOTEPREDNOL SUS 0.5%, PREDNISOLONE SUS 1% OP, DEXAMETH PHO SOL 0.1% OP, FLUOROMETHOL SUS 0.1% OP
VERSACLOZ SUS 50MG/ML	NOT COVERED	CLOZAPINE TAB 50MG
VESICARE LS SUS 5MG/5ML	NONPREFERRED BRAND	OXYBUTYNIN SYP 5MG/5ML
VIBERZI TAB 100MG	NOT COVERED	AMITRIPTYLIN TAB 150MG, IMIPRAM HCL TAB 50MG, DOXEPIN HCL CAP 150MG, NORTRIPTYLIN CAP 75MG
VIBERZI TAB 75MG	NOT COVERED	AMITRIPTYLIN TAB 10MG, IMIPRAM HCL TAB 10MG, DOXEPIN HCL CAP 10MG, NORTRIPTYLIN CAP 10MG
VIBRAMYCIN SYP 50MG/5ML	NONPREFERRED BRAND	DOXYCYC MONO TAB 50MG, DOXYCYCLINE TAB 20MG
VIEKIRA PAK TAB	NOT COVERED	ZEPATIER TAB 50-100MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
VIGADRONE POW 500MG	NOT COVERED	VIGABATRIN PAK 500MG
VIIBRYD KIT STARTER	NONPREFERRED BRAND	CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG, PAROXETINE TAB 10MG
VIIBRYD TAB 10MG	NON-PREFERRED BRAND	CITALOPRAM TAB 10MG, ESCITALOPRAM TAB 5MG, FLUOXETINE TAB 10MG, PAROXETINE TAB 10MG, SERTRALINE TAB 25MG
VIIBRYD TAB 20MG	NON-PREFERRED BRAND	CITALOPRAM TAB 20MG, ESCITALOPRAM TAB 10MG, FLUOXETINE TAB 20MG, PAROXETINE TAB 20MG, SERTRALINE TAB 50MG
VIIBRYD TAB 40MG	NON-PREFERRED BRAND	CITALOPRAM TAB 40MG, ESCITALOPRAM TAB 20MG, FLUOXETINE TAB 20MG, PAROXETINE TAB 40MG, SERTRALINE TAB 100MG
VIJOICE TAB 250MG	NOT COVERED	VIJOICE TAB 125MG
VIOKACE TAB 10440	NOT COVERED	CREON CAP 3000UNIT, ZENPEP CAP 3000UNIT
VIOKACE TAB 20880	NOT COVERED	ZENPEP CAP 40000UNT, CREON CAP 36000UNT
VIVJOA	NOT COVERED	FLUCONAZOLE ORAL
VOLTAREN GEL 1%	NOT COVERED	DICLOFENAC GEL 1%, MELOXICAM TAB 7.5MG, ETODOLAC CAP 200MG, NABUMETONE TAB 500MG
VOQUEZNA PAK DUAL PAK	NOT COVERED	LANSOPR/AMOX MIS /CLARITH, AMOXICILLIN CAP 250MG, CLARITHROMYC TAB 250MG
VOQUEZNA PAK TRIP PK	NOT COVERED	LANSOPR/AMOX MIS /CLARITH, AMOXICILLIN CAP 250MG, CLARITHROMYC TAB 250MG
VOSEVI TAB	NONPREFERRED SPECIALTY	ZEPATIER TAB 50-100MG, EPCLUSA TAB 400-100, SOFOS/VELPAT TAB 400-100
VRAYLAR CAP 1.5-3MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG
VRAYLAR CAP 1.5MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 20MG, OLANZAPINE TAB 2.5MG, RISPERIDONE TAB 0.25MG, QUETIAPINE TAB 25MG
VRAYLAR CAP 3MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 40MG, OLANZAPINE TAB 7.5MG, RISPERIDONE TAB 1MG, QUETIAPINE TAB 100MG
VRAYLAR CAP 4.5MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 60MG, OLANZAPINE TAB 10MG, RISPERIDONE TAB 2MG, QUETIAPINE TAB 200MG
VRAYLAR CAP 6MG	NONPREFERRED BRAND	ZIPRASIDONE CAP 80MG, OLANZAPINE TAB 20MG, RISPERIDONE TAB 4MG, QUETIAPINE TAB 400MG
VTAMA CRE 1%	NONPREFERRED BRAND	CALCIPOTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, PIMECROLIMUS CRE 1%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
VTOL LQ SOL	NOT COVERED	BAC TAB, BUT/ASA/CAFF CAP, BUTAL/APAP TAB 50-325MG, ASCOMP/COD CAP 30MG
VYZULTA SOL 0.024%	NOT COVERED	LATANOPROST SOL 0.005%, BIMATOPROST SOL 0.03%, TAFLUPROST SOL 0.0015%
WAKIX TAB 17.8MG	NONPREFERRED SPECIALTY	ARMODAFINIL TAB 250MG, MODAFINIL TAB 200MG
WAKIX TAB 4.45MG	NONPREFERRED SPECIALTY	ARMODAFINIL TAB 50MG, MODAFINIL TAB 100MG
WINLEVI CRE 1%	NOT COVERED	ADAPALENE CRE 0.1%, TRETINOIN CRE 0.025%, TAZAROTENE CRE 0.1%, ERY/BENZOYL GEL 3-5%
WYNZORA CRE	NOT COVERED	CALCIPOTRIEN OIN BETAMETH, TAZAROTENE CRE 0.1%
XADAGO TAB 100MG	NONPREFERRED BRAND	RASAGILINE TAB 1MG, SELEGILINE TAB 5MG
XADAGO TAB 50MG	NONPREFERRED BRAND	RASAGILINE TAB 0.5MG, SELEGILINE TAB 5MG
XELPROS EMU 0.005%	NOT COVERED	LATANOPROST SOL 0.005%, BIMATOPROST SOL 0.03%, TAFLUPROST SOL 0.0015%
XELSTRYM PAD 13.5/9HR	NOT COVERED	METHYLPHENID PAD 20MG/9HR, AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPH CAP 30MG ER, VYVANSE CAP 50MG
XELSTRYM PAD 18MG/9HR	NOT COVERED	METHYLPHENID PAD 30MG/9HR, AMPHET/DEXTR CAP 30MG ER, DEXMETHYLPH CAP 40MG ER, VYVANSE CAP 70MG
XELSTRYM PAD 4.5MG/9H	NOT COVERED	METHYLPHENID PAD 10MG/9HR, AMPHET/DEXTR CAP 5MG ER, DEXMETHYLPH CAP 5MG ER, VYVANSE CAP 10MG
XELSTRYM PAD 9MG/9HR	NOT COVERED	METHYLPHENID PAD 15MG/9HR, AMPHET/DEXTR CAP 20MG ER, DEXMETHYLPH CAP 15MG ER, VYVANSE CAP 30MG
XEPI CRE 1%	NOT COVERED	MUPIROCIN OIN 2%
XERESE CRE 5-1%	NOT COVERED	ACYCLOVIR OIN 5%, VALACYCLOVIR TAB 500MG, FAMCICLOVIR TAB 125MG
XHANCE MIS 93MCG	NOT COVERED	FLUTICASONE SPR 50MCG, MOMETASONE SPR 50MCG
XIFAXAN TAB 200MG	NONPREFERRED BRAND	AZITHROMYCIN TAB 250MG, CIPROFLOXACIN TAB 500MG, LEVOFLOXACIN TAB 250MG
XIFAXAN TAB 550MG	NONPREFERRED BRAND	CONSTULOSE SOL 10GM/15, AMITRIPTYLIN TAB 150MG, IMIPRAM HCL TAB 50MG, DOXEPIN HCL CAP 150MG
XIMINO CAP 135MG ER	NOT COVERED	MINOCYCLINE CAP 100MG
XIMINO CAP 45MG ER	NOT COVERED	MINOCYCLINE CAP 50MG
XIMINO CAP 90MG ER	NOT COVERED	MINOCYCLINE CAP 75MG
XOLEGEL GEL 2%	NOT COVERED	KETOCONAZOLE AER 2%, CLOTRIMAZOLE SOL 1%, ECONAZOLE CRE 1%, CICLOPIROX GEL 0.77%

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
XYOSTED INJ 100/0.5	NOT COVERED	TESTOST ENAN INJ 200MG/ML
XYOSTED INJ 50/0.5	NOT COVERED	TESTOST ENAN INJ 200MG/ML
XYOSTED INJ 75/0.5	NOT COVERED	TESTOST ENAN INJ 200MG/ML
XYWAV SOL 0.5GM/ML	NOT COVERED	DEXTROAMPHET SOL 5MG/5ML, METHYLPHENID SOL 5MG/5ML, AMPHET/DEXTR TAB 5MG, AMPHETAMINE TAB 5MG
YONSA TAB 125MG	NOT COVERED	ABIRATERONE TAB 250MG, XTANDI TAB 40MG
ZCORT 7-DAY TAB 1.5MG	NOT COVERED	DEXAMETHASON TAB 1.5MG
ZELAPAR TAB 1.25MG	NOT COVERED	SELEGILINE TAB 5MG, RASAGILINE TAB 0.5MG
ZELNORM TAB 6MG	NONPREFERRED BRAND	LINZESS CAP 72MCG, AMITIZA CAP 8MCG
ZEMBRACE SYM INJ 3/0.5ML	NOT COVERED	SUMATRIPTAN INJ 4MG/0.5, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG, ZOLMITRIPTAN TAB 2.5MG
ZENZEDI TAB 2.5MG	NONPREFERRED BRAND	DEXTROAMPHET TAB 5MG, AMPHET/DEXTR TAB 5MG, DEXMETHYLPH TAB 2.5MG, METHYLPHENID TAB 5MG
ZENZEDI TAB 7.5MG	NONPREFERRED BRAND	DEXTROAMPHET TAB 5MG, AMPHET/DEXTR TAB 10MG, DEXMETHYLPH TAB 5MG, METHYLPHENID TAB 10MG
ZEPOSIA 7DAY CAP STR PACK	NOT COVERED	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZEPOSIA CAP .92MG	NOT COVERED	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM CAP 120MG DR, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZEPOSIA CAP STR KIT	NOT COVERED	FINGOLIMOD CAP 0.5MG, DIMETHYL FUM MIS STARTER, VUMERITY CAP 231MG, BAFIERTAM CAP 95MG
ZERVIAE DRO 0.24%	NOT COVERED	AZELASTINE DRO 0.05%, BEPOTASTINE DRO 1.5%, EPINASTINE DRO 0.05%
ZETONNA AER 37MCG	NOT COVERED	FLUTICASONE SPR 50MCG, FLUNISOLIDE SPR 0.025%, MOMETASONE SPR 50MCG
ZILXI AER 1.5%	NOT COVERED	METRONIDAZOL CRE 0.75%, AZELAIC ACID GEL 15%
ZOLPIDEM TAR SUB 1.75MG	NOT COVERED	ZOLPIDEM TAB 5MG, ESZOPICLONE TAB 1MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
ZOLPIDEM TAR SUB 3.5MG	NOT COVERED	ZOLPIDEM TAB 5MG, ESZOPICLONE TAB 2MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
ZOLPIMIST SPR 5MG	NOT COVERED	ZOLPIDEM TAB 5MG, ESZOPICLONE TAB 1MG, ZALEPLON CAP 5MG, RAMELTEON TAB 8MG
ZOMACTON INJ 10MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 30/3ML, GENOTROPIN INJ 12MG

DRUG NAME	TIER STATUS	COVERED PREFERRED ALTERNATIVES
ZOMACTON INJ 5MG	NONPREFERRED SPECIALTY	NORDITROPIN INJ 5/1.5ML, GENOTROPIN INJ 5MG
ZOMIG SPR 2.5MG	NONPREFERRED BRAND	SUMATRIPTAN SPR 5MG/ACT, ZOLMITRIPTAN SPR 5MG, NARATRIPTAN TAB 1MG, RIZATRIPTAN TAB 5MG
ZONISADE SUS 100MG/5	NONPREFERRED BRAND	ZONISAMIDE CAP 100MG
ZONTIVITY TAB 2.08MG	NONPREFERRED BRAND	CLOPIDOGREL TAB 75MG
ZORVOLEX CAP 18MG	NOT COVERED	DICLOFENAC TAB 25MG DR, IBU TAB 400MG, NAPROXEN TAB 250MG, MEFENAM ACID CAP 250MG
ZORVOLEX CAP 35MG	NOT COVERED	DICLOFENAC TAB 75MG DR, IBU TAB 800MG, NAPROXEN TAB 500MG, MEFENAM ACID CAP 250MG
ZORYVE CRE 0.3%	NONPREFERRED BRAND	CALCIPTRIEN CRE 0.005%, TAZAROTENE CRE 0.1%, PIMECROLIMUS CRE 1%
ZTLIDO PAD 1.8%	NOT COVERED	GABAPENTIN CAP 100MG, PREGABALIN CAP 25MG
ZUPLENZ MIS 4MG	NOT COVERED	ONDANSETRON TAB 4MG ODT, GRANISETRON TAB 1MG
ZUPLENZ MIS 8MG	NOT COVERED	ONDANSETRON TAB 8MG ODT, GRANISETRON TAB 1MG
ZYCLARA PUMP CRE 2.5%	NOT COVERED	IMIQUIMOD CRE 5%, FLUOROURACIL CRE 5%
ZYFLO TAB 600MG	NONPREFERRED BRAND	MONTELUKAST TAB 10MG, ZAFIRLUKAST TAB 10MG
ZYLET SUS 0.5-0.3%	NONPREFERRED BRAND	TOBRA/DEXAME SUS 0.3-0.1%, SULF/PRED NA SOL OP, NEO/POLY/DEX SUS 0.1% OP
ZYPITAMAG TAB 2MG	NOT COVERED	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 20MG, FLUVASTATIN CAP 40MG
ZYPITAMAG TAB 4MG	NOT COVERED	LOVASTATIN TAB 40MG, PRAVASTATIN TAB 80MG, SIMVASTATIN TAB 40MG, FLUVASTATIN CAP 40MG